



BETTER INSIGHT. BETTER OUTLOOK.

Informed Consent | Office Policies

Thank you for choosing me to meet your treatment needs. I feel privileged for the opportunity to work with you, and I will do my best to ensure you experience the highest quality of care. To best serve you in this process, I am providing you with the following information about my practice. Please examine the office policies described in this form carefully. I am happy to answer any questions regarding items for which you may wish for additional clarification.

Treatment Process: I use a variety of treatment approaches in order to best help you reach your goals. Change can occur through working on one's thinking, actions, environment, and spiritual condition. Changes can produce varying results, and it is necessary to recognize that as one struggles with change, sometimes that struggle may lead one to go through a more difficult valley temporarily. It is very important that therapy continue until you have passed through that valley should it occur. This is a journey more than an answer to a question.

Confidentiality: I am dedicated to preserving the confidentiality and privacy of all my patients. However, you should know that some state and federal laws require that I disclose information under certain circumstances.

Please review the following circumstances in which a treatment provider may be required to breach confidentiality.

- If there is suspicion that a vulnerable person (including a child, elderly, or disabled person) is experiencing abuse or neglect, then a breach of confidentiality may be required to report that information to a state agency.
- If a patient brings charges against a treatment provider, then a breach of confidentiality may be required to assist in any investigations and legal proceedings.
- If a court orders a treatment provider's testimony of a patient's records, then a breach of confidentiality may be required to comply with legal mandates.
- If a treatment provider has reason to believe a patient may present a danger to themselves or others (primarily as suicidal or homicidal), then a breach of confidentiality may be required to intervene in the service of safety.
- If it is determined likely to facilitate a patient's care, then a treatment provider may consult with another professional about a case in order to get a second opinion. In such instances, a patient's confidentiality will be protected and no identifying information will be revealed, only the circumstances of your situation. The exception will be if a patient provides a treatment provider with written release of information allowing for a breach of confidentiality, which may happen for continuity of care or coordination of treatment. However, any other professional with whom a treatment provider consults will be required to maintain a patient's confidentiality.

Understanding the laws and ethics of confidentiality can become complicated. If you have special or unusual concerns, then an attorney is recommended for legal advice.

Referral Process: If you might benefit from a type of treatment I cannot offer ethically within my scope of competence, then I will do my best to provide you with an appropriate referral. You have a right to ask about other treatments, including their potential risks and benefits. I will discuss the reason(s) for any additional treatment recommendations I have so you can make an informed decision about your care.

MICHAEL J. VOGEL, PSY.D. | LICENSED PSYCHOLOGIST

T | (913)294-7827 · F | (913)712-4882 · www.vogelpsych.com

Custody Disputes: I will not serve as a witness in custody disputes or provide records for such matters. I ask you to agree to accept this policy. If you go to court, then you will need to receive an evaluation from another professional for those involved. I will provide a summary, if necessary, but not actual records to the court. My professional fee for this service will be \$150 per hour of preparation, which must be paid in advance.

Court Ordered Subpoenas: If your records are requested through a court ordered subpoena, then you will be notified in writing and provided with a copy of the subpoena. In the case that you wish to refute the subpoena, then you must provide me with a written objection to the subpoena or notify me that an objection will be filed with the court (while providing me with a copy of your notification for my records). It would be your responsibility to file this with the court within the time frame legally allowed.

Appointments: Unless otherwise specified, treatment sessions are typically 45 minutes in duration. This includes the time necessary for scheduling another appointment and making any payments. However, I may be willing to offer treatment sessions that are 55 minutes in duration on a case-by-case arrangement.

Cancellation Policy: I have a 24-hour cancellation policy, which should provide you with sufficient time to notify me of absences or other scheduling changes. If you cancel within 24 hours of your appointment for reasons other than sickness, personal or family emergencies, or major weather crisis, then you will be charged \$75 for the missed session unless the session can be rescheduled within the work week. If you cancel three appointments, then we will discuss concerns that may indicate the need for another treatment arrangement.

Fee Policy: Fees vary depending upon the type of service provided. My fees do not vary between patients, and do not vary based upon insurance coverage. For patients with whom I am working out-of-network or private pay, I am willing to consider a sliding scale fee based on ability to pay. A schedule of fees can be provided to you upon your request.

