



Parkside Psychological Services

Dr. Paul Smiley

847 420 5088

paul.smiley@parksidepsych.com

Informed Consent Information

This information describes the ground rules and guidelines under which Dr. Paul Smiley can work with clients effectively and ethically. By signing this form, clients agree to the terms and regulations that Dr. Smiley has set.

Session Structure:

Therapy sessions are typically fifty-five minutes.

Appointment Fees:

Dr. Smiley charges a fee of \$250 for an initial evaluation and then \$200 per session for follow-up treatment. Payments are due at the beginning of each session. Dr. Smiley accepts cash or checks made payable to **Parkside Psychological Services, LLC**. Phone sessions lasting longer than ten minutes will be billed at a prorated hourly rate. In the event that a check is stopped or refunded for insufficient funds, you will be responsible for all bank fees and costs charged to Parkside Psychological Services, LLC. In the event Dr. Smiley is subpoenaed to appear in court or for a deposition, a \$1,000 retainer will be charged to the client as well as a fee of \$250 per hour that Dr. Smiley spends preparing for and appearing in court or deposition.

Missed or Canceled Appointments:

If appointments are canceled more than 24 hours before the session, clients will not be charged a fee. If appointments are canceled within 24 hours, clients will be responsible for paying the total session fee.

Contact Information:

Clients can contact Dr. Smiley via phone and are welcome to leave a secure message. He will respond within 24 hours. In the event of an acute crisis, such as thoughts of suicide or homicide, patients are instructed to call 911 or go to the local emergency room for immediate help.

Professional Records:

The American Psychological Association requires that Dr. Smiley keep treatment records. Clients are entitled to receive a copy of their records upon client's request. Clients will be charged an appropriate fee for any professional time spent responding to information requests and preparing any requested records.

Confidentiality:

The law protects the privacy of all communication between a client and a psychologist without written consent from the client unless the client discloses that he/she is going to hurt him/herself



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or someone else, or as otherwise required by law. In situations such as abuse of a child, the elderly, or a disabled person, Dr. Smiley is legally obligated to take action to protect clients and others from harm even if Dr. Smiley has to reveal some information about a client's treatment. If Dr. Smiley believes that a client is threatening serious harm to him/herself or another person, he is required to take protective actions. These actions may include contacting a potential victim, contacting the police, and/or hospitalization for the client. Dr. Smiley may also have to contact family members of clients or others who can help provide protection. Dr. Smiley will discuss his legal obligation with the client before and after taking action. Please see the HIPAA Notice of Privacy for some additional information about confidentiality. Dr. Smiley would be happy to discuss these issues with clients if clients need specific advice. However, the law governs confidentiality, so any legal advice will need to come from an attorney.

Your signature below indicates that you have read the information in the document and agree to abide by its terms.

Name of client (printed)

Date

Signature of client