



Collaborative
Psychological
Solutions, PLLC

Consent for Services - Policies & Procedures

Gina T. Raza, Ph.D.

Licensed Clinical Psychologist

Welcome! This form offers information about our professional services and policies, consent to treatment, and limits to confidentiality. Please read and retain it for reference. Questions are welcomed.

Education and Training

Dr. Gina Raza: I earned my Bachelor of Arts in Psychology from DePaul University in 2005; my Master of Arts (2008) and Doctor of Philosophy (2012) in Clinical Psychology from Northern Illinois University, with a focus on Anxiety disorders, Cognitive Behavioral Therapy (CBT), Mindfulness, and individual responses to Evidence-Based Practices. I completed clinical internship and postdoctoral training at the Salem Veterans Affairs Medical Center in Virginia. Providing clinical care since 2006, I have been licensed in Virginia since 2013 and in Illinois since 2018. My specialty training and passion is in helping people find relief from anxiety, stress management, and posttraumatic stress disorder. I use short-term, solution-focused, research-based therapies in targeting anxiety, stress, and trauma.

Psychological Services

Therapy is not easy to describe in general statements because it varies in response to the personalities of the psychologist and client, and your current treatment goals. There are different methods we may select to deal with the issues that you wish to address. To have a meaningful experience, you will need to take a very active role in this process, engaging in this work both in session and between sessions. I am committed to joining you in this process by providing the highest quality treatment. I routinely engage in conferences and trainings, to maintain up-to-date knowledge about empirical research and current practices.

Participation in psychological services is completely voluntary. Our first few sessions will involve an evaluation of your needs and allow you to form an impression of what our work together will include. You can decide during this time if you would like to work with me. Similarly, if I feel I am not the right therapist for you, I will provide you with referrals to practitioners whom I believe will best meet your goals. Psychological treatment can have risks and benefits and I will discuss this with you as we select treatment. For instance, therapy involves discussing difficult parts of your life and discussing vulnerable emotions. It involves a commitment of time and energy. Therapy has also been shown to have benefits, such as improved relationships, solutions to specific problems, and/or significant reductions in distress. While these are not guarantees, those who engage actively in treatment may see significant improvements. As a part of treatment, you may complete forms or assessments. You have the right to have results of any measures you take explained to you. Similarly, if you have any questions about our treatment process or my approach, please feel free to bring these up at any time.

Sessions

We will engage in a collaborative, comprehensive diagnostic intake evaluation and treatment planning process (typically 2-3 sessions). If you decide to engage in therapy after this intake process, we will schedule one 45-minute session per week. To benefit most from the time I reserve for you, I ask that you arrive promptly for your session. I do my own scheduling; please contact me directly to schedule or cancel appointments. Therapy will involve working together to address current challenges in your life, as we explore how your thoughts, feeling, and behavior interrelate. My goal is to support you in this work.

Confidentiality and Privacy; Mandatory Reporting

Trust is the foundation of our therapeutic relationship. I keep strict confidentiality; I personally value this and I am ethically and legally bound to maintain it. I will only disclose information about you after you have completed and signed a Release of Information form. To protect your confidentiality, I will not use texts to communicate with you. I prefer not to communicate by email as it is not a secure form of communication. To protect your confidentiality and avoid a dual relationship, I will not engage with clients on social media. I am happy to discuss confidentiality with you at any time.

The exceptions to confidentiality are guided by legal and ethical requirements regarding emergency situations and mandated reporting. For instance: 1) If I believe you are at imminent risk to seriously harm yourself or someone else, I must take protective actions such as giving the necessary information to the proper authorities to keep you and others safe; this may also include notifying the potential victim; 2) If I suspect physical or sexual abuse, psychological abuse, neglect, or financial exploitation of a child or vulnerable adult (elderly or disabled), I may have to reveal some information about you and the situation to the appropriate authorities; and 3) If you are in legal proceedings, a judge may issue a court order to provide information about you and your treatment. Actions I may take in such situations include releasing information, notifying the potential victim, contacting the police, or seeking hospitalization for a client. These situations have rarely occurred in my practice. If any of these situations arise, I will attempt to reach you to discuss it with you before taking any action. Additionally, I may infrequently consult with fellow mental health professionals if necessary to ensure your highest level of care; in those instances, no identifying information is disclosed and consultants are also bound to confidentiality. Please see our Notice of Privacy Practices for additional details pertaining to HIPAA, your Protected Health Information (PHI), and Illinois laws about privacy. This summary is intended to inform you of potential issues that could arise, but it is important that we can discuss any questions or concerns you have at any time. However, if you need specific advice or clarification that I am unable to provide, please keep in mind that I am not an attorney and the laws governing confidentiality are quite complex; you are welcome to seek legal advice prior to disclosing information.

