

Office

of

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SS756
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Adult

Informed Consent Disclosure Statement Of Services and Responsibility

Preamble

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. Direct Quotation: American Psychologist: Journal of the American Psychological Association, December 2002. (2002 Ethics Code: Defining Moments of a Generation)

Psychological Services

No person in Florida may call himself or herself a psychologist unless that person is licensed by the State of Florida, Board of Health, Division of Medical Quality Assurance. This signed original Informed Consent Statement will become part of your psychological records so that the Board has some assurance that you are aware of the following important information. You will be given a copy for your own records.

Service provision in psychology is not easily described in general statements. It varies depending on the personalities of the psychologist (i.e., service provider, clinician, practitioner) and client (service user); thus, the therapeutic alliance with commitment. There are many different methods I may use to assist you as you deal with problems, conflicts, or difficulties that you hope to address. As a practitioner, overall, I follow the Behavioral/Science Model (i.e., research based) with a multi-model approach to establish our therapeutic alliance in therapeutic counseling.

Therapeutic counseling appears to help the service user: reduce the symptoms which seem to be impairing life choices, begin to understand the variable dynamics of his/her present life, sense an overall fading of pain, perceive better behaviors replacing the less functional ones, realize more freedom of preferred options, and develop a clarity of the revising current living patterns. Typically, therapeutic treatment is not concluded until the cultural roots of one's misery have been explored and extirpated.

Although no guarantees or “magical cures” are extended, therapeutic counseling can have benefits (i.e., better relationships, solutions to specific problems, and significant reductions in feelings of distress), risks (i.e., experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness), but cannot resolve every single problem in one’s life successfully. However, gains in communicating with confidence inside self (i.e., internal, emotions, decisions, options of choice), with others (i.e., external, levels of relationship), and life events (i.e., external, pleasant, unpleasant) frequently are spin-offs of developing emotional resiliency.

Specifically, my mission is to help people learn to feel better, develop their strength of inner self, and to build lifetime resiliency. Most people seek balance for better health, less disease, greater inner peace, and a fuller sense of meaning, direction, and satisfaction in their lives every day. Scientific investigation of this neglected aspect of human nature may lead to important new clues for helping people live together with better health, richer positive experiences, and greater meaning and satisfaction in life. Learning parallels of behavior and relationship with self and others could be facets in our work. At the end of your therapeutic counseling treatment, I will prepare a written statement for termination.

Our first few sessions will involve an evaluation of your present functioning and your emotional influences from a historical glance. By the end of the initial evaluation, I will be able to offer you some first impressions of our work inclusions and a treatment plan to follow, if you decide to continue with therapeutic counseling. You can evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapeutic counseling involves a large commitment of time, money, and energy. Therefore it would benefit you to evaluate carefully the service provider that you select. If you have questions about my procedures, we will so discuss upon your request.

Meeting or Session Schedule – In Office or Telephone

I typically conduct an evaluation that will last from one to two sessions. During this time, we can both decide if I am the best person to provide service addressing your concerns. When the therapeutic counseling is begun, typically in the office, I will usually schedule one or two appointment session(s) (i.e., one session hour is 45 to 50 minutes in duration) per week at a preferred time(s) for you. The commitment requires consistency in attendance by the service provider and the service user. To avoid payment for missed appointment, please courtesy cancel at least 24 hours in advance of scheduled appointment. This policy helps me better serve new clients who may be waiting several weeks for their first appointment. Should a schedule conflict arise for you, I will try to reschedule the appointment for you.

Although in-office appointments are preferred, my private practice is a far-reaching practice and I use consultation by telephone as a common and reliable technique of case management. Also, at times local service users prefer to engage in telephone sessions during a crisis or time of conflict with an issue.

Professional Fee For Service

Overall my hourly fee is \$225 for evaluation and \$200 for therapeutic counseling. Therapeutic counseling by telephone is assessed in minute increments starting at your scheduled time. Telephone therapeutic counseling is billed by the minute (i.e., no charge for voice messages or calls of less duration than 5 minutes). In addition to telephone and in-office appointments, I charge specific amounts for other professional services. The fee schedule is listed below:

Fee Schedule

Office Counseling:	\$200 per hour (45-50 minutes)
Telephone Counseling:	\$200per hour (45-50 minutes)
Office Consultation:	\$200 per hour (45-50 minutes)
Telephone/Internet/Facsimile Consultation:	\$200 per hour (45-50 minutes)
Consultation/Counseling on Site:	\$300 per hour (45-50 minutes)
Assessment:	\$225 per hour (45-50 minutes)
Record Review:	\$225per hour (45-50 minutes)
Progress Session Summary:	\$225 per hour (45-50 minutes)
Court/Legal Related Consultation (hour/fraction):	\$800 per hour (45-50 minutes)

Fees are collected at time of service unless you prefer to pay a retainer for the professional services to bill against. A fee of \$25, in addition to the bank fee, will be charged on a returned check.

