

Professional Counseling Associates, LLC  
Heather Koutsogiannis, PsyD  
Clinical, Family, & Forensic Psychology  
Psychology Postdoctoral Resident  
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## Informed Consent and Agreement

### Informed Consent and Agreement for Psychological Assessment, Counseling, Treatment, and/or Related Professional Services

Welcome to Professional Counseling Associates, a professional counseling and psychology practice. Heather Koutsogiannis, PsyD is committed to providing psychological services, including assessment and psychotherapy, toward your desired outcome. A professional, therapeutic counseling situation, clinical assessment, consultation, or specific psychological evaluation establishes a unique relationship between the two of us. In order to assist you in understanding the responsibilities and expectations involved in this professional relationship, please read and sign the following Informed Consent (hereafter, "Agreement"). Once this Agreement is signed, we can schedule and conduct the first meeting. During this initial meeting, any questions about the professional services to be provided or this Agreement will be addressed. Further, your legal rights to the Privilege of Privacy and the ethical standards regarding Confidentiality will be discussed. A copy of this signed Agreement as well as a copy of my curriculum vitae will be available upon request.

#### Professional Disclosure

Dr. Koutsogiannis is a Psychology Postdoctoral Resident under the supervision of Raymond E. Branton, PsyD who is an Arizona Licensed Psychologist and the Founder, Owner and Clinical Director of Arizona Psychology Consultants (APC) and Professional Counseling Associates (PCA). Dr. Koutsogiannis earned her Doctorate of Psychology in Clinical Psychology, as well as my Master of Arts in Clinical Psychology from the Arizona School of Professional Psychology at Argosy University in Phoenix. She completed her doctoral internship at GeoCare, South Florida State Hospital in Pembroke Pines, Florida. Dr. Koutsogiannis also completed her Bachelor of Science in Psychology from the University of Illinois at Urbana-Champaign. Her clinical experience, working with children, adolescents, and adults, includes psychotherapy utilizing client-centered and cognitive behavioral approaches, often in a multi-cultural setting. Her in-depth assessment experience includes psychological, personality, academic, ADHD, and neuropsychological screening. She has specialized training in the fields of play therapy, forensic evaluation, personality disorders, and Dialectical Behavior Therapy. Her doctoral research focused on the development of Separation Anxiety in children. She is an active member of the American Psychological Association and the Arizona Psychological Association.

#### Agreement

By initialing and dating each page and signing this Agreement, I understand and agree to the following:

The following paragraphs include the structure and standards regarding your rights as a client and the specific arrangement for services. Dr. Koutsogiannis reserves the right to refer a client to another professional or appropriate resource/organization at any time if a client's needs and goals are not a good match for her skills or experience. Please take time to review the following information:

Informed Consent: Dr. Koutsogiannis

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Client Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Financial

Payment is due at the time services are rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for an initial individual 75-minute intake session is \$145.00 and the fee for an individual 45-55 minute counseling/psychotherapy session is \$125.00; the fee for a 90-100 minute "double" counseling session is \$225.00. Consultation and seminar fees vary and are contracted on a case-by-case basis.

In addition to the basic session and intake fees, there may be other fees for additional services such as psychometric testing, report writing, telephone or electronic counseling, consulting, books and materials, copies of chart records, etc. Currently, psychological evaluation and feedback sessions are \$145.00 per session hour (50-60 minutes). Fees for scoring and interpreting assessment measures are additional and vary according to the test battery. The standard rate for the scoring and interpretation of assessment measures is \$35.00 per 15 minutes. Fees for forensic and court related cases are \$160.00 per 60 minutes and require a retainer to initiate services. Fees for intervention services are \$160.00 per 60 minutes. If less than 60 minutes, court related and intervention services are billed incrementally at \$40.00 per 15 minutes, respectively. Please be aware that in cases where Dr. Koutsogiannis is subpoenaed, deposed, or asked to voluntarily participate in a legal, court-related, forensic activity, in or outside of a court of law, whether civil or criminal, the fees for service may change. Currently, activities related to preparation as an expert witness; participation or testimony as an expert witness; communication with the client(s), attorney(s), or other entities; and other related time such as travel are \$35.00 per 15 minutes. Other expenses related to your specific court-related case may also be a client expense. Please be aware, if you choose to have an attorney or any other professional contact me by phone, email, etc., to discuss your case, provide case notes, provide a report of services rendered, provide diagnostic impressions, etc., the fee will be \$35.00 per 15 minutes. Copies of chart notes or any other documents are \$10.00 for the first 20 pages, thereafter \$.25 per page, plus actual postage if applicable – these rates help to cover any administrative time and postage needed to efficiently forward the client records.