Billing: You will be expected to pay for sessions at the time of service, unless an alternate agreement has been reached, or you have insurance coverage. If financial hardship is encountered, payment plans, and alternatives to traditional payment schedules can be discussed. If you have balance, and have not made any payments for more than 60 days, I reserve the option to use legal means to secure the agreed upon payment. Any costs incurred by me for returned checks or denied payments will be your responsibility.

Payments: Patients are required to keep a credit or debit card on file. Cards will be kept in a HIPAA compliant way. This is to ensure the ability of the treatment provider to recoup any missed session fees. The treatment provider agrees to only charge the cards on file when a) requested by the patient or b) when the patient has violated the cancellation or reschedule policy. Patients will be informed ahead of time if they are to be charged for missed appointments. Patients may also request regular session payment be charged to the card they have on file. If the patient does not opt to pay for sessions via the card on file they may use check at the time of service. Payment is due in full at the beginning of each session. Checks can be made out to Michael J. Vogel, Psy.D. or Dr. Michael Vogel. Returned checks are subject to an additional \$25 charge. Two sessions without payment will cancel future sessions until the account is paid in full unless other arrangements have been made with the treatment provider.

Insurance Reimbursement: In order to improve your experience, I employ a service to directly bill the insurance companies with whom I am contracted. However, you are still responsible for payment in full related to any treatment services that I have provided you. It is important for you to become familiar with your own insurance policy, which is likely to vary from others' policies, and to know exactly what services are covered. Working in conjunction with my biller, I will do my best to help you understand your insurance coverage, but most of these questions should ultimately be directed to your plan administrator for clarification. Please note that I am not contracted (or considered in-network) with all insurance companies. If you have coverage that pays for out-of-network services, then documentation will be provided in order for you to seek reimbursement. You are responsible for the submission of these claims.

MICHAEL J. VOGEL, PSY.D. | LICENSED PSYCHOLOGIST

T | (913)294-7827 · F | (913)712-4882 · www.vogelpsych.com

Please carefully review the some of the potential risks of using insurance companies to pay for your treatment needs.

- Insurance companies require all patients to be assigned a psychiatric diagnosis for treatment to be covered. This information is saved in a patient's medical records. Whereas a proper diagnosis can undoubtedly prove beneficial and inform care, it can also later complicate a patient's ability to obtain life, health, or disability insurance.
- When using insurance companies to cover treatment, there is a chance that some services will not be deemed medically necessary for a patient. There can also be limitations imposed in terms of session number and duration, frequency of treatment, and type of service provided. A patient and treatment provider may have limited options.
- Submitting claims to insurance companies can jeopardize a patient's confidentiality, as anyone involved in the processing and handling has access to sensitive information. This may include a patient's diagnosis, presenting concerns, treatment goals, and persistence of symptoms. Privacy is no longer in the hands of a treatment provider.

Communication: When there is sensitive information I need to send you via email, then I will communicate with you via a secure email server. Billable receipts will come password protected. I ask that you do not email or text me sensitive or emotional information in order to protect your confidentiality. Communication of all other non-sensitive information (such as scheduling information) can be completed via email, text, or by telephone call. If you prefer to receive other forms of communication, then we can discuss other potential options available to you. I will make every effort to return communication to you within 1-2 business days.

Please note I am generally unavailable outside of my office hours, and I will only check messages during workdays.

Crisis Situations: In the event of a crisis in which your safety or the safety of others may be in jeopardy, you agree to immediately contact 9-1-1 or admit yourself to the nearest emergency department.

Please feel free to contact me with any questions. I look forward to our work together in the future.

Sincerely,



Michael J. Vogel, Psy.D.
Licensed Psychologist
Psychoanalytic Candidate
T | (913) 294-7827
F | (913) 712-4882
www.vogelpsych.com
Better insight. Better outlook.

MICHAEL J. VOGEL, PSY.D. | LICENSED PSYCHOLOGIST

T | (913)294-7827 · F | (913)712-4882 · www.vogelpsych.com