

# **Lisa K. Willis, Ph.D., CGP**

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*Licensed Clinical Psychologist*

(585) 454-9448

## **Consent for Evaluation & Treatment**

Welcome to my practice. I am pleased to have the opportunity to work with you and I look forward to meeting with you soon. My therapeutic orientation generally includes a combination of approaches. I help people recognize patterns in their behavior, gain insight into their emotions, thoughts, and behavior, create meaningful change, approach difficulties in interpersonal relationships, reduce stress, cope with anxiety and depression, and improve their outlook on life. I tend to be active, honest and direct in the therapeutic process and I feel that trust, empathy, and acceptance are essential for effective psychotherapy. During the first few sessions, we will explore how I can best help you. We will work toward clarifying your problem areas, therapeutic needs, and treatment goals. I will do my best to help you feel comfortable with me, to provide an opportunity for you to express your concerns, and ask any questions you might have. I will then be able to offer you some recommendations about the most helpful way for us to go about working together.

### **INFORMATION REGARDING PSYCHOTHERAPY**

Psychotherapy is not easily described in general statements. There are many different methods from which I will be choosing in our work together depending on your particular problems, treatment goals, and therapeutic needs. It is important for you to know that psychotherapy can have risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may at times experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Although the aim of psychotherapy is to ultimately feel and function better than the state that led you to seek services, you may experience an initial decline in functioning or worsening of symptoms after a session. On the other hand, psychotherapy can and has been shown to have many benefits. It can result in significant reductions in feelings of distress. It can also result in solutions to specific problems, increased feelings of well-being and connectedness, and improved relationships. While there are no guarantees of what you will achieve, there is a definite relationship between the work you put into your therapy and the results you obtain over time. Psychotherapy involves a commitment of time, money, and energy and calls for active effort both in session and outside of session. You are not alone in this process. I will also commit to applying my resources in good faith to help you reach your goals and feel better. We will explore your progress as we continue in our work together. If you have questions or concerns about my practice or my approach to working with you, please bring up your questions or concerns whenever they arise. I will offer you ongoing impressions and feedback and encourage you to do the same. Mutual dedication to ensuring healthy, open communication between a therapist and client is crucial to positive outcomes.

### **FEE POLICY**

#### **Professional Fees:**

If you choose to use your health insurance for your psychotherapy visits, your fee and co-pay will be determined by your insurer. Your policy may have limits on the number of sessions for which they will cover your fee. Furthermore, at some point during your treatment, the insurer may take over treatment planning. From that point on, they will decide the minimum number of sessions required to treat you and the frequency of your sessions. You will have an option to self

Revised 08/2012

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pay at any time allowing you to continue beyond the limits imposed by your insurance company. Even if you are insured you may choose to self-pay to avoid insurance company involvement and provide increased privacy as insurance companies may require diagnostic information as well as other information about your circumstances and emotional state for billing purposes. You are not required to use your health insurance benefits just because you have them.

My fee for service is based on what is usual and customary for psychologists in the Rochester area in consideration with my years of experience and particular expertise. My standard fees are \$225.00 for the initial visit/evaluation and \$150 for subsequent 50 minute therapy appointments. Options for longer and shorter sessions are possible though are less typical. Fees for these alternate length sessions will be discussed at the time of agreement to meet.

## **Payments:**

Payment is due at the time of each visit. Your payment can be in cash (exact amount please) or by personal check. Credit card payment is available and includes a processing fee of 2.75%. If you bring a personal check, please have the check ready when you come to the session. There is a \$30.00 fee for each returned check to cover accounting and bank fees. In rare cases, I can make arrangements for monthly payments. Should you choose this method of payment the total balance will be due by the end of the month following the services you received. If this arrangement is not adhered to, I will ask that you bring a check to each session thereafter.

## **Late Fee:**

There will be a late charge of \$50 per month on balances that are more than 60 days overdue. Balances not paid within 90 days will be turned over for collection unless a prior financial arrangement has been agreed upon. Any collection costs and/or reasonable attorney fees accrued will be added to your overdue balance. You consent to my giving your personal information to a collection agency by signing this form. Please speak to me if you are having trouble paying for your treatment so we can avoid such unfortunate circumstances.

## **Cancellations:**

In order for your therapy to be as effective as possible, it will be important that you take responsibility for attending each of your scheduled sessions whenever possible, and for trying to schedule a make-up session if you need to cancel. If you need to cancel or reschedule a session for any reason please let me know as soon as possible. **Sessions not attended without being canceled 24 business hours in advance (due to any reason) will be charged a \$100.00 missed appointment fee. Insurers will not reimburse for canceled or missed sessions and you will be responsible for this fee.**

The reasons for these policies are that effective psychotherapy requires that you attend as many of your scheduled sessions as possible and that the viability of my practice requires maximum session attendance.

## **Appointments:**

Most patients in individual or couples therapy meet with me for 50 minutes each week. Group therapy sessions are 60-80 minutes long. Other arrangements may be made depending on your therapeutic needs.

## **Termination of Visits:**

We will discuss your progress at regular intervals. If you feel you would like to end your therapy, it is important that you discuss this with me in advance in order to reach a mutual understanding and to plan on how to best end our work together.

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## **Telephone and Emergency Coverage:**

If you feel you cannot wait until your next regularly scheduled session to talk to me, you can leave me a voicemail at my office number is 585-454-9448. I will return your call within one business day. For emergencies, I can be reached on my emergency line at 585-503-7913. If I am unable to answer the phone immediately, I will return your call as soon as I am able to do so. If you feel that your own life or someone else's life is in danger, you should call 911, life line 585-275-5151 or go to the nearest emergency room. A colleague will cover my practice when I am out of town and, unless I have had to leave town unexpectedly, I will let you know when this occurs. Your consent to treatment provides me with permission to share necessary information about you with the person covering my practice.

## **Confidentiality:**

In sharing your concerns with me, you can be assured of confidentiality. Your trust in me will be honored as required by law, by the ethical standards of my profession, and by my own ethical standards. The Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides extensive privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI), requires that I provide you with a Notice of Privacy Practices (NPP) for my practice. A copy will be available for you and the law also requires that I obtain your signature acknowledging that you have received this information. You will also be asked to sign Consent Forms at or before the time of our first meeting, enabling me to treat you if indicated and to use your PHI for "Treatment, Payment and Health Care Operations." These uses of information, which are spelled out in the NPP and are included in this packet, include communicating with other physicians or providers involved in your mental health and/or related care, as well as the minimum disclosure necessary to any office staff (e.g., diagnosis, dates of service, etc.) so that they can relay information about you as required for billing and insurance coverage.

## **CONSENT TO PSYCHOTHERAPY**

I have read Dr. Lisa K. Willis's description of the benefits and risks of psychotherapy and I hereby agree to treatment by her. Your signature reflects your consent to participate in an evaluation and to allow appropriate treatment to be provided by Dr. Lisa K. Willis. Furthermore, I understand the above Fee Policies and I agree to abide by them. You may withdraw your consent at any time by telephone, in writing, or in person.

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Signature of patient or his or her personal representative

\_\_\_\_\_  
Date

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Printed name of patient or personal representative

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Relationship to the patient