DILEK WISE, INC.
1458 Campbell Rd. Ste.250A Houston, TX 77055

Dilek Wise, PhD, LMFT
www.dilekwise.org

Thank you for choosing me for your psychological health-care.
I assure you that I will work with you in a caring and professional manner. Please ask if you need clarification on any of the information contained.
This form also serves to document that these issues have been discussed in advance.

Therapy Process- I will discuss your goals in therapy with you. Therapy is a joint effort between your therapist and you the results of which cannot be guaranteed. Progress also depends on many factors including motivation, timing, & other life circumstances like interactions with family, friends, and associates. Medicines often have their side effects; in a similar manner there are risks associated to seeking psychological services. For instance, as you begin your treatment you may become more anxious. Initially, you may feel reluctant to talk about personal problems with someone you have just met, but this feeling tends to decrease as you become more familiar with your therapist. Although most people report tremendous benefits from psychotherapy, a minority feels their condition worsened as a result. You may withdraw from the treatment at any time. Dr. Wise also reserves the right to terminate your services and refer you to another professional.

Appointments- A standard session is 45 minutes long. Please ask the current session rate. If you are in need of longer or shorter session time, please arrange it with Dr. Wise in advance. There is no charge for missed appointments if appointments are cancelled at least 48 hours in advance. ***"My credit card on file will be automatically charged full session fee for the appointments not cancelled 48 hours in advance or for the appointments missed." "I AGREE":*** _____♣(INITIAL HERE) Your treatment will be terminated and account will be closed when you miss two consecutive sessions without informing Dr. Wise to prevent any further charges and/or liabilities on both ends.

Insurance- Managed Health Care plans HMOs & PPOs often require authorization before they reimburse mental health services. Using insurance not only breaches the confidentiality and compromises your privacy, but also requires us to give you a mental health diagnosis to be reimbursed. They require your treatment plans, progress reports, and some cases your session notes. Though all insurance companies claim to keep your information confidential, we have no control over its use once we send your information to them. This can stay on your file as you change your employers and you might be compromising your future employment. It is always important to remember that you can pay for the services yourself to avoid such problems. If you decide to use insurance to pay for therapy, please sign additional paperwork on billing practices in working with Insurance –FORM #3.

Billing Practices & Other Fees- Payment is expected before session begins. You may pay by cash, check or a credit card. We accept Visa/Master and Discover. ***"Due to confidentiality reasons, we do not disclose your name to collection agencies; therefore when we do not receive any payments or a payment plan from you within the seven days of your first notice given date, your total unpaid balance will be charged to your credit card on file." "I AGREE":*** _____♣(INITIAL HERE)

This notice may be given to you via phone, email, and/or mailing. Please keep Dr.Wise informed of these changes promptly to avoid fees. There is $30 fee for all returned checks or expired or invalid credit card authorization on file. At this point, we could execute our right to send your account to small claims court and report your balance to the credit bureaus. In order to prevent your account to be sent to these entities, you must have a payment plan in place. When you have a payment plan with Dr. Wise/Dilek Wise, Inc. you will be charged $10.00 additional fee for processing payment & merchant/bank fees per month. You will be sent an updated invoice each month after your payment is received. There is a $30 fee per page for any requested paperwork, including your disability forms –this amount may be subject to increase as more time needed to prepare the documentation at request. If this paperwork requires an urgent delivery, you may be charged additional fees for mailing. Dr. Wise/ Dilek Wise, Inc. reserves the right to change the fee schedule at any time. ***"Dr. Wise/ Dilek Wise, Inc. reserves the right to charge the unpaid balance amount to my credit card on file anytime to collect and to close my account." "I AGREE": ______*** ♣(INITIAL HERE)

Confidentiality- The information you provide to Dr. Wise/ Dilek Wise, Inc. is confidential and will be released to others only with your written consent. Dr. Wise is also required by law to disclose confidential information without your consent in certain circumstances that include but not limited to the following:

- If Dr. Wise considers you to be a danger to yourself or others,
- If you are a minor, elderly, or have a disability and Dr. Wise believes you are a victim of abuse,
- If you divulge information about the abuse of a minor, elderly, or disabled person,
- If you report to Dr. Wise that a previous helping professional engaged in sexual relationship with you,
- If you file suit against the therapist for the breach of duty,
- If a court order or other legal proceeding or statute requires disclosure.

"I have read and understood the information provided on this document. I recognize that I have the opportunity now and in the future to discuss with Dr. Wise/ Dilek Wise, Inc. any questions I may have. I agree and give my full consent to the practices & policies delineated above".

Client Signature________________________________ Date_______________

Client Signature________________________________ Date_______________

If client is a minor, parent or a legal representative also must sign & date below:

Parent/Guardian's Name & Signature____ Date___________

Dilek Wise, PhD, LMFT (initials)______ Date___________