Welcome to my practice. Thank you for considering working with me! For more information about me, visit [http://www.sumerledet.com](http://www.sumerledet.com). The website includes a section about my training, experience, and qualifications.

This document contains information you have a right to know and to consider before making a decision about using my services. Please read this document carefully and write down any questions you may have. You can circle items in this document or write questions in the margins. Do not sign the document until all of your questions have been answered. When you sign this document, it will represent an agreement between us.

**PERSONAL INFORMATION/LIFE HISTORY FORMS**
You will receive several forms to fill out today. They will provide me with some initial information about you and your reason for seeking services. The information you provide is voluntary. If you do not wish to complete any part of the form, you do not need to do so. However, the more information you are able to provide, the more it will aid me in assisting you.

**PSYCHOLOGICAL SERVICES**
Psychotherapy is an interactive process. Sometimes, therapy may be emotionally intense and, at other times, very fulfilling. You will be expected to contribute to all decisions regarding goals and methods, including suggestions for out-of-session activities. You have the right to refuse or alter any of these activities. While there can never be a guarantee that any approach will be 100% successful, the methods I use are shown in research to have a low risk of harm and a significant likelihood of effectiveness. You should ask for rationale and supporting evidence of any methods if they are unclear to you. The risk of not engaging in treatment that is needed should be weighed as well.

Our first 1 to 2 sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work would include. Therapy involves a large commitment of time, money, and energy, so you should consider your options carefully. If you have questions about my procedures, we should discuss them whenever they arise. I will be happy to refer you to another mental health professional for a second opinion if you desire. I will respect your values, feelings, and decisions about how and if you would like to proceed.

**MEETINGS/APPOINTMENTS**
The initial evaluation appointment will last up to 90 minutes. Any follow up appointments will last up to 45 minutes. Often, appointments are scheduled weekly for 8 to 16 weeks, but this will vary based on your individual needs.

Once an appointment is scheduled, you will be expected to pay for it unless you cancel 24 hours in advance. A 24-hour answering machine is available at 225-647-5500; please leave a voice message if you do not reach me. If you miss an appointment without calling to cancel, you will need to reschedule any future appointments you may have scheduled in advance. After 3 missed appointments, a referral to another agency may be made. If you are more than 20 minutes late for your appointment and have not called to
notify me, I may not be available to see you, as I may move appointments up or leave for the day. In the event that you arrive late and are able to be seen, your appointment will still end at the scheduled time, and you will be billed for the entire session.

PROFESSIONAL FEES
Payment is due at the time of each session. An initial phone consultation (up to 20 minutes) is free; this is a time for both of us to assess how well we may work together. My initial psychotherapy evaluation fee is $140.00. All follow up psychotherapy sessions are $110.00. Subsequent phone conversations lasting up to 15 minutes are free. Prorated session fees are available (upon request) and are charged for phone conversations exceeding 15 minutes and for appointments exceeding 45 minutes. I offer a 20% discount (for therapy, not assessment) for clients not using insurance who pay by cash, credit card, or PayPal in full in advance or at the time of the appointment. Session fees will not increase during the course of treatment.

TESTIFYING IN COURT
I am not a legal service and do not involve myself in legal proceedings. Should my services be required (even if by a third party), you will be required to pay for my professional time and any fees I incur. Because of the difficulty of legal involvement, my hourly rate is $200.00, and travel time and expenses, phone consultation, letter compilation, communication with attorneys, record(s) review, and testifying in court will be included in total cost. Half day court appearance = $800.00; Full day court appearance = $1600.00 (plus any fees I incur, plus preparation time). All fees are due in advance of services rendered. Legal participation could potentially harm our therapeutic relationship. These issues will be discussed, and a referral to another appropriate mental health professional may be made for continuity of services.

BILLING AND PAYMENTS
If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release is the client’s name, nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT
In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for treatment. It is important that you find out exactly what mental health services your insurance policy covers, as you are responsible for the payment of fees. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if services run out prior to the completion of treatment. Please remember that you have the option to pay for the services yourself to avoid the problems described above.

If you have questions about your coverage, call your plan administrator. I will call on your behalf, if needed. If I am out-of-network, I can provide you with the documentation to submit to your insurance company to request reimbursement. If you choose to proceed in this way, session fees must be paid at the time of services rendered. If your insurance requires a co-pay, it is due at the time of services rendered. If your services run out during necessary treatment, I will appeal/contest the denial on your behalf.

SUBSTANCE USE POLICY
If a client arrives to session under the influence of alcohol or drugs, he/she will be asked to leave and will be billed for the session. If the person is unsafe to drive or walk from the appointment, appropriate authorities will be notified for assistance.

If during treatment it becomes concerning that substance use may be interfering in an individual’s mental health, he/she may be required to comply with urine drug screens, at his/her expense, in order to proceed with treatment. I can provide referrals for the screenings. Should he/she refuse to comply with screens, an appropriate mental health referral may be made. This policy is to ensure safe and appropriate treatment.

SECURITY
A security camera is installed in the waiting area as a safety measure for all clients and staff. It does not record images or sound, but rather allows providers to monitor the entrance and lobby area from our offices.