Ethics and Professional Standards

As a Clinical Psychologist, I ascribe to the Ethical Standards of Psychologists and the Standards for Providers of Psychological Services. As a provider of mental health services, I am accountable for the work I do with you. If at any time you feel dissatisfied with our work together, please do not hesitate to discuss the issue with me. Your care is my main concern.

Emotional Support Animals

Please note that our providers are not trained in mental health evaluations for emotional support animals. Thus, we will not be able to provide letters for travel or housing with a support animals.

Professional Fees

The session rate is \$200. Your employer or insurance company may cover some or all of these fees; please consult with them if you have any questions. If you wish to be seen past the number of sessions allotted by your company or insurance plan, you are welcome to continue treatment if you wish to pay out of pocket for sessions. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I will prorate the cost if I work for periods of less than an hour. Other professional services include completing requested paperwork, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals that you have requested or authorized, preparation of requested treatment summaries, and time spent performing other services you request. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge \$300 per hour for professional services related to

legal matters that I am asked or required to perform for you, plus any legal fees that I incur. I also charge a copying fee of \$15 per records request (waived for the first request if under 2 pages, or at our discretion, or as required by law or ethics). I will require 2 weeks notice for such requests. You will be asked to sign a release of information for any request of records.

Insurance/Third-Party Reimbursement

If your company or insurance plan, such as Lyra Health, will be paying for your sessions, you should be aware that most of these companies will require that I provide them with some information. This typically consists of your name, diagnosis, date of birth, and date of attendance, and may include additional information, such as a patient identifier code, treatment plan, or treatment summary. Lyra Health, for instance, states that this information and any outcome measures they collect directly from clients are strictly confidential and will not be shared with employers. Though Lyra Health and insurance companies state that they keep such information confidential, I have no control over this once it is in their hands. If you request it, I will provide you with the information that I share with your insurance or Lyra Health for reimbursement purposes. You understand that, by using your benefits through your company or insurance, you authorize me to release the information that they require for reimbursement to them. My goal is to keep that information to the minimum necessary.

Cancellation Billing

A scheduled appointment means time is reserved especially for you. Because of this, a 48-hour minimum is requested for cancellations. We ask our clients to be considerate of providers' time. You will be charged the full session fee for late cancellations or no shows. Most companies and insurance plans do NOT cover these fees; you may consult yours to see if they cover these. If you repeatedly no-show, your provider is not guaranteed to hold a space that could be utilized by another client. In a genuine emergency, please contact your provider and we may waive this at our discretion.

Emergency Care and Phone Numbers

If a mental health emergency arises, please contact 911, go to your nearest emergency room, or call the national lifeline (800- 273- 8255). Please inform your provider about this after you have reached out to an emergency care option. We are not a crisis center and do not have 24/7 coverage. We will respond to your call as soon as is feasible; we may not receive your message quickly and do not answer when in session with another client. You can reach our voicemail by calling (773) 245- 6105. Please do not use email or text for communications, as these are not secure forms of communication.

Thank You. Your Care is Our Primary Concern!

By signing, I am indicating that I agree to abide by this Informed Consent's terms, that it has been discussed with me and I have been given an opportunity to ask questions, and that I have been offered a written copy of this document. I understand that I may ask questions related to this at any time.

Your provider needs to receive a signed copy of this form. If you engage in tele-health, there are a number of ways to return this: You may sign this form while meeting with your provider and mail it or drop it off to the office (Collaborative Psychological Solutions, PLLC, 1900 E. Golf Road, Suite 950 Schaumburg, IL 60173). You could take a photo of the signed form and send it to our business email; however, if you do this, you need to be aware that email is not a secure form of communication.

Client Signature

Date

Printed Name