

**Melinda Goodman, Ph.D.**  
**1414 Key Highway, Suite 300M**  
**Baltimore, Maryland 21230**  
**(352) 359-3227**

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## **INFORMATION FOR PROSPECTIVE AND ONGOING PATIENTS**

### **General Information**

I have written out information in response to frequently asked questions by patients. Please read the information carefully and feel free to ask about anything that is unclear or concerning to you.

Intake and Assessment: The first few sessions (intake) is the time during which we: 1) discuss your presenting problems and symptoms, current and past family relationship history, any past treatment and its outcome, and preliminary goals and planning of treatment; 2) inquire about any special circumstances that might affect our work, e.g., legal issues, medical conditions, time limits, general schedules, and insurance issues; and 3) determining whether we can effectively work together and/or whether another referral would be appropriate.

As a condition of being in treatment with me, please do not undertake any other form of simultaneous therapy without first bringing it up for discussion and mutual decision making. When another form of mental health treatment is undertaken, I require that open mutual releases of information be maintained with the other treating professional(s) to facilitate communication. As your primary therapist, I have professional responsibility for your overall psychological treatment, and additional therapy should be coordinated within the main treatment framework.

Scheduling: In the event that I cannot make it into the office due to severe weather, I will try to inform you directly if possible. However, I will change my voicemail message to indicate that the office is closed. If you have an appointment on a day in which the weather is questionable, please call my voicemail before coming to your appointment.

When I am scheduled to take a vacation, I will let you know in advance. When I am absent, another therapist will be available for back-up emergency coverage. Information about coverage will be left on my voicemail. In the rare event that I am unexpectedly away or ill, coverage information will be left on my voicemail.

Crisis Contact: Occasionally, telephone contact is needed when a crisis develops between regularly scheduled sessions. I am often not immediately available, but I monitor my voicemail frequently. I will make every effort to return your call on the same day, with the exception of nights after 9:00 p.m. Please leave your phone number and where you are at the time of your call. If you cannot reach me, and feel that you cannot wait for a return call, you should call a local hotline or go to the emergency room at the nearest hospital and ask for the psychiatrist or psychologist on-call.

Confidentiality: Maryland laws and the American Psychological Association's Code of Ethics dictate that information shared with therapists be held in the strictest of confidence. Confidentiality is assured in psychotherapy, consultation, and psychological assessments, except in the following situations:

1. You may authorize the release of records or other information to individuals of your choosing. This may be done only with your expressed written consent.
2. Under ethical and legal mandates, I would be required to break confidentiality in the event of clear and imminent danger to yourself or another person. If I believe that a patient is threatening serious harm to another, I am required to take protective actions which may include notifying the police, warning the intended victim, or seeking the patient's hospitalization. If a patient threatens to harm himself or herself, I may be required to seek hospitalization for the patient.
3. The law requires that mental health professionals disclose to authorities information regarding suspected abuse or neglect of a child or a "vulnerable" adult (e.g., elderly or disabled.)
4. There are certain legal situations that may require disclosure of confidential information by court order. Examples specified in Maryland law include: 1) if you are involved in criminal proceedings; 2) legal proceedings related to psychiatric hospitalizations; 3) in malpractice and disciplinary proceedings brought against a psychologist; 4) court-ordered psychological evaluations; 5) certain legal cases where the patient has died, 6) child custody, adoption, or other proceedings in which your emotional condition is an important element; and 7) if you choose to include your mental or emotional state as part of any litigation.

The clear intent of these requirements is that a psychologist has both a legal and ethical responsibility to take action to protect endangered individuals from harm when his or her professional judgment indicates that such danger exists. Fortunately, these situations arise only infrequently. If such a situation should arise, it is my policy to make every effort to fully discuss these matters with a patient before taking any action, unless there is good reason not to do so. While this summary of exceptions to confidentiality should prove helpful in informing you about potential problems, you should be aware that the laws governing these issues are often complex, and I am not an attorney. As part of therapy, I encourage our active discussion of these issues.