COMMUNICATION POLICY
Email: Email is available at info@sumerledet.com as a method to engage in appointment scheduling and cancelling and to provide a forum for general inquiries about my services. Email is not to be used for therapy purposes. Email cannot be guaranteed to be confidential, and liability for any breach of confidentiality is hereby waived. I will send out appointment reminders via email, with your permission.
*If you would like to receive email appointment reminders, write your email address here or write NO:

Text: I do not communicate via text messaging. Please refrain from this method of communication.

Fax: Fax is available at 225-647-5507. While confidentiality cannot be guaranteed, cautionary measures are taken. The fax machine is kept behind a locked door. Only office personnel have access to the machine. All data will be sent with a cover sheet. At your request, I will send your records to or receive your records from other professionals.

Phone: I have a confidential voice messaging system available 24 hours per day at 225-647-5500 ext. 1. I am often not immediately available by phone. When I am with a client, I will not answer the phone. Please leave a voice message each time you call, and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. I will leave a discrete voice message or request for callback if you do not answer.

Neither my email nor office phones represent an emergency access point. Should you require immediate attention or find yourself in crisis, please call your physician, the crisis hotline (1-800-273-TALK), or 9-1-1, or present to your local emergency room.

CLIENT RESPONSIBILITIES AND EXPECTATIONS
It is your responsibility to notify me if you are currently in another therapy relationship. This is an issue that we need to discuss and handle in a way that provides you with the best, most appropriate, level of care.

Please help to ensure a comfortable environment by remaining quiet in the waiting area. Remember, other sessions are in progress. Put your cell phone on silent or vibrate, and take phone calls quietly or step outside.
During session, phones should be kept on silent or powered off, unless extenuating circumstances exist. Disruptive persons will be asked to exit the building in order to maintain a serene, confidential environment.

If you commit to therapy, it is your responsibility to complete outside of session assignments to the best of your ability. If assignments cannot be completed because of time constraints or distress, call me to discuss this in between sessions. If assignments are unacceptable to you, please voice your feelings during session so that we may think through this. If time investment outside of session is not an option for you at this time in your life, we can discuss alternatives to the therapy process.

PERMISSION TO WARN
In some cases, clients may want me to call friends, family members, or significant others if sadness, anger, rage, or a sense of general danger is present during our session. This is an opportunity for you to provide me with names, addresses, and phone numbers of individuals you give me permission to call if this occurs.

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Write on the back of this page if necessary. There are situations where I am legally obligated to notify others, which I review in the “Confidentiality” section of this document. See below.

CONFIDENTIALITY
In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. However, there are some situations in which I am legally obligated to take action, even if I have to reveal some information about treatment. For example, if I believe that a child, disabled person, or elderly person is being abused, I am required to file a report with the appropriate state agency. If I believe that a client 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, notifying family members, or seeking hospitalization for the individual threatening harm. If a client has a plan or intention to seriously harm or kill him/herself, I am obligated to seek protective measures which may include contacting family members or other significant others or seeking hospitalization. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some cases, a judge may ORDER my testimony, in which case I must comply. I am required to report admitted prenatal exposure to controlled substances that are potentially harmful. Parents or guardians of non-emancipated minors have the right to access the clients’ records. Insurance companies and third party payers are given information they request regarding services.

PROFESSIONAL RECORDS
The laws and standards of the profession of psychology require that I keep treatment records. They are stored in a locked file cabinet. Electronic records are password protected and stored in a secure database. You are entitled to a copy of your records unless I believe seeing them would be emotionally damaging; alternately, I can prepare a summary for you or I can send them to a mental health professional of your choice. If you wish to see your records, I ask that we meet to review them in person. Time spent responding to record requests are subject to regular session fees. However, summary review of records taking 15 minutes or less will be provided free of charge.
WHAT TO EXPECT FROM OUR RELATIONSHIP
I follow the standards of the American Psychological Association (APA). The APA puts limits on the relationship between the therapist and client. These limits are to protect your confidentiality. First, I cannot offer you professional consultation in any area except psychology – not law, medicine, or finance. Second, if we meet socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction, but a way to maintain your confidentiality. Third, I can only be your therapist. I cannot have any other role in your life such as friend or business partner. I cannot be a therapist to someone who is already a friend. I can never have a romantic relationship with any client, during or after therapy.

CONSULTATION
I consult with professionals about providing best treatment to my clients. I do not use names in these consultations. I make every effort to avoid details that would reveal the identity of any client. The consultant is also legally bound to keep the information confidential. If there was a case where your identity needed to be revealed for consultative purposes, I would request your written permission in advance to do so.

SIGNATURES
After your review, please discuss any questions or concerns you have with me before signing. Your consent to treatment is voluntary and there is no penalty for withdrawing. Your signature below indicates that you agree to abide by the terms of this document during our professional relationship.

____________________________________
Signature/Date of Client

____________________________________
Signature/Date of Responsible Party (if different from above)

____________________________________
Provider Signature/Date at time of review
**Provider signature indicates the belief that the client is fully competent to consent to treatment.

Copy Granted _______