

Consent for Treatment

Welcome to Dr. Courtney Schuneman's practice. This document contains important information about her professional services and business policies. Please read it carefully and feel free to ask her any questions you might have. Your signature on this document represents an agreement between you and Dr. Schuneman.

MENTAL HEALTH SERVICES

Mental health services vary depending on the presenting issues you bring forward in therapy. Dr. Schuneman uses a variety of techniques to help guide you to meet your stated goals. Therapy is a very collaborative process but it entails significant effort on your part. In order for therapy to be most successful, you will need to work on goals both during and between sessions.

Psychotherapy has many benefits but may also have risks. Since therapy often involves discussing unpleasant aspects of your life, a client may experience uncomfortable feelings like sadness, guilt, anger, frustration, and loneliness. However, scientific research shows that psychotherapy has been shown to have significant benefits and usually leads to positive outcomes, including improved relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

Our first few sessions will focus on evaluating your needs and goals. By the end of the evaluation, Dr. Schuneman will offer you some first impressions of what therapy will entail and we will collaboratively formulate a treatment plan to guide us to achieve your goals. If you have questions about the therapeutic techniques Dr. Schuneman employs, please feel free to discuss them whenever they arise. If doubts persist, Dr. Schuneman will work with you to find a solution, including referring you to an alternative provider if desired. You also have the right to refuse any recommended treatment, withdraw informed consent to treatment and to be advised of the consequences of such withdrawal.

Dr. Schuneman does not provide custody evaluation recommendations, medication recommendations, or legal advice, as these activities do not fall within her scope of practice.

APPOINTMENTS

Dr. Schuneman normally conducts evaluations during the first few appointments. During this evaluative period, you and Dr. Schuneman can decide if she is best suited to meet your treatment needs. If you and Dr. Schuneman agree to continue services beyond the evaluative period, psychotherapy sessions will be scheduled. Appointments are usually scheduled once per week and are usually 50 minutes in length. Once an appointment is scheduled, you will be expected to pay for it unless you provide **48 hours advance notice of cancellation** or if you and Dr. Schuneman agree that the cancelled session was due to circumstances beyond your control. When possible, Dr. Schuneman will try to reschedule the cancelled appointment.

PROFESSIONAL FEES

Dr. Schuneman will review the fee schedule with you during your initial contact or appointment. According to the Consolidated Appropriations Act, 2021, aka "No Surprises Act," she will provide a Good Faith Estimate of services to be provided. Dr. Schuneman's fees vary by the service provided.

- Initial Evaluation: \$250 for the first session (approximately 75 minutes in length)
- Individual or Family Therapy: \$200 per 50-minute session
- Psychological Assessment: \$300 per 60-minute session
- Phone calls: \$2 per minute after 15 minutes
- Case Management (preparation of records or treatment summaries, excessive paperwork for schools or treatment centers etc.) prorated at a rate of \$200 per hour
- Attendance at meetings with other professionals you have authorized or as legally mandated (i.e., DCFS involvement etc.) prorated at a rate of \$200 per hour

Dr. Schuneman does not participate with legal proceedings unless court ordered to appear. If you become involved in legal proceedings that require Dr. Schuneman's participation, you will be expected to pay \$400 per hour of her time even if she is called to testify by another party.

Dr. Schuneman's fees are subject to change at any time, and she will provide you with at least 90 days of notice of any changes in the fee structure.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless an alternative arrangement is agreed upon in writing in advance. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, you should discuss a fee adjustment or payment installment plan with Dr. Schuneman.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, Dr. Schuneman may pursue 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 Dr. Schuneman releases regarding a client's treatment is name, the nature of services provided, and the amount due.

Dr. Schuneman does not accept insurance but if you have a health insurance policy, it likely offers reimbursement for services provided by out-of-network providers. Thus, if you request it, Dr. Schuneman will provide a receipt that you can submit to the insurance company for reimbursement.

CONTACTING DR. SCHUNEMAN

Dr. Schuneman is only in the office on Tuesdays, Wednesdays, and Fridays, and she will make every effort to return your call, text, or email on the same day you make it, with the exception of weekends and holidays. Dr. Schuneman does not "friend" clients on social networking websites. It is very important to be aware that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication.