There are several other matters concerning confidentiality:

- 1) Mental health professional occasionally find it helpful to consult about a case with other professionals. In these consultations, I do not reveal the identity of my patient. When I am unavailable for emergency contact (e.g., vacation, illness), I may provide limited clinical information to the mental health professional providing coverage regarding critical issues such as safety problems or acute crises.
- 2) If you use third party reimbursement, I am required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary. If you request it, I will provide you with a copy of any report that I submit.

3) If you are under eighteen years of age, please be aware that while the specific content of our communications is confidential, your parents have a right to receive general information on the progress of the treatment.

Email Communication and Text Messaging: Email and text messaging are unsecure and impersonal modes of communication. For this reason, it is generally avoided with clients. I will not send email or text messages or respond to email or text messages from anyone in treatment unless we have made other arrangements due to special circumstances. Clinical matters should be discussed primarily face to face during sessions. However, telephone communication regarding clinical matters is also an option. Face to face communication is the most secure and clinically effective means for conversing.

Social Media: I do not communicate with, or contact any of my clients through social media platforms such as Facebook and Twitter. If I discover that I have accidentally made online contact with you, I will discontinue the contact immediately. Such types of casual social contacts can create significant privacy risks for you.

I participate on various social networks for the purpose of conversing with other clinicians and clinical consultants and in personal contexts. I do not use social media in my role as psychotherapist to clients. If you have an online presence, there is a possibility that you may encounter me accidentally. Should that occur, please discuss this with me during our time together.

As communications with clients online has the potential to compromise the psychotherapeutic relationship, it is important that these be avoided. Please do not attempt to contact me in this way. I will not respond to communications via social media and will terminate any online contact no matter how unintentional. Should this occur, the implications would be discussed during therapy sessions.

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**CONSENT TO TREATMENT**

I have fully discussed with Melinda Goodman, Ph.D. the various aspects of the psychotherapy contract. This has included a discussion of my evaluation/intake as well as the method of treatment. The nature of the treatment has been described, including the extent, its possible side effects, and possible alternative forms of treatment. Melinda Goodman, Ph.D. has discussed with me scheduling, the nature of the fee and policies regarding missed appointments. Melinda Goodman, Ph.D. has explained to me the limitations of confidentiality. I understand I may withdraw from treatment at any time but if I decide to do this I will discuss my plan with Melinda Goodman, Ph.D. before acting on it. My only financial obligation, should I decide to stop treatment, is to pay for the services I have already received.

I have read the above and fully understand the diagnosis, the nature of treatment, the alternatives to this treatment, the limits of confidentiality in this relationship, and the circumstances in which confidential communications may need to be breached.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND SERVES AS ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE MARYLAND NOTICE FORM DESCRIBED AND OFFERED PATIENTS RECORDS PRIVACY POLICIES AND PROCEDURES FOR THIS PRACTICE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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**FINANCIAL AGREEMENT**

General: In consideration of the care and treatment being rendered to \_\_\_\_\_ (Name of patient) by Melinda Goodman, Ph.D., the undersigned, hereby jointly agree to pay for services provided in accordance with the current fee schedule that is attached to this document. (Initial here to indicate fee schedule has been reviewed \_\_\_\_\_). We further understand and agree that the charge listed on the fee schedule is subject to rate increases for which we are responsible after notice is forwarded to the first undersigned. We understand that the rate schedule represents the full charge and promise to pay that amount or an amount, which may be reduced by insurance/third party payer benefits, which are received by Melinda Goodman, Ph.D. in the patient's name.

Collection Policy: We understand that if we shall fail to pay charges incurred, and Melinda Goodman, Ph.D. must refer our account for collection, that our payment history and the status of our account can be disclosed to a credit reporting agency, court, or an attorney retained by Melinda Goodman, Ph.D. for this purpose. I understand that I will be responsible for any fee related to the collection of my debt (e.g., attorney fees, court costs, collection agency fees).

