



CONSENT TO TREATMENT / CONFIDENTIALITY STATEMENT

This document contains important information about my professional services and policies. I provide therapy and sport/performance consultation services to children, adolescents, adults, couples, and teams. The nature of my services varies based on each client's unique needs. Before starting therapy or Consultation, I want to be sure that you understand the nature of those services. Please carefully read the information below. At or before our first meeting, I will need you to sign a form indicating that you understand this document and consent to services with Daniel M Zimet, LLC. If you have questions about this information, please let me know.

About Psychological/Mental Health Services

Psychotherapy varies depending on the unique personalities of the psychologist, client, and presenting problem(s). Psychotherapy is a process through which the client and the therapist work together to resolve complex issues affecting the client's quality of life. Generally, the first few sessions involve gathering information, establishing a rapport and working relationship, and evaluating your needs. We will decide if I am the best clinical fit for you during this time. If we agree to work together, we will co-develop treatment goals, and I will explain what I believe to be the best treatment course, as different approaches are used during this process. You will get out of therapy what you put into it, and for treatment to be most successful, you will need to work between sessions.

Psychotherapy has both benefits and risks. While therapy identifies your strengths and resources and often reduces distress, improves relationships, and offers solutions to specific problems, it requires talking about topics that might be unpleasant or lead to emotional discomfort. Furthermore, when working with children, parents sometimes notice problematic behaviors get worse before they get better; this is a normal part of the therapeutic process.

About Mental Consultation Services

Consultation differs from therapy because it does not treat diagnosed mental health conditions, such as a mood or eating disorder, addiction, or ADHD. Consulting focuses on performance enhancement and overcoming barriers that may impede your ability to succeed/excel. This can include overcoming emotional or technical performance issues, perspective taking, assessing performance strengths and deficits, increasing self-awareness, building communication skills, goal setting, development and utilization of performance enhancement skills (i.e., visualization, routines/rehearsal, self-talk), career choices, coping with injury and retirement, and building self-esteem. While Consultation utilizes tools from psychotherapy, the application of these techniques is in the service of maximizing achievement success and well-being rather than overcoming a diagnosed mental health concern.

Complaints

You are encouraged to ask questions or for an explanation about anything that happens during treatment. If you experience negative feelings about our work together, please speak with me so we can find a solution that may include adjusting your treatment to meet your needs better. If you continue to be

dissatisfied, you may choose to contact the Maryland Board of Examiners of Psychologists at the following address/phone number: Maryland Board of Examiners of Psychologists; 4201 Patterson Avenue; Baltimore, MD 21215-2299; (410) 764-4787.

Confidentiality

In general, all communications between you/your child and I are considered confidential, are protected by law, and I am only allowed to discuss information regarding your treatment with written permission from you. However, there are several exceptions to confidentiality as put forth by Maryland law. In these situations, I am legally obligated to break confidentiality to protect people from harm, even if that necessitates that I reveal some of your personal health information. Furthermore, I may need to consult with another clinician regarding your case. In these instances, I will not disclose any of your identifying information, and I will only discuss information necessary for the Consultation.

I will notify you when I am obligated to break confidentiality. The situations include:

- If I am concerned that a child or dependent/elder adult under your or someone else's care is being harmed, I must contact the appropriate authority/agency immediately. Harm might include physical/emotional abuse or any sexual contact.
- If I am concerned that you or your child present a serious and imminent threat of violence or danger to another person or property, I must notify the threatened person and the police.
- Suppose I am concerned that you or your child pose a danger to themselves, including suicidal threats or self-destructive activities. In that case, I might contact family members or others that can assist with providing protection or seek hospitalization.
- If documents are subpoenaed by a court of law, I must present clinical records to the court under certain circumstances.

