

**POPE PAUL VI INSTITUTE PHYSICIANS, PC**  
**KELLY MORROW, PhD**

**COUNSELING INFORMATION AND AGREEMENT**

Welcome. This document contains important information about my professional services and business policies. We can discuss any questions you may have after you read it. While the information is standard, having a clear understanding of these policies is helpful. When you sign this document, it will represent an agreement between us.

**MEETINGS**

We will usually once a week. Each session will last 45 minutes due to new insurance and government policies. Once an appointment is scheduled, you will be expected to provide 24 hours advance notice of cancellation. If you do not give advance notice of cancellation, you will be charged \$30.00, unless we both agree that you were unable to attend due to circumstances beyond your control.

**PROFESSIONAL FEES**

My hourly fee is \$235.00 which is billed through your insurance company. In addition to weekly appointments, I charge this amount for other professional services you may need, though the charge will be pro-rated. Other services include report writing, telephone conversations lasting longer than 5 minutes, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$310.00 per hour for preparation and attendance at any legal proceeding.

**BILLING AND PAYMENTS**

You should carefully read the section in your insurance coverage booklet that describes mental health services. You will be expected to pay any co-pay prior to each session by stopping by the billing department on the first floor. We will bill your insurance company first, unless you make other arrangements. You are responsible for full payment of my fees. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. On rare occasion, I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (extremely rare). This information will become part of the insurance company confidential files.

**CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a voice mail or an answering service. Calls to me outside of sessions should be rare and only in the case of an emergency. If there is an emergency and you feel that you can't wait for me to return your call, contact your physician or go to the nearest emergency room.

**PROFESSIONAL RECORDS**

As I am sure you are aware, I am required to keep records of the professional services I provide. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however, I will provide at your request a treatment summary unless I believe that to do so would be emotionally damaging. In that case, I will be happy to send the summary to another mental health professional who is working with you.

**MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request parents agree to give up access to your records. I will provide parents only general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have.

**CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child [elderly person or disabled person] is being abused, I must file a report with the

appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations are extremely rare in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_