INFORMATION FOR CLIENTS

Psychotherapy Practice Information Brochure

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Welcome to my practice. I am happy to have the opportunity to be of help to you. This brochure provides some information and answers some questions about my therapy practice. Please read it thoroughly and bring it with you to our first session. We can discuss in person any questions that you have, and I will ask you to sign a copy for my files.

My Background

I received a bachelor's degree in psychology and a master of art's degree in counseling and counselor education from Indiana University. I earned a doctor of philosophy degree (Ph.D.) from the State University of New York at Albany in Counseling Psychology with a specialization in sport psychology.

Prior to opening my current practice, I worked at Cornell University's Counseling and Psychological Services as an eating disorder specialist for the Cornell Healthy Eating Program (CHEP). While at Cornell, I worked exclusively with students to treat eating disorders and disordered eating, and most clients were engaged in full multidisciplinary care with counseling, medical, and nutrition.

I opened my practice in April 2013 and expanded to create Under the Umbrella in January 2015. I am a Licensed Psychologist and Health Service Provider in Psychology (HSPP) in the state of Indiana (license number 20042640A).

The Structure of Under the Umbrella

I have been specializing in the treatment of eating disorders since 2010 and provided general therapy and eating disorder treatment since 2005. In 2015, I created Under the Umbrella to represent my multidisciplinary treatment approach to the treatment of eating disorders. Because eating disorders are a multi-systemic concern, I highly value involvement of multiple providers. This may include nutrition, psychiatry, medical, and/or kinesiology. Under the Umbrella has, at times, housed providers from several of these disciplines.

Please note: I often work in conjunction with Stacey Matavuli, RD. While Stacey and I have a shared waiting room, we are not professionally linked with one another. If you choose to work with us both for the treatment of your eating disorder, we will work closely to coordinate care. However, you are welcome to seek treatment with other providers in the same area of expertise and coordinated care with that individual will continue to be a priority.

I also share a waiting room with Mia Morrison, LMHC, MS, EdS. We, too, are unaffiliated professionally.

About Psychotherapy

My approach to therapy is integrative and is tailored to meet the needs of individual clients based on their presenting concerns and goals for therapy. I most commonly use methods associated with cognitive behavioral, acceptance and commitment, and interpersonal theories. Although my approach may differ depending on your concerns, I always place importance upon the therapeutic relationship, and I strongly value any feedback that you may have about our relationship and your experience in therapy. During your first appointment, we will discuss your goals and expectations for therapy and what I believe may be the best way to approach working on your concerns. The frequency of our meetings will differ depending on different factors, and we will discuss this more in detail during our first meeting.

As a client, you need to be an active participant in therapy. Without your active, willing, cooperative participation, therapy is unlikely to provide an avenue for the goals that brought you into my office. In essence, collaboration between you and myself will be essential in addressing your presenting concerns. Collaborating suggests that you will carefully consider recommendations and "homework assignments," but the final decision is yours and yours alone.

If we decide that my practice seems a good match, we will discuss your goals, the frequency with which we will meet, and whether supplementary consultations (such as with a dietician, physician or psychiatrist) are warranted. If we decide that my practice is not a good match, I will offer you referrals to other therapists in town. It is important to know that while change is sometimes easy and quick, more typically it takes time, is characterized by forward and backward movements, and takes consistent focus and effort.

The Benefits and Risk of Therapy

As with any powerful treatment, there are some risks as well as many benefits associated with therapy. You should think about both the benefits and risks when making treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of anxiety, guilt, anger, frustration, sadness, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Sometimes, too, a client's problems may temporarily worsen after the beginning or treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by researchers in hundreds of well-designed research studies. People who are depressed may 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. I do not take on clients that I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations and Collaboration

Individuals suffering from eating disorders are impacted medically, nutritionally, and psychologically. Because of this, I highly value collaboration with other providers. Most individuals recovering from an eating disorder strongly benefit from meeting with a dietitian and it is important to be evaluated for medical causes and consequences of the eating disorder. Thus, treatment often involves a treatment team including a dietitian, the client's primary care physician, and a psychiatrist. If you are treated by another professional within or outside of Under the Umbrella, I will coordinate my services with them.