Appointments and Fees

I typically schedule one 50-minute session weekly or every other week at a time that works for both of us. We can adjust this schedule to best meet your needs. I do not provide appointment confirmations or reminders. I offer sessions in my office for clients who are fully vaccinated against COVID-19 and remotely through Facetime or Zoom. For remote therapy, a meeting link will be sent to you via text or email at the time of the appointment. I do not provide home or community sessions. If you don't attend a meeting or cancel with less than 24-hour advance notice, you will be charged the full fee for that session. Please note that insurance companies do not reimburse for missed session fees. I require a credit card on file to cover the cost of sessions, including missed sessions. I expect you will be on time for sessions, and you can expect the same of me. If you are running late, you will only receive the amount of time left in your scheduled appointment, and you will be required to pay for the entire session. If I am running late, I will do my best to notify you and give you the whole session. If we cannot have an entire session due to either your schedule or mine, I will prorate the cost of your session.

Unless otherwise discussed, I will charge my regular rate of \$210 for each session. I also set an hourly rate for other professional services, such as court appearances and responding to clinical correspondence, and I will provide these costs on request. For clinical services, I break down my hourly rate into 15-minute increments. Other clinical services might include report writing, telephone calls or

email responses, meetings with other professionals, preparation of treatment summaries, and performing any other agreed-on service. I will inform you of these charges before rendering them.

If you become involved in a legal proceeding that requires my participation, I expect you to pay, even if another party makes the requests for my professional time. Professional time includes, but is not limited to, testifying, waiting time at court, travel time, depositions, generating letters and treatment summaries, and preparing records. I charge 1.5x my hourly rate for legal proceedings (\$315 per hour).

Unless we agree otherwise, I expect payment at the time of service, and I will notify you of costs accrued for time spent outside of clinical sessions. If you cannot pay at the time of service, please let me know ahead of time so we can make an arrangement. If you miss a payment for two sessions, I will not conduct another session without compensation for the previous two at the start of the next session. Furthermore, if you have not balanced your account for more than 60 days and arrangements for payment have not been agreed on, I can use legal means to secure payment. This might involve hiring a collection agency or going through small claims court. All related costs are included in the claim if such action is necessary. I will not take this course of action without first notifying you. In addition, the only information I will release is your name, the nature of services provided, and the amount due.

I do not bill directly to insurance companies. I will provide a billing statement you can submit to your insurance company to request reimbursement. I recommend contacting your insurance company before our initial appointment to determine your mental health coverage and if you have out-of-network benefits. Contact your plan administrator if you have questions about your mental health coverage. Most insurance companies require a diagnosis with a request for reimbursement, and I might have to provide additional information, such as treatment plans or summaries. Therefore, if our work is exclusively in Mental Consultation (e.g., help with your sport), insurance companies will not reimburse for these sessions/services.

Record Keeping

My profession's law and ethical standards require that I keep treatment records. I document every session, phone call, email, and text with you or other professionals on your behalf and other services (e.g., letter writing, report writing, etc.). You are entitled to view your records unless I believe seeing them would be emotionally damaging to you/your child. You also can request a copy of your records, or, as is often preferable, I can provide a written summary for you instead. All requests for access to or copies of your records must be in writing. Because these are professional records, they can be misinterpreted and upsetting to clients and untrained readers. Therefore, I recommend that you review your records in my presence so that we can discuss the contents and I can clarify any questions.

Contacting Me

My cell# is 410-300-7462 and my email is DanielMZimet@gmail.com. I often am not immediately available as I do not respond to communications while with a client or in a meeting. I check voicemails throughout the day and make every effort to return calls the same day, except on weekends and holidays. If you leave a message, please leave a phone number and a good time(s) to call back, and I will do my best to contact you when requested. If you cannot reach me and believe you cannot wait for me to return your call, please leave me a message so that I am aware of the situation and then contact your primary

care physician or your local emergency room department. If I am unavailable for an extended period, I will provide you with the contact information of a trusted colleague.

My office phone is a mobile phone and can send and receive text messages. I prefer texting for scheduling issues and emails for clinical questions. If you are concerned about email confidentiality, please leave a voicemail. I usually respond to emails on the morning after receipt.

