

Esther Schwartz, PhD- Licensed Psychologist
Texas License # 37664

Texas Tech University Student Health Services
1003 Flint Ave Box 43095
Lubbock, TX 79409-3095
(806) 743-2848

INFORMED CONSENT: 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.

Nature of Services: I am a licensed counseling 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.

Appointments: Student Health Services is open from 8:00 A.M. – 5:00 P.M. Mondays through Fridays, except on holidays. To schedule an assessment, please contact Sylvia Cuevas, RN, BSN (Mental Health Case Manager) at (806) 743-2848. The number of appointments available is limited. We require that you be on time for your appointment or a few minutes early. If you are unable to keep an appointment, please cancel 72 hours before your appointment.

Emergencies: Student Health Services does not offer 24-hour crisis intervention, weekend or holiday coverage, or inpatient care. Emergency or crisis evaluations and care will be referred to a local emergency room, the cost of which is **not** covered by the Medical Service Fee and will be your financial responsibility. If it is outside normal business hours, call 911, the TTU Crisis Line at 806-742-5555, or go to Covenant ER.

Risks and Benefits: 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.

Medications: 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.

Confidentiality: The information disclosed will be kept confidential within Student Health Services. The information disclosed is a part of your electronic medical records at Student Health Services and is available to other staff at Student Health Services if the information is considered relevant to the coordination of your care. The information is subject to the same State and Federal Laws regarding privacy of PHI (Protected Health Information) that govern all healthcare facilities as well as the confidentiality requirements of the counselor's licensing board. Your information will not be shared outside of Student Health Services 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.

Referrals: 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.

Concerns, Questions, and Complaints: 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

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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.

Fees: Your financial responsibility for services provided is described in the “Patient Financial Agreement” you received and signed when you established care with TTU Student Health Services. 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.

Insured patients: Copayment for provider services is covered by the Medical Services fee. SHS will file a claim with your insurance plan for services provided. If services are covered, balance due will be covered by the Medical Service Fee. If payment is denied by your insurance plan, SHS will apply the self-pay (no insurance) discount and post to you Student Business Services (SBS) Tuition/Fee statement.

Academic Health Plan patients: Common fees for my services are listed below. The amount you will be billed will be *lower* than the fees listed. 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 70% 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 are 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

Print Name

Date

Witness

Print Name

Date