

Welcome to my practice. I am pleased to have the opportunity to work with you. This document contains important information about my professional services and business practices. Even though it is several pages long, I urge you to read this entire document. I have anticipated many issues you might not yet think about as we begin to work together. When you sign this document, it will represent an agreement between us.

*Dr. Robin Haight*



**My Areas of Specialty**

Anxiety	Depression	Sexual Problems	Adolescents	Men's Issues	Couples
Panic attacks, Intense Anxiety, Episodic Anxiety, OCD, Phobias and Fears	Stuck, Loss of motivation, Exhaustion, Overwhelmed, Loss & Grief	Loss of desire, Erectile dysfunction, Performance anxiety, History of sexual abuse	Insecurity, Academic stress, Parent-Teen Conflict, Self-Sabotage	Depression, Intimacy, Communication Problems, Career Issues	Low sex or no sex couples, Stuck in unproductive patterns, Anger and resentment

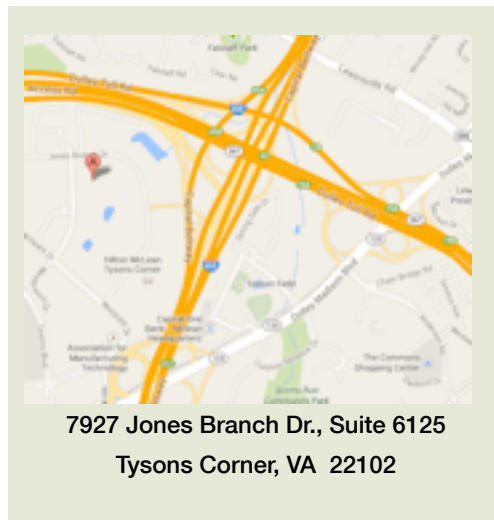
**Psychological Services**

*MY QUALIFICATIONS*

I am a doctoral level, Licensed Clinical Psychologist (licensed in Virginia and the District of Columbia). I have training and experience working with adolescents, adults, families and couples. I am well versed in a range of mental health issues such as anxiety, depression, relationship problems, sexual problems, parent conflict, grief and loss, procrastination and avoidance. If during our work together a problem you experience is beyond the scope of my expertise, I will help you to obtain the necessary services from an appropriate specialist.

*HOW WE START PSYCHOTHERAPY*

Psychotherapy, or talk therapy, begins with my asking you questions about both current and past issues as well as about the important people, events and experiences in your life. These initial sessions often evoke a range of feelings.



7927 Jones Branch Dr., Suite 6125  
Tysons Corner, VA 22102

At our first appointment I begin to evaluate your needs; this is based on your symptoms, the issues you bring and what you hope will be the outcome of our work. Within a reasonable period I will provide you with my sense of how I can be helpful to you and what you will need to do in therapy. These initial meetings are a time for you to evaluate my services too and how comfortable you feel working with me. If you have questions about my approach, my experience working with issues similar to yours or our treatment plan please ask me.

*BENEFITS AND RISKS of THERAPY*

Participation in psychotherapy can bring many important benefits that are lasting and life-changing. Your full engagement is an essential part of getting what you want out of therapy. It is my job to help you to engage in a productive and meaningful way.

Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, anxiety, loneliness, disappointment and helplessness. During parts of our work, I may challenge your assumptions or perceptions and ask you to consider different perspectives which can cause you to feel upset or angry. As a result of your therapy you may decide to make changes in your behavior or in important parts of your life such as employment, schooling, housing and relationships. These changes might lead to outcomes you could not have anticipated and might create their own challenges. There is no guarantee that psychotherapy will produce the results you initially sought.

## Appointments

Weekly meetings provide the structure and momentum to create the most therapeutic benefit. We typically schedule one 45-minute session a week at a regular time we agree on.

### CANCELLATIONS

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **seven (7)** days notice of cancellation. Last minute cancellations due to emergency or illness will not be charged if you make up the session within the week or if I can fill your missed hour. However, I do not always have the extra times available to meet for a make-up session and, in that case, the missed session IS charged. Unlike other types of professionals, it would not be appropriate for me to double-schedule hours to compensate for anticipated missed appointments. **Initial** \_\_\_\_\_

### FEES AND INSURANCE

Base fees are as follows:

50 Minute Therapy Session	\$180
Couples Therapy	\$200
Extended Therapy Session	pro-rated

Fee increases occur each January and I will remind you of this well in advance. The fee is paid at each session. Please write your check for payment before the session so that our time can be spent to address your concerns. At the end of each month I will provide you a summary statement for your records and/or for insurance filing.

Some or all of your fees may be covered by your health insurance. It is your responsibility to verify your outpatient mental health coverage. My services are provided and charged to you, not your insurance company, so you are responsible for payment. If you use your insurance it is your responsibility to file the claim with the statement I provide. These statements include all the necessary diagnostic, treatment and provider codes for processing your claim.

## Contact Outside Sessions

### TELEPHONE

I am often not immediately available by telephone. While I am usually in my office between 9:00 a.m. and 5:00 p.m., I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail on which you may leave a detailed and confidential message. I check my voice messages regularly and make every effort to return your call on the same day you make it, except on weekends and holidays. This is an outpatient psychotherapy practice which means I cannot guarantee around-the-clock availability.

