David Trotter, PhD- Clinical Psychologist Texas License # 36732

Texas Tech Physicians, Family Medicine Clinic 3601 4th Street, Lubbock, Texas 79430 (806) 743-2757

<u>INFORMED CONSENT</u>: This document describes the terms and conditions under which I can work with you. Please take time to read this document carefully. If you have any questions please make sure to ask me.

<u>Nature of Services</u>: I am a licensed clinical psychologist who provides counseling, consultation, and psychological assessment services for individuals, couples, and families. You and I will discuss your specific treatment goals, treatment options, as well as the anticipated duration and frequency of care.

<u>Appointments</u>: I see patients in the Texas Tech Physicians (TTP), Family Medicine Clinic. The clinic is open Monday through Friday from 8:30 AM – 5:00 PM, except on holidays. My appointments last approximately 20-25 minutes each. To schedule an appointment call the clinic at (806) 743-2757. If you need to reach me and it is <u>not an emergency</u>, contact the clinic and leave a message with the Call Center. I return messages as soon as possible.

Emergencies: If you have an emergency <u>during clinic hours</u> and you need to speak with me, call the clinic at (806) 743-2757 and tell the Call Center that you are in an emergency and need to talk to Dr. Trotter. <u>If I am not available or it is after hours</u>, call 911, *CONTACT LUBBOCK* (765-8393 or 1-800-784-2433), or go to the nearest ER.

<u>Risks and Benefits</u>: Counseling has both risks and benefits. Risks can include things like uncomfortable feelings (e.g. sadness, anger) and relationship problems. However, research shows that the benefits of counseling generally outweigh the potential difficulties. I will discuss the risks and benefits specific to your care with you.

<u>Medications</u>: I do not prescribe medications. However, if we decide that medications might be helpful for you, I am happy to discuss this with you and your physician.

<u>Confidentiality</u>: Information about your treatment with me will be kept confidential within the TTP clinics and University Medical Center (UMC) system. Specifically, information about your treatment will be documented in your electronic medical record, and will be available to the providers and staff of the various TTP, and UMC clinics and hospital. Your information is shared within our system so that we can provide comprehensive care. Your information will not be shared outside our system without your consent, except under the following circumstances (as required by law): 1) if there is suspicion of abuse or neglect of a child, disabled person, or the elderly, 2) we receive a court order to release your records, or 3) if you disclose or imply that you plan to harm yourself or another person. We may also release limited information to your insurance company or a collection agency for reimbursement.

<u>Referrals</u>: If it becomes apparent that I am not qualified to provide you with the type of service you need or request, I will make every effort to provide you with an appropriate referral. You also should know that you have the right to withdraw from my services at any time, and that I will assist you, if you desire, with finding an appropriate referral.



David Trotter, PhD- Clinical Psychologist Texas License # 36732

Texas Tech Physicians, Family Medicine Clinic 3601 4th Street, Lubbock, Texas 79430 (806) 743-2757

<u>Concerns, Questions, and Complaints</u>: If you have questions or concerns about our work together, please voice these questions or concerns so that we may discuss them. If, however, you have a complaint that cannot be resolved by discussion with me, or you do not care to discuss it with me, you have the right to call the Texas State Board of Examiners of Psychologists at 512-305-7700 or 800-821-3205. The board hears complaints about psychologists.

<u>Fees</u>: Your financial responsibility for services provided is described in the "Consent to Treatment/Health Care Agreement" you received and signed when you established care with TTP. If you would like to review this document, you may request a copy from me or our front desk staff. Your signature below indicates that you have received and understand that agreement.

Common fees for my services are listed below. These fees reflect what is billed by TTP. The amount you will be billed will be <u>lower</u> than the fees listed. If you have insurance that covers mental health services, your specific fees will depend on the contract between TTP and your insurance company. Please contact your health insurance company to determine if mental health services are covered, to obtain a list of your specific fees, and to determine how much of the billed fees you are responsible for paying (e.g. co-pays, deductibles, co-insurance). Please let me know if you would like help contacting your health insurance company to get this information. Please let me or our front office staff know if you do not have health insurance OR if your insurance plan does not cover mental health services, as you may be eligible for a 40% self-pay discount.

If we are working on ways to improve your mental health (e.g. depression, anxiety), the following fees apply:		
Initial Evaluation	\$295.00	
16-37 Minute Counseling Session	\$121.00	
38-52 Minute Counseling Session	\$160.00	
53+ Minute Counseling Session	\$234.00	
_		
If we working on ways to improve your physical health (e.g. weight loss, chronic pain management), the		
following fees apply:		
Initial Behavioral Health Evaluation	\$82.00 per 15 minutes	
Behavioral Health Follow-up Session	\$75.00 per 15 minutes	

I have reviewed, understand, and agree to the terms and conditions of treatment and/or services as outlined in this document. I give my consent voluntarily, and I know that I may withdraw my consent at any time.

Signature of Patient/, Authorized
Representative, or Legal Guardian

Print Name and Relationship to Patient

Date



Date

Print Name

Witness