Currently, debit or credit cards (Visa, Mastercard, Discover Card, American Express), personal checks, business checks, and cash are all accepted as forms of payment. APC reserves the right to change any fees with 30 days notice posted in the office. Please be aware, returned check fees are \$35.00 per returned check plus any other fees the bank may assess APC. You have the right to be informed of all fees that you are required to pay and to be informed about the refund and collection policies. Please discuss these with Dr. Koutsogiannis or the administrative assistant if you have any concerns.

A separate Payment Agreement form is provided to you for clarification. While payment is expected at the time services are rendered, there are unique times and individual cases in which fees are assessed and a balance becomes due. If a client has a balance due, the office will contact and inform the client either by phone, email, or mail of this balance. If the balance is not paid in a timely manner, the client will be informed of any possible additional late fees and collection fees that might be incurred. If the unpaid balance is more than ninety (90) days past due and no payment plan has been agreed upon by the parties, a \$90.00 late fee will be assessed to the account. Additionally, if an account is more than ninety (90) days past due and repeated attempts to contact the client(s) are unsuccessful or the client(s) is/are informed to remit payment and the request for payment is refused, APC reserves the right to utilize other third party collections agencies to then assume the responsibility for collections; the unpaid balance may be submitted to a collections agency if not paid in a timely manner. In the event that a third party collections agency is utilized to pursue and collect payments, please be aware that only the necessary demographic information needed in order for the third party to locate and contact the client will be disseminated. No other personal or confidential information related to any diagnoses, treatment, or other sensitive mental health information will be provided to the third party. However, please note that Dr. Koutsoignnis' name, occupation, and information about APC will be

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provided to the third party as allowed by law in order to establish a business relationship with the third party, thus allowing the third party to pursue collections.

By signing this Agreement, you are agreeing to this collections policy. Dr. Koutsogiannis will make every effort to work with clients to create a payment plan on a case- by- case basis if necessary, however, this is an exception. Typically, payment will be collected at the time of service. If you feel you are in need of a payment plan, please speak directly to office personnel.

### Insurance

Please pay in full for the services rendered at the time of service. At the time you check out, you will be provided with a “superbill” which many clients use to subsequently submit to their insurance companies for possible “out-of-network,” direct-to-client reimbursement. Because Dr. Koutsogiannis does not bill out for insurance, please retain the receipt of the superbill for possible insurance coverage. Please keep in mind that many insurance companies do not cover marital counseling, forensic services, or a double session.

### Third-Party Contracting Client

Organizations, employers, individuals and any other third-party payers that wish to contract as the primary client in order to provide clinical services for an individual, such as an employee, are doing so with the knowledge that they will be solely financially responsible for services rendered. Unique contracts can be created to address your unique organizational needs.

### Availability of Services

Every effort is made to answer phone calls and email requests in a timely manner. The main office is open from 8:00am to 5:30pm, Monday through Friday, with the exception of holidays. Phone messages and emails are not typically returned outside of normal business hours. While APC makes every effort to respond in an appropriate manner, APC does not have the capability to respond immediately to counseling or medical emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact crisis line: 480-784-1500; Banner Help line: 602-254-4357; Maricopa County Crisis Hotline: 602-222-9444). Established clients with an urgent need to make contact may call APC and every effort to respond as soon as possible will be made, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. In most cases, while exceptions do apply, Dr. Koutsogiannis and APC make efforts to respond to phone calls or emails within 48 hours.

