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INFORMED CONSENT

Welcome to my practice. I am pleased to have the opportunity to serve you and hope that this handout will provide helpful information in making an informed decision concerning my services. **Please ask questions at any time.**

Hours of Operation: The office staff answers telephone calls from 8:30 a.m. until 5:30 p.m. Monday through Thursday. At all other times calls are forwarded to a voice mail system. I do not answer phone calls while in session. I am available for appointments Monday through Thursday.

Background & Training: I completed a Ph.D. in Counselor Education and Supervision from Virginia Tech in 1995 and have worked in human services for the last 35 years. I also have counseling degrees from James Madison University and the University of Virginia. In the course of my training and previous employment, I have had experience in treating a wide variety of individuals including children, adolescents and adults in individual, couples, family, and group counseling. I specialize in these areas: depression, anxiety, general adjustment issues, marital and family issues, work stress, parenting issues and medical and disability issues.

Philosophy: I accept in my practice only clients whom I believe have the capacity to resolve their own problems with my assistance. The foundation of the healing process is the therapeutic relationship which is based on trust, respect, honesty, confidentiality and effort. As people learn more about their strengths and weaknesses, they usually become more accepting of themselves and others and feel more empowered to accomplish their goals. As the client, you are responsible for setting the goals you want to accomplish and can terminate counseling at any time. My responsibility is to help you accomplish these goals in the shortest time possible. If counseling is successful, you should feel better about yourself and be able to face life's challenges in the future without my support or intervention. I cannot guarantee results.

I ask that you be as honest and as open as possible in discussing your concerns. If you are unclear about anything regarding your therapy, please ask questions. Psychotherapy can be very helpful for some individuals but it is not without some risks. These risks may include the experience of intense and unwanted feelings, such as sadness, anger, fear, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the therapy process. Other risks might include: recalling unpleasant life events, facing unpleasant thoughts and beliefs or possible alteration of an individual's relationships. I will make every effort to minimize potential risks and hazards which are not helpful to the therapeutic process. Often in therapy, major life decisions are made, including: decisions involving families or friends, changes in relationships, or changes in your jobs or careers. These decisions are a legitimate outcome of therapy as a result of an individual's calling into question some of their beliefs and values, recognizing their strengths, increasing their self-acceptance, alleviating symptoms and problems or learning more helpful coping skills.

I use research-based "best practices therapy methods" including, but not limited to, Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy, Solution-Focused Brief Therapy, Person Centered Therapy, Mindfulness, Strategic or System based approaches, assessments, and bibliotherapy. These methods sometimes utilize psycho-education methods with homework assignments.

Fees, Payments and Insurance: I make every effort to keep down the cost of your medical care. Therefore I require that you pay for your treatment at the time of your visit. The cost of therapy is \$100.00 for the initial session and \$90.00 for each following session. Payment may be made by cash, check or credit/debit card. I do not take insurance. If at any time during your treatment you are having financial difficulties and cannot pay for therapy please let me know. If you wish to seek reimbursement through your insurance company you will be given an itemized statement after each session which provides diagnostic codes, procedural codes, fees and my signature. This statement along with a claim form from your insurance company should be all that you need to file a claim. All reimbursement of insurance from your insurance company is your responsibility and should be paid directly to you. You should contact your insurance company to ask if pre-authorization is required for outpatient mental health services.

Returned Checks: If you pay for any therapy or assessment with a check and that transaction is returned to us from your bank as non-payable, there will be a charge of \$35.00. After a non-payment incident, checks may no longer be accepted and you will be required to pay all outstanding balances on a **cash only basis**.

Psychological Testing: Psychological testing is sometimes a critical component of evaluating problems and strengths and assisting clients in accomplishing their goals in the shortest time possible. After an initial interview I may recommend such assessment. Costs for this service depend on the testing instruments used and the length of time required for administration and scoring. The exact charges will be discussed with you prior to any testing. Payment in full is required prior to any testing.