Additionally, I am a member of the Coalition for Overcoming Problematic Eating (COPE). COPE is a multidisciplinary team of experts to help IU students troubled by problems involving eating and weight preoccupations, unhealthy body image, and excessive exercise. We meet each month to coordinate care of students.

Finally, in order to provide the best possible services, I meet weekly with other providers at Under the Umbrella. I may, at times, consult with other mental health professionals as needed.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This include following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology – not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints. Second, state laws and the rules of the APA require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I will explain what those are in the "About Confidentiality" section.

Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot now, or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

About Confidentiality

Psychological services are only effectively provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for services, your compliance with treatment, and any barriers to treatment.

I will treat with great care all the information you share with me. It is my ethical commitment, and your legal right, that information and records about our sessions be kept private. That is why I will ask you to sign a "release of records" form before I talk about you or send my records about you to anyone. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me without your signed consent.

In all but a few rare situations, your confidentiality (your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court for evaluation or treatment, the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable having disclosed to the court. However, withholding information may be harmful to you.
2. If you are suing someone, being sued, or being charged with a crime and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If I have reason to believe that you are a serious threat of harm to yourself or another person, the law requires me to take appropriate action to protect you or that other person. This usually means telling others about the threat.
4. If you tell me that you have abused or neglected (or intent to abuse or neglect) a minor child, or heard/observed abuse or neglect, I am legally required to report this to the authorities.

In order to provide the best quality care, I do consult with colleagues who are affiliates of Under the Umbrella. If I consult with colleagues and specialists about ongoing work, this pursuit of quality assurance never involves your name or any specifics through which you might be identified.

Expect for the situations I have described above, I will always maintain your privacy. If, while waiting for your appointment, you see another person leave this office, I ask that you not disclose their name or identity to anyone.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have any questions, please ask me.

Generally, your health insurance company will receive the dates of our appointments, my charges, a diagnosis, and perhaps a brief treatment plan. It will become part of your permanent medical record. If you are concerned about this, please discuss it with me. As part of the cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

About Our Appointments

The therapy process involves responsibility and commitment on the part of the clinician and the client. You will receive the most benefit if you attend your sessions regularly and participate actively in the therapy process. Please arrive on time for your appointments and make arrangements to stay for the duration of the session. If you arrive late for the session, we will only be able to meet for the originally scheduled time, and will not be able to extend the session. I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

Appointments are typically once a week and last around 50 minutes. Once we decide to work together, I will typically reserve a regular appointment time for you into the foreseeable future.

Fees, Payments, and Billing

You are responsible for payment at the time of services unless other arrangements have been made in advance. Payment for services is important in any professional relationship. My current therapy fee is $170.00 for the initial consultation session, and $145.00 for each subsequent psychotherapy session. Please pay for each session in full (or provide your co-pay if you are using an insurance plan) at the end of the session. I accept cash, checks or transfer via Zelle. Please note, there is a $20.00 returned check fee plus any bank charges. Any balance that is $500 or more will accrue a $5 fee each month until the balance is paid. There may be other charges for additional time spent on your case. For example, telephone consultations, diagnostic testing, request for letters or documentation, etc. You will be made aware of such charges before they are incurred.

I am currently a participating provider for Anthem, IU Health Plans, Cigna, Aetna, and Tricare. If you have a different type of insurance, I will supply you with an invoice (super bill) for my services with the standard diagnostic and procedure codes for billing purposes, the times we met, my charges, and your payments. You can use this to apply for reimbursement. You – not your insurance company or any other person or company – are responsible for paying the fees we agree upon. If you ask me to bill a separate person such as a spouse or relative, and I do not receive payment on time, I will then expect this payment from you.

Except for serious emergencies or unforeseen health problems, you will be charged $145 for sessions cancelled with less than 24-hours notice. Your insurance provider will not reimburse you for these missed or canceled appointments. If it is possible, I will try to find another time to reschedule the appointment.

If you think you may have trouble paying your therapy fee on time, please discuss this with me. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Need to Contact Me

Because I do outpatient evaluation and therapy in a limited practice, I am not quickly accessible in between scheduled sessions. Since I do not have an on-call service and check messages only a couple of times a day, if you have an emergency or are in crisis, you should immediately go to the emergency

room of your local hospital or call the area suicide prevention crisis line for assistance. Once your safety is assured, please call me and leave me a message letting me know what has occurred.