If you are unable to reach Dr. Schuneman and feel that you cannot wait for a return call, contact your physician or the Crisis Response Network crisis line at (520) 622-6000 or 1-800-273-TALK. If you have a true clinical emergency, call 9-1-1 or go to your nearest emergency room immediately. If Dr. Schuneman will be unavailable for an extended period of time, she will provide you with the name and phone number of a qualified confidential colleague to contact, if necessary.

Dr. Schuneman has a professional duty to make arrangements for your continuing care in the event Dr. Schuneman becomes unavailable due to incapacitating illness or death. Accordingly, should Dr. Schuneman become unavailable due to incapacitating illness or death, you will be notified by a designated professional with credentials equivalent to those of Dr. Schuneman's. At your request, that professional will provide a referral for further care and will inform you where your records will be stored and the necessary process if you wish to request access.

PROFESSIONAL RECORDS

The laws and standards of the profession require that Dr. Schuneman keep treatment records for at least seven years. You are entitled to receive a copy of your records or a summary of your therapy if you request them. However, because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them with Dr. Schuneman so that she can explain the contents and answer any questions you may have. Requests for records must be provided in writing and then records will be provided within a 30-day period from the time that the written request was submitted.

MINORS

If you, the client, are under 18 years old and your parents are divorced then both parents will need to sign this consent form per Arizona statutes. If one parent has sole medical decision-making, he/she can authorize treatment but needs to provide documentation verifying the sole medical decision-making. **Therapy will not proceed without both divorced parents' signatures.** If your parents are married, then they do not need to both sign this form.

If you are under eighteen years of age, please be aware that the law may provide your guardian/parent(s) the right to examine or receive a copy of your treatment records. This is a topic that you should discuss with Dr. Schuneman to determine together how to best handle such disclosures. Dr. Schuneman abides by an ethical code that mandates that your guardian/parent(s) be notified if there is a high risk that you will harm yourself or someone else.

CONFIDENTIALITY

The law protects the privacy of all communications between you and Dr. Schuneman, and she can only release information about your services to others with your written permission. All records will not be discussed or sent to others without a signed authorization form, which meets certain legal requirements imposed by HIPAA. There are several important exceptions to this confidentiality:

- Situations of potential harm to myself or others
- Situations in which my minor child may harm him or herself or others
- Suspicions of child abuse, sexual abuse, and/or neglect
- Court cases where my records are court ordered

- Insurance companies seeking information about treatment before making payment
- Situations in which Dr. Schuneman must defend herself against a complaint or lawsuit
- Worker's Compensation Claims

In such cases, Dr. Schuneman will discuss the situation with you and share any information that is released. It is understood that Dr. Schuneman may reveal your name, address, and financial information to her office staff for scheduling and billing purposes. Her staff is held to the same confidentiality standards according to HIPAA. Dr. Schuneman may seek professional consultation to improve quality of care; however, no identifying information will be revealed.

Your signature below acknowledges that:

You have received a copy of the "PRIVACY PRACTICES NOTICE"- which reviews the HIPAA federal law concerning the use and disclosure of protected health information. By signing this form, I agree that I have read, understand, and have had the opportunity to have any questions answered regarding the form labeled "PRIVACY PRACTICES NOTICE".

You have read the information in this document, agree to abide by its terms, and give your consent for yourself or your minor child/children to participate in psychotherapy with Dr. Schuneman. This consent is voluntary and you may revoke your consent in writing at any time.

Please note that if the client is a minor of *divorced parents*, this form requires both signatures of each biological parent unless one parent has sole medical decision-making documentation.

Client's Name	Signature of Client	Date
---------------	---------------------	------

Guardian Name	Signature of Guardian	Date
---------------	-----------------------	------

Guardian Name	Signature of Guardian	Date
---------------	-----------------------	------

Courtney Schuneman, Psy.D. _____

Staff Witness Name	Signature of Staff Witness	Date
--------------------	----------------------------	------