Comprehensive assessment can be billed by the test or test battery if more economical for the service user. Each service user is charged based on the fee schedule for service in practice at their time of entry. For example, if you begin therapeutic counseling under the above fee schedule, you will remain on this schedule regardless of my fee elevations reflecting costs of operation over time.

Each current service user will receive a copy of their ledger at the conclusion of each month. In addition, typically, I include a copy of a current, relevant research article for educational purposes. If the service user requests research in a specific area, I will attempt to so provide. In my opinion, mental health education supported by research is beneficial for almost everyone.

Because I do not file insurance, some service users prefer to pay for their psychological service and then file the fee receipt or ledger with their insurance company. Should the service user prefer this method, due to the privacy-confidentiality, I request that the service user sign an insurance release. You are aware that most insurance companies require you to authorize me to provide them with clinical diagnostic impressions. Sometimes I am required to provide additional clinical information such as treatment plans, summaries, or copies of the entire record (i.e., in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with the data once it is in their hands. In some cases, they may share the information with a national medical information databank. I will communicate with you should questions arise.

Because of the difficulty, time, and schedule disruption for other service users, related to legal involvement, I charge \$700 per hour or fraction of the hour for my preparation, travel, and attendance at any legal proceeding on behalf of the service user. Alternately, the service user is responsible for paying my attorney fee should a legal altercation occur related to his/her case. In addition, depending upon the case, a minimum retainer of \$7000 is required.

Contacting Me

I am often not immediately available by telephone (239-404-9396.) When I am unavailable, my telephones are answered by voice mail, which I monitor frequently. When you record a message, it is helpful for your message to include your name, telephone number(s) where and when you may be reached, information related to your concerns or reporting, and possible times that I could speak with you. I will make every effort to return your call on the same day that you call, or within 24 hours, with the possible exception of weekends, holidays, and if I am out of town. Prompt communication is important to me and thus to our therapeutic counseling alliance.

In an emergency, if you are unable to reach me and sense that your difficulty cannot wait for me to return your call, contact your family physician or the nearest emergency room. Although seldom will I be unavailable for an extended time; however, should the situation happen you would be informed. My associate, Dr. Margaret Seagraves will have your release of file, and I encourage you to call and work with her at (239-596-4474), until my return.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Service users will be charged an appropriate fee (e.g., list appears previously) for any professional time spent in responding to information requests.

Minors and Legally Incapacitated Individuals

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. Unless I sense that there is a high risk that you will seriously harm yourself or someone else, we (i.e., you and I) will provide them with general information about our work together in an ongoing format.

Service providers owe a duty of confidentiality to minor and legally incapacitated service users. This does not mean that the service provider may not impart the clinician's own evaluation, assessment, analysis, diagnosis, or recommendations regarding the minor or legally incapacitated individual to the service user's guardian or to any court of law.

Confidentiality and Privileged Communication

One of the primary obligations of psychologists is to respect the confidentiality of information entrusted to them by service users. Psychologists may disclose that information only with written consent of the service user. The only exception to this general rule occurs in those situations when nondisclosure on the part of the service provider would violate the law. If there are limits to the maintenance of confidentiality, the service provider will inform the service user of those limitations.

As with most laws within our country and the State of Florida there are limitations. You will find below the limitations of this confidentiality as determined by Florida Psychological Services Act (490.0147) and Florida Statutes (415.504) and (415.103).

Florida Statute 490.0147 requires psychological service providers to breach confidentiality if it is determined that a service user presents a danger of harm to him/herself or others. If the patient presents an imminent danger to someone else, then that person must be notified according to Florida Statutes "Duty to Warn." If the service user presents a danger to him/self/herself, then appropriate therapeutic intervention is mandated, which may include hospitalization.

Florida Statute 415.504 requires the mandatory reporting of any knowledge of child abuse or neglect. This information must be reported. It is the policy of this office to notify the service user prior to reporting such information. This prior notification is a courtesy I provide to the service user and in no way will inhibit or delay the report of suspected abuse and neglect.

Florida Statute 415.103 requires the mandatory reporting of any knowledge of abuse, neglect, or the exploitation of the aged or disabled adults. This information must be reported. Again, it is the policy of this office to notify the service user prior to the reporting of such information. This prior notification is a courtesy I provide to the service user and in no way will inhibit or delay the report of suspected abuse and neglect.