### Appointments

Regular attendance at your scheduled appointments is one of the keys to successful outcomes in counseling. For a regular counseling session “hour,” Dr. Koutsogiannis reserves 45-55 minutes for each client appointment. A regular session “hour” for psychological testing is typically 50-60 minutes. Appointments canceled at the last minute are very detrimental to the practice as it disallows other clients the use of that particular time slot. Therefore, please notify Dr. Koutsogiannis or the office administrator a minimum of one full business day (24 hours), Monday through Friday, prior to a cancellation. Please note that Saturdays, Sundays, and national holidays are not considered business days; we are not usually in the office on weekends and holidays and a cancellation on a Friday evening or a weekend day may not allow for 24 hour notice.

Please Note: You will be financially responsible for appointments you fail to cancel in accordance with this 24-hour policy. Please refer to the Payment Agreement for further details.

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If you do miss a scheduled appointment for any reason, and you do not call our office within 30 days to reschedule, Dr. Koutsogiannis will accept that as your notice that you have terminated this Agreement and that you wish to discontinue counseling or any other professional services. At that time, your case will be closed.

Appointment availability varies with the client load at the time. High demand appointment times, such as a 4pm slot, are likely to be sporadic in their availability. Dr. Koutsogiannis reserves the right to limit commitments of high demand appointment times to any particular client in order to meet the needs of all current clients and balance his workload.

#### Privacy, Privilege, Confidentiality, and Records

All communications and records created in the professional treatment process of psychotherapy or other professional services are held in the strictest confidence according to state and federal laws, including the Health Information Portability and Accountability Act (HIPAA) privacy and security regulations. However, exceptions to your privacy and confidentiality do exist, as defined in the state and federal statutes. Examples of the most common of these exceptions are:

- when a real or potential life or death emergency is suspected;
- when a judge issues a court order for client records;
- or when child, vulnerable adult, or elder abuse or neglect is suspected.

Please note that electronic mail represents a unique exception to confidentiality: Electronic mail is not a truly confidential form of information exchange. Please note also that a civil subpoena, issued by an attorney, does not automatically guarantee the release of records. In most instances where a subpoena has been issued, the client must still sign a release of information thereby authorizing the release of records. Also, by signing this Agreement, you are agreeing not to audio or video tape any of the interactions (psychotherapy, assessment session, phone consult, etc.) with Dr. Koutsogiannis or any APC or PCA personnel. Audio or video taped sessions cannot be guaranteed to remain confidential outside of this office and therefore they are not usually permitted. This Agreement can be amended with prior written authorization signed by Dr. Koutsogiannis and all other parties involved. However, please be aware that at times, particularly in forensic cases, Dr. Koutsogiannis will audio or video tape sessions upon her discretion; if Dr. Koutsogiannis deems it necessary to audio or video tape a session, she will inform all parties involved.

Dr. Koutsogiannis also participates in a process where selected cases are discussed with other professional colleagues to facilitate continued professional growth and to give clients the benefit of a variety of professional experts guidance. While no identifying information is released in the peer consultation or instructional process, the dynamics of the case issues are discussed along with the treatment approaches and methodology. Other circumstances arise in which information may be released including: when disclosure is required by the Arizona Board of Psychologist Examiners; when a lawsuit might be filed; to comply with worker compensation laws; to comply with the USA Patriot Act; and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy privilege, and records storage and maintenance are complex. Please verbalize any concerns to Dr. Koutsogiannis if further questions arise regarding your privacy and confidentiality.

Please note that progress notes and other chart records may also include phone and email communication between the client and Dr. Koutsogiannis, office staff, and (if a release is signed) with other individuals involved in treatment. Any messages that a client might leave on voicemails, text messages, and/or emails may be printed out or transcribed and entered in to the client chart records at any time to ensure proper documentation of any client interactions.