Appointments: Appointments are best scheduled several weeks in advance. You may make up to four appointments at one time. Please know that there will be times my schedule may be full. We maintain a cancellation list. You may request to be put on the cancellation list and be notified as soon as possible as an appointment is available. The Office Manager routinely calls the day prior to your appointment time. Please let the office manager know if you DO NOT want to be contacted for appointment confirmation.

Cancellations: I see clients by appointment only, and each appointment constitutes a significant portion of my day, it is common practice to charge a fee for missed appointments. A charge of \$90.00 will be made when less than 24-hour advance notice is given for a cancelled appointment. A charge of \$90.00 will be made if you do not show up for an appointment or call in response to your absence. I would appreciate you notifying me at (540) 982-8421 if you will not be attending a session with as much notice as possible-preferably 48 hours or more. If you do not reach me personally, please leave a voice mail for the receptionist of your cancellation.

Messages: As we work together, you will notice that I do not accept phone calls while with you. During those times and at other times during the day or evening, my calls are answered electronically. Messages are checked frequently during the day, and I will attempt to call you back as soon as possible. Usually, I can get back with you within 24 hours. If you need to speak with me directly during regular office hours, please leave your name and phone number on my voice mail. On evenings, weekends, and holidays, the messages will be received and acted upon during the next working day.

Complaints: If at any time you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns you may report your complaints to the Virginia Department of Health Professions at 1-800-533-1560. I am required to follow a Code of Ethics. If you would like to see a copy of the Code it can be found on-line at the website for the American Counseling Association at www.counseling.org.

Counseling and Financial Records: Counseling and financial records are maintained on each client for a period of seven years. Records are stored in boxed paper files in a secure central location. The records are my property but may be reviewed by a client with 30 days notice.

Noncompliance: I may cancel or terminate services for noncompliance with the plan of care, failure to keep or cancel appointments, violent behavior, a threat of violence or involvement in criminal behavior.

Exceptions to Confidentiality: Under certain circumstances certain information may or must be revealed or released to others. The following are examples of exceptions that may apply:

- If I am subpoenaed and ordered to testify in a court of law and my objections are overruled. This happens in very few instances and typically occurs in legal proceedings involving child custody, law suits in which services you received are considered to be evidence in a court of law, or charges involving certain types of criminal behavior.
- If you request that I communicate with someone, you will normally be asked to sign a "Release of Information" and to specify what can be communicated and for how long the release will remain in effect.
- If I believe that abuse or harm has been done to a child or to an elderly person. This would involve situations where I find it is necessary to report this information to proper authorities.
- If I believe that you are dangerous to yourself, or another person, and it is necessary to take steps to protect you or the safety of others. I can only release that information that is necessary to protect or insure your health and safety or the health and safety of others.
- If during a medical emergency I need to reveal information that is necessary to protect or insure your health and safety. I can only release that information necessary to protect or insure your health and safety.

- If you are a minor, or a minor that is not emancipated, I may be required to advise or involve your parents or guardian in your treatment. There are circumstances in which I am not required to notify the parents of a minor.
- If I must take action to collect a debt incurred for services, your name and the amount of your debt may be revealed to a collection agent.

If you have any questions, concerns, or confusion regarding your rights to confidentiality, or any potential exception, please discuss this with me.

Consultation: In keeping with generally accepted standards of practice, I may confidentially consult with other mental health professionals regarding the management of treatment. The purpose of the consultation is to assure quality care. Every effort is made to protect the identity of the clients.

Emergencies: My office is not set up to routinely provide crisis intervention services. In case of an emergency and/or my office is closed, you may go to your local Emergency Room, call Respond at (540) 776-1100 or call CONNECT at (540) 981-8181 to reach a crises counselor.

Affiliation Relationships: I am an independent contractor at 1031 First Street S.W., Roanoke, VA. Employees and independent contractors who work at this location are each wholly responsible for his/her own acts and omissions.

Copying Fees for Medical Records: I attempt to honor your request of medical records as quickly as possible. I make every effort to respond within 30 days. The charge for copying and mailing medical records is as follows:

- Handling and processing fee \$10.00 per request
- Photocopying (pages 1 – 25) \$.50 per page
- Photocopying (pages over 25) \$.25 per page

This charge is billed to the organization/individual requesting the records as outlined in your authorization and **payment is due in advance of the records being released.** However, you will ultimately be responsible for any unpaid fees should that party not make payment.

