

## Claire Dumke, Psy.D.

Licensed Clinical Psychologist  
CO #3261

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### CONSENT FOR TREATMENT

A "psychologist-patient" or "treatment" relationship does not exist until after the initial intake is completed and we have decided to move ahead as evidenced by your signature on this form. It is important that we both agree that we are a good match in working together towards your goals. We will discuss this during the first visit and decide whether or not to proceed, and whether we need to continue the assessment for one or more subsequent visits. It is also important for you to be aware of the benefits and limitations of psychotherapy or other services you will be receiving. While it is generally expected that you will benefit from therapy, there may be periods of feeling worse before feeling better and there is no guarantee of success in therapy. There may be alternative treatments or modes of therapy to consider. I encourage you to become aware of these factors and to ask any questions you may have at any time during our work together.

### CONFIDENTIALITY

State law protects the confidential nature of the psychologist-patient relationship. I will not release clinical information, including assessment results, to anyone unless given written permission to do so by the patient (or if the patient is a minor, by his or her parent or guardian). However, there are a few exceptions that allow or require the release of confidential information. These exceptions are thoroughly outlined in the HIPAA agreement, provided to you at the beginning of treatment.

### OFFICE & FINANCIAL POLICIES

**Contacting Dr. Dumke** I am typically available between 9 AM and 5:00 PM, Monday through Thursday. I am often not immediately available by telephone because I am working with clients or performing other clinical duties. However, you may leave a confidential voicemail message, at times that are convenient to you. During working hours I check my voicemail periodically throughout the day and return phone calls within one working day whenever possible, with the exception of weekends and holidays. If you are difficult to reach, please inform me of convenient times when you are available.

**Emergencies:** I do not provide formal emergency services, yet I wish to be as available as much as is reasonably possible. You may call the office number at any time and leave a message if I do not answer. During the business day I can often though not always return calls fairly quickly. Nighttime and weekend calls will usually be returned the next business day. If you find yourself in an urgent situation, make a judgment about the prudence of waiting for my call versus calling 911 or the nearest emergency room and ask for the psychiatrist or psychologist on call. If I am away for more than a day, my voice mail message will indicate that and state my expected date of return.

**Fees:** The rates for services are:

Psychotherapy	(individual and/or family)	\$125/session
Behavior Intervention	(plus pro-rated drive time if out of office)	\$125/session
Consultation	(plus drive time if out of office)	\$125/session
Behavior assessment	(three sessions and report writing)	\$500
Developmental assessment	(1 session, Vineland, report writing)	\$300
Dyad Therapy	(2 clients; 50 minute session)	\$80 per client/session
Diagnostic Assessment	(Testing, Observation, Interview, Feedback)	\$1800 flat fee

Sessions are typically 50 minutes. Exceptions to the 50-minute session will be discussed as needed. Home/school/community visits and consultations typically require more time, including driving time, and will be prorated accordingly at the rate of \$125. It is expected that sessions will be paid for at the time of each meeting. Sessions are charged in full and ended at the designated time, even if you are late.

**Other fees:** Extended or frequent telephone or email contact will also be charged for. These services are not usually reimbursed by insurance. I will not agree to court appearances or other legal involvements unless we have discussed the matter thoroughly and both agree that such involvement is within my range of competence and will not interfere with the treatment relationship. Professional fees for court appearances, depositions and attorney consultations are \$350 per hour including travel and waiting time, are non-deductible, and are payable in advance only.

**Insurance:** I will be glad to provide necessary help in filing insurance claims. However, you will be responsible for the full fee (please refer to the fee schedule) at the time of service unless we make other arrangements. Exception: the few insurance companies with which I contract require that I file the claims and be reimbursed directly. In these cases you are responsible at the time of service only for any co-payment and deductible. If your insurance carrier will be reimbursing me, you will still be responsible in the event that the insurance company denies a claim or does not reimburse my full fee. As the insured, you are ultimately responsible for determining which services are to be rendered and to what extent.

**Accounts:** Payment may be made with cash, credit card, or check. I do not extend credit except by special advance arrangement. In any such arrangement, late payment fees of 1.5% per month will be charged on any balance not paid within 30 days. I do not depend on an outside collection service unless accounts are overdue by 90 days. I would much rather communicate with patients and find some solution to overdue accounts. A delinquency fee of 30% of the outstanding balance will be added if a collection agency is required. There is a returned check-processing fee of \$20 in addition to reimbursement for charges assessed by my bank.

**Missed appointments:** Unless waived by mutual agreement on a case-by-case basis, no-shows and cancellations will be charged for unless you cancel at least 24 hours in advance of the appointment time. I do request that you cancel in case of illness. The fee for late cancellations is 50%, and for no-shows 100%, of the full fee (not of the amount of your co-payment). Such charges are payable immediately and are not normally reimbursable by insurance. Do not hesitate to ask questions about these arrangements at any time during your work with me.

**Limits of Therapy**

Dual relationships between a therapist and client are not a good idea. Dual relationships can set up conflicts between my own (the therapist's) interests and your (the client's) best interests, and then your interests might not be put first. In order to offer all my clients the best care, my judgment needs to be unselfish and professional.

Because I am your therapist, dual relationships like these are improper:

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot provide therapy to people I used to know socially, or to former business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, child care, etc.) or goods for therapy.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

**PLEASE SIGN BELOW** indicating that you have read, understand, and agree to the information and terms on both pages of this document. By signing this document, you are consenting to treatment and agreeing to financial responsibility.

\_\_\_\_\_  
Signature of patient or parent/guardian

\_\_\_\_\_  
Name of minor/ dependent

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

I, the psychologist, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Claire Dumke, Psy.D.

\_\_\_\_\_  
Date

Copy accepted by client  Copy kept by psychologist

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*

