

Informed Consent and Practice Policies

** indicates a required field*

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General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. I invite you to discuss any of this with me. Please read and indicate via your signature at the end of this document that you have reviewed this information and have had an opportunity to ask questions about it.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. For many of the problems in our lives change comes slowly and with great effort. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you, to offer my insights and interventions, and to help you become aware of repeating patterns in your life as well as to help you clarify what it is that you want for yourself.

Appointments

Psychotherapy sessions are 55 minutes in length. Shorter sessions of 30 or 45 minutes may be occasionally be warranted based on individual need. I will work with you to find the best possible time for you to attend consistently. This agreed on therapy time is held for you as long as it is needed.

As a general policy and approach to psychotherapy I do not begin treatment at less than a regular and consistent frequency of one session per week. There are circumstances in which treatment frequencies of once every two weeks or as-needed scheduling are appropriate for maintaining improvement already gained in psychotherapy or for working towards termination, however these arrangements are not uniformly appropriate and occur only on a case-by-case basis in consultation together. By making this informed consent to treatment you are agreeing to these expectations regarding treatment frequency.

Cancellations

I require 72 hours (3 days) notice to cancel or change time of sessions. I ask that you give me as much advance notice as possible when cancelling a session.

Sessions cancelled less than 3 days before the scheduled session time will be considered late cancellations and you will be responsible a cancellation fee of \$75.

Missed appointments without notice (no-shows) will also be subject to a full charge without exception. If I have a contract with your insurance company, no-shows will be subject to the contracted fee I accept from your insurance company.

If you are running late, please get in touch with me right away to let me know if you are on your way. If I have not heard from you within the first 20 minutes of your session, I will assume that you are a "no-show," and your session will be forfeited. Some insurances do not allow me to charge late-cancellation or no-show fees to you. As a result, for specific insurances a total of more than two late-cancellations or no-shows (combined) may constitute the need for referral to another provider after suitable warning and the opportunity to process termination together.

Exceptions to the late cancellation policy will be made for illness and emergent situations involving yourself or your family. This will be discussed on a case-by-case scenario. If cancellations becomes a pattern, this may constitute a need for a referral to another provider after we have discussed barriers to attending regularly.

While I do my absolute best to not miss appointments, I am also human and may need to cancel or reschedule a session with you throughout our time together. If I, your therapist, am not able to attend a session, I will also do my best to give as much advance notice as possible—you will NOT be charged the fee for me cancelling sessions, even if I cancel day-of. I will also make my best effort possible at offering a reasonable time to reschedule the missed appointment.

I do not cancel sessions frivolously and don't take the decision to do so lightly. If I cancel a session, especially with less than 3 days notice, please know that I only do that with great consideration for your time and our work together, and that I only do it when absolutely necessary.

Reason for Cancellation Policy

I picked this policy with specific intention and this policy is in place for a few reasons:

1. It helps me keep my schedule more consistent, which allows me to show up from a space of being centered and grounded while I am in session with my clients. This makes my business more sustainable over the long term, which allows me to show up with consistency for the clients I work with.
2. It helps us stay on track with your therapy. I take your treatment very seriously and prioritize consistency in our sessions. Frequent cancellations and inconsistent sessions may lead to inconsistent results.
3. It helps me better plan and predict need within my schedule, which allows me to appropriately allocate time and space for my continued education, trainings, and involvement in other non-client tasks and duties.

Fees

My fee is \$145 for a session, which is based on what is usual and customary for this area. This fee includes my time on your behalf, such as record keeping, routine authorizations, and readings. In many circumstances, the insurance carrier limits the fee charged for the session. You will not be charged for the difference between my fee and the cap placed by insurance. Any co-payment or out of pocket payment can be made at the time of your office visit, or if you prefer, a statement will be issued once a month. In addition, you are responsible for any balance of the fee, including deductibles, that your insurance company fails to pay.