A service user involved in litigation is potentially subject to certain exceptions to the right to privileged communication, such as, when the communications issues are (1) in proceedings to compel hospitalization of the client for mental illness; (2) made in the course of a court-ordered examination of the mental or emotional condition of the service user; or (3) relevant to an issue of the mental or emotional condition of the client in any proceeding in which he or she relies upon the condition as an element of his or her claim or defense.

In general, the privacy of all communications between a service user and service provider is protected by law. I can only release information about our therapeutic counseling to others with your written permission (i.e., release of specificity from this office). For example, you and I may decide that it would be helpful to you for me to talk with your medical physician.

There are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. Although extremely seldom, in some proceedings, typically, involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm even if I have to reveal some information about a service user's treatment. For example, if I believe

that a child is being abused, I may be required to file a report with the appropriate state agency. If I believe that a service user is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for this service user. If the service user threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations rarely occur. Should a similar situation occur, I will make every effort to discuss it with you before taking action.

I may find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my service user. The consultant is also legally bound to keep the information confidential. Should this situation occur, I will inform you.

In this office, the clerical staff will have access to your records. The clerical staff members work under this office policy, are legally bound, and have been trained with ongoing supervision to guard your confidentiality.

Service Provider - Service User Relationship

It is never appropriate for a service provider to engage in any relationship (e.g., social) other than service provider - service user relationship with any service user or former service user. For example, a service provider may not hire a service user or former service user as an employee. There is no legitimate psychological treatment that involves sexual intimacy. It is never appropriate for a service provider to engage in sexual intimacy with a service user or former service user even if the service user consents.

Problem Resolution

If you have concerns about a service provider who is working with you, you may first discuss the issues with your service provider. If this is not satisfactory and you need further help, you can discuss your concerns with another psychologist or contact (1) the Florida Psychological Association, (2) the American Psychological Association, or (3) the Florida division of Medical Quality Assurance.

ADULT REGISTRATION FORM

Client's Name _____ Date _____
(Please Print) Last First Middle

Address _____
Number Street City State Zip

Telephone Numbers _____
Home Cell Business(s)

Age ____ Date of Birth _____ Marital Status _____ Social Security Number _____

Education/Training _____ Employer _____ Occupation _____

Spouse/Significant Other Name _____ Telephone _____ Occupation _____

Referred By _____ Family Physician _____ Telephone _____

Date of Last Medical Evaluation _____ List Current Health Problems _____

List MEDICATIONS you are now taking _____

What have you been hospitalized for in the past? _____

What serious illness have you had during your life? _____ Have you received emotional, psychological, or psychiatric counseling? If so, describe including service provider

What medical, emotional, psychological or psychiatric diagnoses have been made in your family?

List the members of your family and all others in your home

Names	Age/Birthdate	Relationship	Occupation

Emergency/ Next of Kin Contact Name _____ Telephones _____

Address _____ Relationship _____

Discuss your concerns and reasons that you have decided to contact this office:

List your strengths:

Presenting Problems

Please check (✓) the following that apply to you. You have had or have problems with **thoughts** of:

- | | | |
|---|--|--|
| <input type="checkbox"/> Not being good enough | <input type="checkbox"/> Hearing voices or sounds inside head | <input type="checkbox"/> Being bad or evil |
| <input type="checkbox"/> Not being cared about | <input type="checkbox"/> Hearing voices or sounds around that others can't or don't hear | <input type="checkbox"/> Flashbacks of past trauma |
| <input type="checkbox"/> Not belonging/fitting in | <input type="checkbox"/> Seeing things or people that others can't or don't see | <input type="checkbox"/> Hurting self |
| <input type="checkbox"/> Not being understood | <input type="checkbox"/> Having special powers | <input type="checkbox"/> Killing self |
| <input type="checkbox"/> Being rejected | <input type="checkbox"/> Being superior or privileged | <input type="checkbox"/> Hurting others |
| <input type="checkbox"/> Being abandoned | <input type="checkbox"/> Being in danger | <input type="checkbox"/> Killing others |
| <input type="checkbox"/> Being a failure | <input type="checkbox"/> Being followed or spied on | <input type="checkbox"/> Sexual preoccupation |
| <input type="checkbox"/> Being unattractive | <input type="checkbox"/> Revenge/getting even | <input type="checkbox"/> Excessive religiosity |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Racing ideas | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Hopelessness | | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Not being real | | <input type="checkbox"/> Impending death/doom |
| <input type="checkbox"/> Not knowing identity | | |

Please check (✓) the following that apply to you. You had or have problems with **feelings** of:

- | | | |
|--|---|--|
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Irritability | <input type="checkbox"/> Being out of control |
| <input type="checkbox"/> Apathy/indifference | <input type="checkbox"/> Intense frustration | <input type="checkbox"/> Anxiety/apprehension |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Anger | <input type="checkbox"/> Specific fears/phobias |
| <input type="checkbox"/> Intense loneliness | <input type="checkbox"/> Hate | <input type="checkbox"/> Intense excitement |
| <input type="checkbox"/> Intense sadness | <input type="checkbox"/> Rage | <input type="checkbox"/> Obsessive infatuation |
| <input type="checkbox"/> Helplessness | <input type="checkbox"/> Tension | <input type="checkbox"/> Mistrust/suspiciousness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Being under pressure | |

Please check (✓) the following that apply to you. You had or have problems with the following **behaviors**:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aggression/fighting | <input type="checkbox"/> Avoidance | <input type="checkbox"/> Self-defeating acts |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Procrastinating | <input type="checkbox"/> Being too dependent |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Forgetting | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Fire setting | <input type="checkbox"/> Arguing | <input type="checkbox"/> Socializing with others |
| <input type="checkbox"/> Using drugs and/or alcohol | <input type="checkbox"/> Lying | <input type="checkbox"/> Helping others too much |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Temper | <input type="checkbox"/> Taking the blame |
| <input type="checkbox"/> Sex or sex related | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Being taken advantage of |
| <input type="checkbox"/> Child abuse and/or neglect | <input type="checkbox"/> Running away | Other: |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Being oppositional/rebellious | <input type="checkbox"/> Relationship |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Masochistic acts | <input type="checkbox"/> Marital |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Self-mutilation/injuring self | <input type="checkbox"/> Family |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Performing in public | <input type="checkbox"/> Bossing or controlling others | <input type="checkbox"/> Job related |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Sadistic acts | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Irresponsibility | <input type="checkbox"/> Homicidal acts | <input type="checkbox"/> School/education related |
| <input type="checkbox"/> Inefficiency | <input type="checkbox"/> Attention/concentration | <input type="checkbox"/> Physical/medical related |
| <input type="checkbox"/> Making decisions | <input type="checkbox"/> Achievement | <input type="checkbox"/> Religion or spiritual |

Thank You

Thank you for selecting me as your service provider. I hope that my work in assessment, therapeutic counseling, and/or consultation will be helpful. If you have any concerns or questions, please do not hesitate to talk with me.

Your signature below indicates that you have read, understand, and will abide by the information on this Informed Consent Disclosure Statement, covering protocol, fee structure, and type of intervention offered by Dr. Phyllis Walters during our professional relationship.

Service User:

Witness:

Signature

Signature

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Service User's Legal Guardian:

Signature

Print Name: _____

Relationship: _____

Date: _____

Biographical Introduction: Phyllis Walters, Ph.D.

Phyllis Walters, Ph.D. is licensed in Florida and nationally certified as a school psychologist, who specializes in assessment, intervention, and consultation. She provides service with individuals, couples, and families in her private practice. Specifically, the service addresses issues with children, adolescents, and adults who present signs of: anxiety impulses, depression despair, obsessive compulsive behaviors, learning difficulties, relationship issues, life stage transitions, divorce challenges, blended family integration, or related problems.

Dr. Walters earned a Doctor of Philosophy Degree (Ph.D.) from The University of Northern Colorado and her Master of Science degree in School Psychology from the University of Alabama. During her graduate education at the University of Northern Colorado, Dr. Walters completed a variety of training experiences including working in the University Mental Health Clinic where she provided counseling services to families, couples, individuals, and children. Dr. Walters is trained in a variety of therapies including hypnosis, individual therapy, family therapy and play therapy. She completed practicum experiences at the J.F.K. Center for Developmental Disabilities, Denver Children's Hospital, and The University of Northern Colorado's Neuropsychology and Family Therapy Clinic. Dr. Walters completed a dissertation entitled *Traumatic Brain Injury Self Report: Identifying the Relationship between Personality Style and Risk Taking Behavior*.

Dr. Walters has worked extensively with school and college aged students in both the private and public sector helping them to achieve their personal best. She strives to help people learn to feel better, develop their strength of inner self, and to build lifetime resiliency.

Dr. Walters was employed by The University of Alabama as a Career Counselor and Learning Disabilities Specialist. In this role she provided counseling and psychoeducational assessments to a variety of students with learning difficulties including ADHD, Depression, Anxiety, and learning disabilities. Dr. Walters has worked in a number of school districts across the country as a school psychologist providing assessment, counseling, and consultation to students, staff, and parents. Currently Dr. Walters runs a private practice in Bonita Springs and also is employed by Collier County Public Schools as a School Psychologist.

To provide services for individuals in Naples, Florida, and Bonita Springs, Florida, Dr. Walters opened the private practice in 2002.