You may contact me at DanielMZimet@gmail.com. Please be aware that I cannot guarantee confidentiality since the hosting provider may retain emails. While it is unlikely that anyone will review these logs, I cannot ensure that another person will never see them. When sending personal information via email, I encourage you to keep this in mind. I will assume you know the risk if you email me a clinical question.

Minors

Minors aged 16 and older can legally consent to mental health treatment without parental permission. Any minor client whose parent has consented to treatment may not take themselves out of treatment without their parent's approval. If a minor aged 16 and older consents to therapy, I am not required to allow the parent(s) access to the minor's records. If a minor aged 16 and older consents to treatment, the minor is responsible for all costs for treatment; the parent(s)/guardian will not be liable for payment.

If you are under eighteen, please be aware that the law allows your parents to request access to your treatment records unless I believe this will emotionally damage you. It is my policy to discuss this with your parents and ask that they agree to waive access to your records. If they agree, I will only provide them with general information about our work together unless there is something that I believe they need to be aware of, for example, safety issues. Even if this is the case, I will not discuss it with your parents without first talking to you. I cannot keep parents from conveying information if they choose to do so. If a parent leaves me a message, I will make the minor client aware of the content of their parent's statement early in the following clinical session.

Parents paying for their adult child's treatment

Sometimes parents accrue the costs of their adult children attending counseling. All the previously identified issues related to confidentiality remain relevant, although several notable oddities exist. First, parents will be aware of each session because I will charge their credit card at the time of service. As a result, parents will know the frequency and timing of sessions. Second, some adult clients prefer that billing statements go directly to their parents for record keeping and forwarding to insurance for reimbursement. In these instances, parents will know the nature of the service based on the billing code.

Professional Credential and Licensure

I hold a Ph.D. in Clinical Psychology and am licensed to practice in Maryland (License # 04043). My Maryland license is currently on Active status and in good standing. You can verify my Maryland licensure at <https://mdbnc.dhmh.md.gov/psychVerification/default.aspx>.

Summary and Consent to Treatment

Below is a summary of the Consent to Treatment form. By signing, you agree to mental health treatment or mental consultation with Daniel M Zimet LLD/Daniel Zimet, Ph.D. Please carefully read the Consent Form items. If you have any questions, discuss your concerns or confusion with me. A copy of this document is available at www.DanielMZimet.com and is retained in your records.

- I understand that by signing this document, I consent to mental health treatment or mental consultation/Sport Psychology with Dr. Daniel Zimet, a Licensed Psychologist and CMPC.
- Fees are \$210 for each clinical hour of service (\$350 for a 1.5-hour initial intake) unless otherwise specified.
- I understand that Dr. Zimet's services are out-of-network for all insurance companies, that Mental Consultation services are not insurance reimbursable, and that I am responsible for filing claims with my insurance company.
- If I am dissatisfied working with Dr. Zimet, I know I can discuss my complaints with him or contact the Maryland Board of Examiners at (410) 764-4787.
- I understand that if my account is in arrears for more than 60 days or two clinical sessions, Dr. Zimet may refuse to schedule additional sessions or seek legal means to secure payment.
- Unless I provide more than 24-hour's notice for a cancellation, Dr. Zimet will charge my full session fee.
- I know how to contact my therapist and how to proceed in case of an emergency when my therapist is not immediately available.
- I am aware of laws regarding record keeping, confidentiality, and limits to confidentiality.
- I understand that my therapist requires a Release of Information to permit communication with another individual/organization unless otherwise indicated as an exception.
- I am aware that a copy of the laws regarding HIPAA, a full Consent to Treatment, and Dr. Zimet's Outpatient Services Contract is on his website.
- If I am being seen with another adult, I understand that permission from both parties will be required to release records.

Your signature below indicates that you have read and understood the information in this document and agree to abide by its terms during our professional relationship. If the client is a minor, by signing this document, you are indicating that you have the authority to make medical decisions regarding the care of this child. This document shall remain in effect until such a time as treatment is concluded or the consenting party revokes it in writing.

Signature: Client / Parent or Guardian

Date

Print: Client / Parent or Guardian

Client Date of Birth