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Important to note and agree upon for co-therapy or multi-client cases: By signing this Agreement, you are agreeing that any information you disclose is acceptable to share with the other client(s) in the treatment process with you. In other words, in co-therapy, secretive information will not be confidentially held between one of the clients and Dr. Koutsogiannis and subsequently withheld from the other client; Dr. Koutsogiannis will not agree to hold any secretive information between the clients. Unless Dr. Koutsogiannis believes that there is imminent danger to one of the clients if the disclosed information is shared, all information shared by each client is free to be shared with the other client, even if that particular information was originally shared in an individual session or by phone or email. If you have any questions regarding this ethical stance and preference, please ask Dr. Koutsogiannis before signing this agreement.

#### Purpose, Limitations, and Risks of Treatment

The practice of psychotherapy/counseling and/or psychological assessment and evaluation, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce one's distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through difficult personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to counseling in the first place may result in changes that were not originally intended.

Counseling and/or psychological assessment may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes, a decision that is viewed as being positive by one individual, can be viewed negatively by another. Change will, at times, occur easily and swiftly, but more often, will be slow and frustrating. There is no guarantee that counseling will yield positive or intended results. Psychometric testing/evaluation and psychological assessment can also be an intense process of self and other-revelation. Interpretations are based on the client's test scores, clinical interviews, and other collateral information. While not an exact science, the goal is to be as accurate as possible in the interpretations. At times, psychological testing results can cause increased distress for the client and/or family.

#### Treatment process and rights

Your treatment process will begin with one or more sessions devoted to an initial intake and/or psychological assessment so that Dr. Koutsogiannis can better understand the most salient issues, your background, and any other factors that may be relevant. When the initial intake and/or assessment process is complete, ways to treat the primary issue(s) and problem(s) that prompted your participation in the counseling process will be discussed. In doing so, you will be asked to develop specific short- term and long-term goals that together equal a "fluid" treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent for treatment and to be advised of the potential consequences of such refusal or withdrawal.

#### Professional Relationship

The professional relationship is unique in that it is exclusively professional and therapeutic. In other words, it is usually inappropriate for a client and his or her contracted professional to spend time together socially, both in person and online. For this reason, Dr. Koutsogiannis chooses not to participate in social media interchanges. Therefore, attempts to befriend Dr. Koutsogiannis online will not be accepted. The purpose of these boundaries is to ensure that roles are clearly defined to help ensure the best methodology for your treatment and that your confidentiality is maintained. If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk directly with Dr. Koutsogiannis. Although never

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intentional, sometimes misunderstandings can inadvertently result in hurt feelings. Dr. Koutsogiannis would welcome the opportunity to address any issues that might obstruct the treatment process as soon as possible - this includes administrative or financial issues as well.

**Client Consent for Evaluation, Treatment, and Professional Services**

Consent is hereby given for evaluation and treatment under the terms described in this Agreement. It is agreed that either party, client or provider, may discontinue the evaluation and treatment process at any time and that the client is free to accept or reject the treatment provided.

In the case of minor children, I hereby affirm that I am a custodial parent or legal guardian with legal decision-making power allowing me to authorize mental health services for the child(ren) and that I authorize services for the child(ren) under the terms of this agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Signature of Consenting Adult if Needed for Minor Child(ren):

\_\_\_\_\_

Date: \_\_\_\_\_

In the case of minor child(ren) or adolescent(s) (under age 18), please specify the following:

Full name of minor: \_\_\_\_\_

DOB \_\_\_\_\_

Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_

DOB \_\_\_\_\_

Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_

DOB \_\_\_\_\_

Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_

DOB \_\_\_\_\_

Relationship: \_\_\_\_\_

For office use only - Verification that client has received and reviewed this Informed Consent document. Client was provided time and opportunity to read and ask questions about this Informed Consent document.

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_