# Creating Choices, PC Deb Lang, Licensed Psychologist P.O. 1050 - Bigfork MT 59911

#### **Consent for Treatment**

Welcome to my office. Please take a few moments to read the following information carefully so that you will have a better understanding of what you can expect of me and what I expect from you in the therapy process. If you have questions or concerns about any of this information, please talk with me about them.

#### **Professional Background – Methods - Specialties**

I am a Licensed Psychologist in Montana (#351) and Colorado (#2635). I am also a Registered Dietitian. I have a Master of Science in Nutrition, from The Pennsylvania State University and a Doctorate in Psychology from the University of Northern Colorado. The foundation for my work is client-centered, and I use principles of neuroplasticity, attachment, and cognitive-behavioral therapy in my work. I bring to our work specific knowledge and experience, at the same time, I believe that you have the internal strength and wisdom needed to reach your goals and that my role is to help you access or build upon these strengths. I have experience working with issues of life change, depression, anxiety/stress, loss, health and illness, trauma, eating disorders, weight and body image. I especially enjoy helping people gain skills to become more self-accepting, compassionate and resilient. I offer these skills individually and through my group program Bounce... building skills to regain your balance in a bumpy world. In addition, I offer *Flourish*, a program designed to end weight cycling, the diet/binge syndrome and to create peace with food. Please let me know if you are interested in either of these programs. I was an Emotional Brain Training Provider for six years and continue to bring the experience, knowledge and skills from that training into my work with clients.

## Therapy Process, Services, and Fees

Psychotherapy has been shown to have many benefits including increased resiliency, a reduction of distressing symptoms, increased self-acceptance, and awareness, as well as improved relationships. At the same time, therapy often involves discussing difficult or unpleasant aspects of your life, and as you do this, you may experience uncomfortable emotions and sometimes an initial increase in symptoms. Sometimes in therapy, people feel worse before they feel better, especially if they have been avoiding topics or emotions. Because of this, it is important that, throughout our work, we talk about how the process is going for you. It is also important for you to know that I cannot guarantee, to you, any specific result or experience in the psychotherapy process.

The length of the therapy process varies. Together we will develop goals for our work and periodically we will review your progress made toward these goals. I typically schedule sessions weekly, and this may vary depending upon your needs. I may ask you

to complete work outside of our sessions in the form of reading or other exercises. The charge for an initial intake session is \$185. Sessions after the intake session are \$175 for a 55-minute session. I bill at my same rate for extended telephone contacts (longer than 15 minutes) or other professional services I perform outside of your session. I reserve your appointment time for you and because of this, it is important that you read and save, for reference, my cancelation policy. Please arrive on time for your appointment. Likewise, I will do my best to start our sessions on time.

In the event that you do not pay your bill as agreed, your account can be turned over to a collection agency. You will also be financially responsible for any charges incurred by the agency.

## Your Rights and Responsibilities

You have the right to ask questions, at any time, about the work we are doing in therapy. You also have the right to refuse any therapeutic intervention or to request a different type of treatment. You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported.

You have a responsibility to participate in your therapy by: keeping scheduled appointments, completing agreed upon treatment tasks, asking me about any part of the therapy process that you don't understand or are dissatisfied with and paying the agreed upon fee.

You have the right to end our work at any time or to request a referral to another therapist. You also have the right to seek a second opinion from another therapist, at any time. I have a responsibility to refer you to another therapist if I don't feel qualified to address your treatment issues. I can end our work when you fail to keep your appointments, when there is a lack of progress toward your goals, or for non-payment of fees. In these cases, I will provide a referral to another therapist if you wish to continue therapy.

#### **Phone Calls/Emergency Contact**

I will respond to your calls as promptly as is possible. Please be sure to leave your phone number, when you leave me a message, for a faster return call. If you are in crisis and need to talk to someone immediately, please contact your primary care provider or go to your nearest emergency room or urgent care clinic. If you live in Bozeman, calling the Help Center at 586-3333 is another option. They are staffed 24 hours a day. Since I will be working with you remotely, if you believe that you will be in need of additional support outside of our telepsychology visits, please inform me of this during your intake session so that we can decide if working together, remotely, is in your best interest.

# **Confidentiality**

I place a high value on the confidentiality of the information that you share with me. Please review my **Privacy Notice of Policies and Practices to Protect the Privacy of Your Health Information** for a detailed description of your rights and the limits of confidentiality. If you have questions regarding confidentiality or the exceptions to confidentiality, please discuss these with me.

In order to provide the best possible service to my clients, I do on the occasion consult with other professionals regarding my work. In doing so, the focus is on my work, and I am careful to talk in generalities regarding your case and not to provide details that might identify you.

#### Social Media

Please review my social media policy.

#### **Insurance and Financial Policies**

As a courtesy to you, I will file your bill with your primary insurance company. Unless you have Medicare, you are responsible for filing to a secondary insurance company. Please note that you are ultimately responsible for your bill, as well as for handling any difficulties encountered in collecting payment from your insurance company. If your insurance company requests additional information from me in order to authorize additional sessions, I do charge for this service.

I ask that all clients provide me with a debit/credit card number. This information will be stored solely on a secure payment site used for billing. I do not maintain any credit card information in my office. I ask for this card information in order to, charge for session co-pay amounts; to have a means to collect outstanding balances and to charge for sessions missed without notice. Unless we have agreed to another arrangement, I will charge your card for sessions not canceled with a minimum of 24-hour notice, as well as balances not paid by your insurance company. I expect payment, in full, at the time of your first session and until your deductible has been satisfied.

Please be sure to speak with me, if you have any concerns about these payment policies.

Your insurance company will require that I provide them with a diagnostic code. Some insurance companies also require further information about you in order to pay for your session. This information might include, symptoms to substantiate the diagnosis, functional status, history, progress, and goals. The insurance company is responsible for

maintaining relevant standards of legal confidentiality. Releasing this information to the insurance company requires you signing a release. You can find this release on the Signature Form. If you have any questions/concerns about this release of information or billing to your insurance company, please discuss these with me.

## **Court Evaluations**

Court evaluations are not a part of the services that I provide. If you need information provided to the court, I will refer you to a therapist who specializes in that kind of service.