Emergency phone consultations of less than 10 minutes are normally free. If a consultation requires 10 minutes or longer I will bill you on a prorated basis for that time. Frequent phone consultation often indicates the need for more sessions to address your needs.

### ACUTE EMERGENCIES

Should a crisis arise during your treatment, I will make every effort to respond over the phone or offer an emergency appointment. If you are unable to reach me and cannot wait for me to call you back, *you should dial 911 or go to the nearest hospital emergency room and ask for the psychiatrist on call.*

If there is an emergency during our work together in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided on your Client Information form.

### EMAIL

I use email to communicate about administrative details, such as setting up appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet provider. Any emails I receive from you and any responses I send to you become a part of your legal record.

### SOCIAL MEDIA CONTACT

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). This can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, bring them up when we meet and we can talk more about it.

### TEXT MESSAGING

My office phone is not a cellular phone and cannot receive texts. I may contact you with my cell phone if I am returning a call to you on evenings or weekends. However, texting is not secure and I may not read your messages in a timely fashion. If you choose to text me about administrative matters such as appointment times or if you are running late, be aware that this could jeopardize your confidentiality.

### USE OF SEARCH ENGINES

I do not "google" my clients or "search" them on any site. Extremely rare exceptions may be made during a crisis and should I have to do this I will document it in your record and discuss it with you when we next meet.



## PRIVACY AND CONFIDENTIALITY

### Your Mental Health Record

The law, and the standards of my profession require that I maintain a written record of your treatment. However, your privacy and the confidentiality of information about you are extremely important to me. I will keep written records as brief as possible.

### Release of Information About You

The information you share with me in our sessions is strictly confidential, with exceptions noted below. What you disclose in therapy will not be shared with anyone other than whom you designate by **written** release of information. There are times, however, when I am legally and ethically required to disclose information with or without your permission.

### Legal Exceptions to the General Rule of Confidentiality

- *When I believe you present an imminent danger to either yourself or another person*
- *In the case of abuse or neglect of a minor, disabled person or senior citizen*
- *When the court issues a subpoena requiring records or testimony*

## INSURANCE

### Disclosures to Your Insurance

I am an out-of-network provider. That means I do not take insurance but that my services may be covered if you have “out-of-network” benefits. The statement form I provide you monthly contains the treatment and diagnostic codes to process your insurance claims should you decide to file. If you use your insurance benefits I may receive periodic requests by the insurance company to provide information about your treatment and diagnosis. I provide the Protected Health Information (PHI) that is allowed under the HIPPA Privacy Rule (see page 4). This will include dates of service, what services I provided, results of tests, your diagnosis, symptoms, treatment plans, prognosis and progress toward goals. PHI does not include my psychotherapy notes. Such notes are not part of your mental health record and are kept in my possession. Information I provide to your insurer will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit if you request it.

## ADOLESCENTS

### Disclosures to Parents/Guardians

If you are under 18 years of age, parents or guardian hold the privilege of confidentiality. This means that ethically, and by law, parents of minor children have the right to information about their child’s treatment. I encourage parents to participate in treatment planning and to stay updated on the progress of their child’s psychotherapy. However, for many adolescents, effective therapy requires that parents permit the content of the session to be worked on with me privately without frequent or detailed reporting back to parents. I inform parents of general themes we are focusing on in therapy, any significant increases or decreases I perceive in the presenting symptoms and on general goals we are working toward. If I believe a minor client is involved in very risky behaviors, I first encourage the teen to disclose this to their parents, and if this disclosure does not occur in a timely fashion, I obtain permission from him or her to talk to the parents myself. If necessary, I will disclose to parents situations which I deem dangerous to their child if the teen does not disclose this themselves.

If you are under 18 years old initial here:

Teen Initial \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

**CLIENT SIGNATURE:**

**DATE:**

## Patient Rights

*HIPAA provides you with the following rights: to restrict what Protected Health Information (PHI) is disclosed to others; to request an accounting of disclosures that have not required your consent; to know where PHI is sent; to request that I amend your record; to have complaints you may make about my procedures/policies recorded in your record; to request a copy of this notice and the HIPAA notice form. You have a right to review your PHI, except in limited legal and emergency situations, including situations where releasing the information to you might be harmful to you. In such a case, I may provide records to an appropriate mental health professional of your choice to review with you.*

*HIPPA requires practitioners to safeguard protected health information that is transmitted or stored in electronic form. This may include patient notes, e-mail with or about patients, and insurance or financial records with identifying patient information. I use passwords, firewalls, anti-virus programs and other technology to protect your confidential information.*

*If you have a concern or complaint about your treatment please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Virginia Board of Psychology, which oversees licensing, and they will review the services I have provided.*

Virginia Board of Psychology  
Perimeter Center  
9960 Mayland Dr., Ste. 300  
Henrico, VA 23233-1463  
804-367-4697

**CLIENT SIGNATURE:**

**DATE:**