Permission to Treat a Minor Child: Please note that I require written permission before I can treat any client under the age of 18:

- When parents are married, the signature of one parent is sufficient to provide treatment.
- If the parents are divorced, I require the signature of the parent having legal custody of the child.
- If the parents have joint legal custody, I may require the signature of both parents
- If the parents are separated, I may also require the signature of both parents to provide treatment.

Phone authorizations are not accepted. Parents must sign the “Informed Consent/Permission to Treat Form” in person or have it notarized with seal and signature if signed off premises. I will not provide treatment for any child who does not have the proper signed consent form(s) on file. The office staff is directed to reschedule your appointment if the form(s) is not completed.

Requests for Letters: I take a great deal of time corresponding with requested individuals on the behalf of their client. There is a charge for letters written by me at the request of the client. If a legal letter is needed, a fee ranging from \$25.00 to \$100.00 will be charged. The charge will vary and is based on the clinical and clerical time required to complete the letter. Payment must be received before a letter can be delivered.

Request for Forms: In most instances I will complete health or treatment forms on your behalf. However, please be aware that there may be a charge of \$15.00 for forms to be completed by me at the request of the client. In the event that the form is lengthy or complex, I may request that you schedule an appointment and complete the form as part of your session. You will be fully responsible for this cost. Payment must be received before a form can be delivered.

Telephone Consultations: There is usually no charge for a brief phone conversation with me. If you require a more lengthy discussion, a receptionist will schedule a time with me by phone. You will be fully responsible for this cost. **I ask that you pay by credit card prior to the consult.**

Court Appearances: I am occasionally needed to testify in court or provide a deposition as an expert witness for a client regarding a legal matter. If you think you may be involved in a legal dispute or may require my testimony, please inform me as quickly as possible. If a judge or another party subpoenas me or your medical records, I am legally required to comply. If you or your attorney subpoenas me to appear in court on your or your dependent's behalf, **you will be charged a fee of \$300.00. Full payment is expected to be paid prior to the scheduled court date.** If the time required in court is in excess of three (3) hours (including travel time) you will be charged an additional \$100.00 per hour. You will be billed for the balance due. You will be charged for my presence in court, regardless if I testify or not. If court is cancelled our office needs at least a 24 hours notice in order for you to receive reimbursement of your initial \$300.00 fee.

Payment of Outstanding Balances: Each month I mail billing statements for each account with outstanding balances due. **You are responsible for paying the total amount due upon receipt of the statement.**

- If I do not receive payment in full for balances due within 30 days of billing, this may result in the suspension of services.
- Outstanding balances exceeding 90 days past due will result in collection procedure. In the event that your account is forwarded to an external collection agency, all collection fees will be added to your account. In addition, finance charges of 1.5% will be added each month to accounts which are 30 days past due.

Damages to Facility: My office is structured in order to provide a comfortable and professional setting for you. It is my policy to hold my clients or their parents financially responsible for any damages imposed upon the building or its contents. Clients or parents will be billed in full for any cost of repairing or replacing anything which is damaged.

Emergencies at the Facility: In case of a medical emergency at our facility, I will contact the nearest and most appropriate medical facility to provide care.

Office Closing: In the event that of the office closing, please call the office for information. If we are closed, we will leave a message on our voice mailbox advising this. We will work with you to reschedule your appointment.

Safety: For the safety of all, firearms and weapons are prohibited on the premises.

I hope this brief introduction answers some of your questions. Please feel free to ask any additional questions you may have. Again, I welcome you to our work together and trust that it will be mutually beneficial.

PERMISSION TO PROVIDE TREATMENT

Permission for treatment is hereby authorized to _____, to render treatment
to _____ whose relationship to me is (circle one) self, child, spouse, guardian or
other _____ .

Signature of Client, Parent or Guardian

Date

Signature of Witness or Counselor or Staff

Date

I have received a copy of this Consent Form.

Signature of Client, Parent or Guardian

Date