

# KATHRYN DOHENY, PsyD

LICENSED CLINICAL PSYCHOLOGIST

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## NEW CLIENTS-PRACTICE POLICIES

Welcome and I look forward to meeting you at our first session. The following pages cover important details regarding the process of therapy as well as confidentiality issues. It is important that you are informed regarding the risks and benefits of our work together. They also outline payment details which need to be addressed before getting started. It is essential you read these pages carefully as your signature on the Informed Consent Form indicates you have done so and agree with these practice policies. There is no need to print or bring this form to our first visit. It is for your information only and these details will remain on my site as a source for your future reference.

### INSURANCE

Please also read the Insurance and Payment page on this website carefully. I am in network with BCBS PPO plans. I would be considered out of network with all other carriers and can supply a billing statement for you to submit to your insurance company for reimbursement. If you expect insurance to pay for part of your session, it is your responsibility to ensure that you are and remain covered by that payer. You will be charged if the other payer does not pay your bill. If you have an out-of-state Blue Cross policy, I ask that you fill out the credit card payment form.

### PAYMENTS

- **Fees, coinsurance or copays:** Due at time of appointment.
- **Deductibles:** If there is a deductible, or you have an out-of-state Blue Cross policy, I may require that you fill out the credit card payment form.
- **Means of Payment:** I accept cash, check or charge.
- **Cash or Check:** I prefer to be paid with cash or check. Please make out check before hand to save time during session.
- **Credit Card Payments:** If you prefer, I accept credit cards. There is a 3.5% service charge to use this form of payment. I accept Visa and Mastercard debit cards, as well as Visa, Mastercard and Discover credit cards. Charges will show on your statement as professionalcharges.com. I ask that charge amounts be at least \$40. Fill out the credit card form before yours first session.
- **Receipts:** If you would like a receipt, please let me know.

### CANCELLATION/NO-SHOW POLICIES AND FEES

- **Cancellation:** If you need to cancel, please call at least 24 hours ahead, otherwise you will be charged the full session fee.
- **Illness:** If you have a crisis or illness and can't attend your appointment, call me and we will discuss it.
- **No-show Fee:** If you do not show up for your appointment and do not call, you will be charged the full session fee.

### LATENESS

Please come on time. Due to scheduling of others' appointments, I am unable to extend past the usual time. Your full fee will be due even if you are late.

## NON-PAYMENT OF FEES

If you have not paid your psychotherapy fees and do not respond to my attempts to contact you, I reserve the right to forward any past due amount to collections. By coming to see me, you agree to this policy.

## PHONE MESSAGES

I check my messages at least once each day. I will attempt to return any message you leave for me within 24 hours of getting it. Routine messages left on Saturday or Sunday will be returned on Monday. Generally, I am not available by phone after 7pm or before 9 am. There will be a charge for lengthy phone consultations.

## AVAILABILITY

I am not available at all times. If you think this will be a problem, please ask me for a referral to someone else who may meet your needs better.

## E-MAIL

Please feel free to communicate with me about routine matters by e-mail. My e-mail address is kathryn@doheny.com. I typically respond to emails in 1-2 days. If your matter needs more timely attention, please call instead. I will do the best I can to assure your confidentiality through e-mail, but due to viruses, hackers, etc., no e-mail correspondence can be guaranteed to be confidential. Do not send information that you would consider to be sensitive information through e-mail.

**If any of these policies do not work for you, please let me know, I will attempt to refer you to someone who may be able to meet your needs better.**

## INFORMED CONSENT

*What is Informed Consent?* Informed consent is the process of you learning about psychotherapy and its risks and benefits. It's also an opportunity to learn what my practice policies are and about confidentiality. Part of the informed consent process is standard written information. This is provided to you in written form so that you don't miss anything important. Over time, as I get to know you better, I will talk to you about what types of treatment I think would be most helpful and we will talk about this. That is part of the informed consent process as well.

*Your involvement:* Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. An important part of your therapy will be practising new skills that you will learn in sessions, many clients choose to work on relationships which require long-term effort to get the best results. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying.

*Length and Frequency of Therapy:* At first, you should attend on a weekly basis. Sessions last 45-50 minutes. Some problems can be improved in 2-3 months of therapy. Other problems need long-term treatment. After I have evaluated you, I can answer any questions you have about the length of therapy.

*Ending Therapy:* It is best if we decide together when to end your therapy. However, if you wish to stop therapy at any time, please tell me in advance and attend at least one more session. If you would like to take a "time out" from therapy, please let me know.

*Risks of Therapy:* You may have negative feelings during therapy. You may recall and discuss unpleasant memories. Persons in your life may not understand the value of therapy. You may decide to change some relationships and this may not always go well. Also, there is a risk that therapy may not work for you.

*Benefits of Therapy:* The benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed usually find their mood lifting. Others may no longer feel afraid, angry or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

*Additional and Alternative Treatments:* If you could benefit from a treatment I do not provide, I can help you to get it. You have a right to ask me about other treatments, their risks and their benefits. I may recommend a medical exam, medications or other treatments. If you wish to seek another professional opinion I will provide them with any necessary clinical impressions. Some mental health problems can be treated with medication instead of, or in addition to psychotherapy. Once I understand your personal issues, I will talk to you further about your options regarding medication.

*The Therapeutic Relationship:* As a professional, I will use my best knowledge and skills to help you. This includes following the standards of my professional organization, which puts ethical limits on the relationship between therapist and client. To maintain your privacy, I will do my utmost to not reveal you are a client.

