

Melissa Miller, Psy. D.  
Clinical Licensed Psychologist

### **PATIENT-THERAPIST AGREEMENT/ CONSENT**

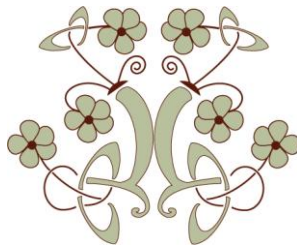
Welcome to my practice. This document contains important information regarding my professional services and business policies. Please read it carefully and feel free to ask questions. When you sign this document, it will represent an agreement between us.

As the client involved in this process, you have the right to ask me about my professional experience, background, and theoretical orientation. As the therapist, I am offering the following information regarding the journey involved in psychotherapy:

#### **The Therapy Process**

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will offer you some initial impressions of what our work will include, should you decide to continue with therapy. During these first few sessions, you should also be thinking about whether you feel comfortable working with me. Since psychotherapy involves a large commitment of time, money, and energy, it is important that you feel comfortable with the therapist you choose. If you decide that you are not comfortable working with me, I would be happy to help you find another therapist.

Once psychotherapy begins, we will decide on a regular schedule of meetings; usually at least one fifty-minute session a week, based on your individual needs. You may discontinue therapy at any time, though I strongly encourage you to discuss it with me first. Your only obligation is to pay for services that you have already received. I can provide you with referrals to other therapists, if needed.



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### **Professional Fees**

Intakes, the initial session, are \$150. My hourly fee is \$125 for each 50-minute session. Payment must be made by cash, check, or credit card at the time services are rendered. In addition to weekly appointments, this is also my fee for other professional services you may need. This fee is adjusted if the length of service provided is less than one hour. Other services include psychological testing, data analysis, report writing, telephone conversations, home or school observations and consultations, phone sessions, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, I may charge a higher fee due to the complexity and difficulty of legal involvement. Occasionally, my fees may increase due to inflation and cost of living increases. If it becomes necessary for me to change my fee, I will discuss this with you beforehand.

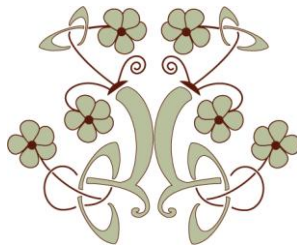
In the event there is an outstanding balance on your account for more than 90 days, a collection agency will be utilized to facilitate financial reimbursement for my services. Please note that only relevant patient information will be provided to the collection agency as necessary for the purpose of obtaining reimbursement for services rendered.

### **Missed Appointments or Cancellations**

Missed or cancelled appointments will incur an administrative charge of half my hourly fee (\$62.50) unless a 24-hour notice is given. Insurance companies will not pay for missed appointments or late cancellations.

### **Telephone Calls**

I am often not immediately available by telephone. I have a confidential voice mail service to take your calls. I check my messages periodically from 9 AM and 9 PM during the week and return calls at my earliest convenience. I will make every effort to return your call on the same day you make it. If you are difficult to reach, please inform me of some times when you will be available. If your situation is an



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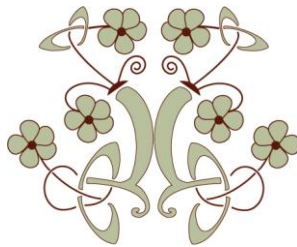
emergency, make that clear on your message. I will return your call as soon as possible. If you are unable to reach me and feel that you can't wait for me to return your call, you should contact either 911, your family physician, or the nearest emergency room and ask for the psychologist (or psychiatrist) on call. Another option is the Behavioral Health Call Center of Carolinas Healthcare System at 501 Billingsley Road, Charlotte, NC 28211, or at 704-444-2400 or 1-800-418-2065. If I will be unavailable for an extended time, I arrange for a licensed therapist to cover my emergency calls.

**Professional Records**

The laws and standards of my profession require that I keep treatment and assessment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice and/or provide you with a written summary. Since these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly. My professional records are separately maintained and no member of this office can have access to them without your specific, written permission.

**Confidentiality**

Your therapy will include discussing very private things. By law, I am required to keep your privacy and patient information protected and confidential. This means that, generally, I cannot discuss your case with anyone or send out information about you without your permission. If you ever want me to share information with someone else (i.e., your physician), I ask that you sign a consent form allowing me to exchange information with that person. We will discuss this before you sign the consent form.

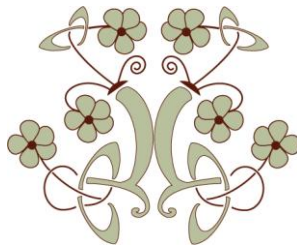


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### **Exceptions to Confidentiality**

There are exceptions to confidentiality that you should know about. Please note that most of these situations are rare, but they are important for you to understand.

1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies.
2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.
4. If a court of law orders me to release information, I am required to provide that specific information to the court.
5. If you have been referred to me by a court of law for therapy or testing, the result of the treatment or tests ordered may have to be revealed to the court.
6. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court.
7. In order to provide you the best treatment I can, there will be times when I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well. Similarly, when I am away or unavailable, my practice is covered by a licensed therapist. I may inform the on-call therapist about your situation to facilitate your getting appropriate support should you need it in my absence.



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### Treatment of Minors

In the case of a minor, the legal guardians have the right to know what transpires in the course of my work with the child, and their involvement in the child's treatment is always vitally important. However, it is also necessary for the child to have some sense of privacy for therapy to proceed effectively. Therefore, I require the legal guardians to specify **IN ADVANCE** any matters which **MAY NOT** be kept in confidence between the child and myself. This way, I do not betray the child's trust, since he/she will already know what I will relay to the legal guardians, and can therefore make informed decisions about what he/she will disclose to me. Any such limitations in the child's privacy may decrease the effectiveness of therapy, but the choice of limits belongs to the legal guardians. For example, the legal guardians may specify illicit drug use as something I must report to them immediately upon discovery. Once this expectation is made clear to all parties, the child may simply never talk to me honestly about that topic, and it may never be addressed in therapy. Hence, the legal guardians must weigh the risks of allowing privacy against the risks of eliminating privacy. **Changes in the limits set cannot be made retroactively without serious damage to the therapeutic alliance.** I will in any case keep the legal guardians informed of the **general nature** of my work with the child, and provide consultation to the legal guardians regarding **how they might be most helpful** to the child. I will also work toward **open and constructive communication** between the child and the legal guardians about the child's issues and problems.

Areas (if any) which may not be kept in confidence between my child and me:

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