If your account has not been paid for more than 60 days and arrangements for payment haven't been agreed upon, I have the option of using legal means to secure the payment. This may involve charging your credit card on file, hiring a collection agency, or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

Fees for Non-Clinical Time

I cannot ensure the confidentiality of any form of communication through electronic media, including email. If you prefer to communicate via email for issues regarding scheduling or cancellations, I will do so, however when time is of the essence or in cases of late cancellations I ask that you call me by phone. While I try to return email messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Phone and Emergency Contact

If you need to contact me by phone, do not hesitate to call me at 802-751-9546. When I am not available, please leave a voicemail or text. I am usually able to return calls within 48 hours. I do not return calls before 8am or after 5pm. I will let you know, ahead of time if possible, if I will be unavailable by phone for an extended period of time due to vacation or other break from work.

I do not provide on-call mental health services. However, if available, an additional session can be scheduled to help navigate a crisis.

In the event of a mental health emergency, please call the 24 hour mental health crisis team in your area:

Chittenden County residents should call First Call at 802-488-7777

Caledonia Northeast Kingdom Mental Health: (802) 748-3181

Essex Northeast Kingdom Mental Health: (802) 334-6744

Text "VT" to 741741 from anywhere in the USA, anytime, about any type of crisis

You can also call 911, or go to your nearest hospital emergency room.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text and email. If you prefer to communicate via email for issues regarding scheduling or cancellations, I will do so, however when time is of the essence or in cases of late cancellations I ask that you call or text me by phone.

While I try to return email messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Freedom to Withdraw

As in any relationship, problems can, and often will arise in a therapeutic relationship. If at any time you have concerns regarding your treatment, please bring them up with me as soon as possible. I will make every effort to try to resolve your concerns.

You have a right to end treatment at any time. If you wish, I will provide you with names of other qualified providers.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment.

I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Confidentiality

In general, all communication between a client and psychotherapist is confidential and protected by both ethical practice and law. There are however, certain instances when your right to confidentiality is waived due to legal mandates.

These are the exceptions:

1. If you are using insurance to pay for any part of my services, your insurance agreement has required you to authorize me to provide diagnostic information, treatment plans, and treatment progress updates to your insurance carrier.
2. If, in my clinical assessment, I determine that you are in imminent danger of harming yourself and no safety plan can be established, I am legally required to take protective actions.

3. If I become aware of any intent to harm to another persons or property, I am legally required to take protective actions, which includes notifying the identified, potential victim.
4. If I become aware that a child, elderly person or disabled person is being harmed, I must take protective action and notify the appropriate agency.
5. I am required by law to keep records of my clinical work with people. In judicial proceedings, you have the right to prevent me from releasing your record or providing any information about your treatment. In some instances, a judge may require my testimony or release of your records if the judge determines that resolution of the issues before her or him demand such action.

As a pre-licensed psychologist I am required to have weekly supervision with a licensed psychologist. Their professional disclosure information is provided in addition to mine. This supervisor will have access to my notes and will provide verbal consultation to support the selection and effective provision of treatment.

Occasionally I may need to also consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy.

However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Minors

If you are under 18 years of age, you may consent to outpatient treatment without your parents'/guardians' consent. However, please also be aware that I am required to report rape, incest, or sexual abuse involving minors to the Vermont Department of Children and Families within 24 hours of receiving such a report.

Additionally, while you may consent to your own treatment as a minor, your parents'/guardians may have the right to certain aspects of your medical records and we will discuss these circumstances individually upon initiation of our relationship.

Professional Disclosure

In accordance with Vermont State Law, accompanying this document I have provided you with instructions for filing a complaint with or making a consumer inquiry to the director of the Office of Professional Regulation, the Vermont statutory definitions of

unprofessional conduct, and my professional qualifications, experience, and training.

Electronic Signature

By clicking the checkbox below, I acknowledge that I have received and read the information provided by Megan Mayo, MA, MS, BCBA regarding therapy practices, fees, cancellation policy, confidentiality and her background. I have been given a list of actions that constitute unprofessional conduct according to Vermont Statutes, and the methods for making a consumer inquiry or complaint with the Office of Professional Regulation. My signature gives my informed consent to abide by these guidelines during the time I contract for psychotherapy services. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within the scope of the provider's certification and training. I understand that my participation in treatment is voluntary and I may terminate the treatment at any time.

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I consent to the above information. I consent to sharing information provided here.

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