- If I see you in a public place and if you are with someone, I may not say hello. If you are by yourself I might just say hi but talk only minimally. This is not a negative personal reaction to you, I only am trying to maintain your confidentiality.
- I cannot attend your personal events, such as parties or weddings. This could compromise your confidentiality as well.
- Also, I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with you. I can never have a romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any clients, other than the therapy relationship. I cannot “friend” you on any social media sites.

*No Court Testimony:* If you ever become involved in a divorce, custody dispute, or any other legal matter, I will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.

*Complaint Procedures:* If you are not satisfied with an area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me.

*Emergencies:* If you are feeling suicidal, do not call me, since I may not be available 24/7. Instead, it is your responsibility to seek out help immediately. Go to your nearest emergency room or call 911. If there is an emergency and I become concerned about your personal safety, I may need to contact someone close to you—perhaps a relative, spouse or close friend. I may also need to contact this person, or the authorities, if I become concerned about your harming someone else, especially children or the elderly.

## CONFIDENTIALITY

I will treat what you tell me with great care. My professional ethics and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the confidentiality of therapy. But I cannot promise that everything you tell me will never be revealed to someone else. There are some times when the law requires me to tell things to others. There are also other limits on our confidentiality. Because I want you to understand clearly what I can and cannot keep confidential I have prepared this handout. These are very important issues, so please read these pages carefully and keep a copy. We can discuss any questions you might have.

*Insurance:* If you use your health insurance to pay a part of my fees, insurance companies require that I report a diagnosis for you. Insurers such as Blue Cross/Blue Shield or managed care organizations may ask for more information about you and your symptoms. I have no control over how these records are handled at the insurance company. My policy is to provide the minimum amount of information that the insurance company needs to pay your benefits.

*Legal Limitations to Confidentiality:* You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission. Here are some of these situations:

- If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.
- If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you or to call on your family members or others who can help protect you. In most cases, I will fully discuss the situation with you before I do anything.

- In an emergency where your life or health is in danger and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first and I will discuss this with you as soon as possible afterwards.
- If I believe or suspect that you are abusing a child or an elderly person, I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.
- If a court orders me to provide documentation about you or testify about you, I usually must do so.

*Releasing Your Health Information:* If you want me to send information out of my office or I need information about you from someone else, you must sign a release-of-information form. You can find this form on my website. This form states exactly what information is to be shared, with whom, and why. If you have questions, please ask me.

*Professional Consultation:* I sometimes consult other psychotherapists. This helps me give high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

*Back-Up Therapeutic Coverage:* When I am away from the office for a few days, I have a trusted fellow therapist cover for me. This therapist will be available to you in emergencies. He or she may need to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

*Professional Educational Use of Case Materials:* As a therapist, I naturally want to know more about how therapy helps people. I would be grateful for your consent to use your case material in my other professional activities. Your material may help in the development of the mental health field or in the training of health care workers. It is possible that I may use some information about your treatment in teaching, supervision, consultation with other therapists, publishing, or scientific research. You would not get any financial benefit from this. When I use information from my therapy work, I do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, I conceal your identity by removing or changing all your identifying information. If you do not agree to the uses of case materials as indicated, you will not be penalized in any way, and it will not affect the care you receive. You may draw an X through this section on the signature page if you do not want your case materials used in this fashion.

*Legal Consultation:* The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. If you have special or unusual concerns, such as these, and so need special advice, I strongly suggest that you talk to a lawyer about these concerns.

PLEASE PRINT PAGE BELOW, SIGN AND BRING TO YOUR FIRST VISIT.

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## NEW CLIENT SIGNATURE FORM

### Practice Policies/Informed Consent

I have read the issues and points contained in the Practice Policies/Informed Consent section of the New Client form. My signature below indicates that I have read these details carefully and agree to participate in psychotherapy. I agree to act according to the points covered in this handout. I hereby agree to enter into therapy, and to cooperate fully. I understand that if I do not make a good faith effort to pay my psychotherapy bill, it may be forwarded to collections. I understand I can choose to discuss my concerns with Dr. Kathryn Doheny before I start therapy. If at any time during the treatment I have any questions about the details discussed in this handout, I can talk with my therapist about them. I also understand that I can review this information at any time at [www.drkathryndoheny.com](http://www.drkathryndoheny.com). I understand that after therapy begins, I have the right to stop therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress before ending therapy. I understand that no specific promises were made to me by Dr. Kathryn Doheny about the results of treatment, the effectiveness of procedures, or the number of sessions necessary. I also understand and agree that I will not call Dr. Doheny as a witness in a court of law regarding divorce, child custody or any other legal matter. My signature does not indicate that I am waiving any rights. I understand that I have the right not to sign this form

### Confidentiality Information

My signature below shows that I understand all of the above information about confidentiality. I understand that I can ask any questions I have about confidentiality at any time during treatment. I also understand that I can review this information at any time at [www.drkathryndoheny.com](http://www.drkathryndoheny.com).

### Cancellation and No-Show Policy

My signature below shows that I understand and agree to comply with the cancellation/no-show policy. I understand that Dr. Doheny will not be billing my insurance for the session and that I am responsible for the full session fee if I do not show up for an appointment or if I cancel with less than 48 hours notice. Initial here please: \_\_\_\_\_

### Insurance Authorization

If Dr. Doheny is billing my insurance on my behalf, I authorize her to release any information necessary to process my claim. I understand that this is generally limited to my diagnoses, contact information and dates of service.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name