For non-emergency situations, you may leave a message on my answering machine and I will return your call as soon as I can (usually within 24 hours). I find that telephone therapy does not work as well as face-to-face therapy, and so I discourage it and generally suggest that we discuss your concerns in our sessions when possible. Phone calls are typically reserved for changes in appointments.

Other Points:

- Although I may share an office with other providers, each of us works independently, and each alone is responsible for the quality of the care he or she provides.
- If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or testimony you require. This position is based on two reasons: 1) My statements will be seen as biased in your favor because we have a therapy relationship; and 2) the testimony might affect our therapy relationship, and I must put this relationship first.
- If, as part of our therapy, you create and provide to me records, notes, artworks, or any other document materials, I will return the originals to you at your written request but will retain copies.

Statement of Principles and Complaint Procedures

I fully abide by all the rules of the American Psychological Association (APA) and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any 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 broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses those of us in the independent practice of psychology.

In my practice as a therapist, I do not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you – perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided.

Name: ____

Phone: ____

Address:____

Relationship to you: ____

Release of Information

I, ____________________________________ am allowing Dr. Christy Duffy to share confidential information about my therapeutic sessions with the following individuals. Dr. Christy Duffy will make me aware of any requests for information regarding my care prior to discussing the sessions.

Name & Number

1. ____

2. ____

3. ____

4. ____

_______________________________________   ___________________________________

Client Signature and Date   Printed Name

Our Agreement

I, the client (or his or her parent or guardian), understand that I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in the brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the result of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

Additionally, please note that the clinicians that are sharing this office space practice independently.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand and have had my questions fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with Christy Duffy, PhD, HSPP, and to cooperate fully and to the best of my ability, as shown by my signature here.

____________________________________ __________________________________

Signature of client (or person acting for client) Date

____

Printed name

Relationship to client: ❑ Self ❑Parent ❑Legal guardian

❑ Health care custodial parent of a minor (less than 14 years of age)

❑ Other person authorized to act on behalf of the client – specify

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed her or him of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

____ ______________________________

Christy Duffy, PhD, HSPP Date

❑ Copy accepted by client ❑Copy kept by therapist

Updated: 02-27-22

AUTHORIZATION TO RELEASE INFORMATION TO INSURANCE

Patient Name _________________________________ DOB _______________

For your own financial planning and protection, please check your eligibility and benefits with your insurance company to ensure accurate payment and coverage of mental health services. Your signature below also indicates that you understand that this Authorization Form is not a guarantee of coverage or payment by your insurance company, and if at any time your insurance company does not reimburse the contracted amount, you are responsible for paying the full fee for the service(s). Your payment portion is due at the time of service unless other arrangements have been made.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Christy Duffy, PhD, HSPP to release to my insurance company any and all information they may require concerning patient care.

AUTHORIZATION TO PAY BENEFITS TO PROVIDER

I hereby authorize payment by my insurance company directly to Christy Duffy, HSPP.

PRE-AUTHORIZATION

I am aware that my insurance company may require pre-authorizations.

____ ___________________________

Signature Date

____ ___________________________

Witness Signature Date

Updated: 02-27-22

CLIENT RIGHTS

1. You have the right to request how I contact you.

It is my practice to communicate with you at your home address and daytime phone number you provided when you scheduled your appointment. Sometimes I may leave a message on your voicemail. You have the right to request that I communicate with you a different way. Reasons that I may call or email you are typically for scheduling, returning a call, or emailing resources.

2. You have the right to release your medical records.

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization.

3. You have the right to inspect and copy your medical and billing records.

You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, please contact me. Under limited circumstance I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing and supplies.

4. You have the right to add information or amend your medical records.

If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. Under certain circumstances, I may deny your request to add or amend information. If your request is denied, you have a right to file a statement that you disagree. Your statement and a response will be added to your record.

5. You have the right to an accounting of disclosures.

You may request an accounting of any disclosures we have made related to your medical information, except for information that was used for treatment, payment or health care operational purposes, or that was shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. There will be an administrative fee that will be discussed before the list is prepared.

6. You have the right to request restrictions on uses and disclosures of your health information.

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing.

7. You have the right to complain.

If you believe your privacy rights have been violated, please contact me personally and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

8. <u>You have the right to receive changes in policy.</u>

You have the right to receive any future policy changes secondary to changes in state and federal laws.