Missed Visit Policy: It is my policy to bill full fee for missed sessions that are cancelled with less than 24 hours notice, unless there is an emergency (e.g., sudden acute illness, family crisis, severe weather). I understand that multiple missed sessions will be addressed in therapy. There is no charge for absence on major holidays. Please be aware that fees for missed visits are not covered by insurance, including Medicare (initial here if you attend to use Medicare benefits \_\_\_\_\_). Excessive lateness (e.g., 20 minutes late for a 50 minute session) may also result in a prorated charge, as insurance cannot be billed for a full session in such an event.

**Fee Schedule:**

Psychotherapy session, 55-60 minutes:	\$ 160.00
Psychotherapy session, 25-30 minutes :	\$ 80.00
Psychotherapy session, 80-90 minutes :	\$ 240.00
Intake/consultation, first session, 55-60 minutes:	\$ 180.00

**THIS IS A BINDING CONTRACT. PLEASE READ BEFORE SIGNING**

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

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

Witness: \_\_\_\_\_

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

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**ADULT PATIENT INFORMATION SHEET**

**Identifying Information**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Nickname or Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ Employer: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_ Religious affiliation: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is it ok to send mail to this address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is it ok to leave a message at this number? \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Is it ok to leave a message at this number? \_\_\_\_\_

Work Phone: \_\_\_\_\_ Is it ok to leave a message at this number? \_\_\_\_\_

Email address: \_\_\_\_\_ Is it ok to send email to this address? \_\_\_\_\_

Please put a star by your preferred phone number.

In case of an emergency, please provide the name and number of the person you would like me to contact.

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

**Medical and Psychiatric History**

Mental-health services received in the past or currently? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Psychiatric medication? Current: \_\_\_\_\_

Past: \_\_\_\_\_

Prescribing physician: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Other current medications: \_\_\_\_\_

**Family Information**

Has anyone in the family (including grandparent) been treated for a mental health problem?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List individuals that live in your home: \_\_\_\_\_

	Gender	Age	State of Mental Health
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings(s)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Partner/Spouse	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Present marital/relationship status (check all that apply)

Single \_\_\_\_\_ Married/Commitment Ceremony \_\_\_\_\_ Live In Relationship \_\_\_\_\_

Divorced/Separated \_\_\_\_\_ Widowed \_\_\_\_\_

If married/live-in relationship: Spouses name: \_\_\_\_\_

List any previous marriages/live in relationships and dates and any previous children

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**Education and Employment**

Please list current and recent significant employment (position, company, location, and timeframe), and education (school, degree, location, and timeframe)

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**Drugs and Alcohol History**

Do you now, or have you in the past, used alcohol or other drugs on a regular basis?

Yes \_\_\_\_ No \_\_\_\_

If yes, list types of drugs (include alcohol), years of use, and frequency of use (e.g. daily)

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Do you now, or have you in the past, smoked cigarette / cigars / pipes on a regular basis?

Yes \_\_\_\_ No \_\_\_\_ If yes, how often and how much? \_\_\_\_\_

**Abuse History**

Have you experienced any physical abuse Yes \_\_\_\_ No \_\_\_\_; sexual abuse Yes \_\_\_\_ No \_\_\_\_; emotional abuse Yes \_\_\_\_ No \_\_\_\_

**Presenting Problem**

Please briefly describe your chief concerns at this time: \_\_\_\_\_

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## Symptoms

Single check for problems present and double checks for major problems:

Suicidal Thoughts		Hearing Voices	
Anxiousness or Nervousness		People are out to get me	
Feeling Sad		Wanting to Hurt Someone	
Feeling Hopeless		Weight Loss	
Feeling Worthless		Weight Gain	
Anger Management		Wanting to cut myself	
Relationship Problems		Full of energy	
Difficulties Getting Along with Others		Mood swings	
Problems falling or staying asleep		Mood changes for no reason	
Sleeping too much		Panic attacks	
Drug or Alcohol Problems		Fear of death	
Physical Pain		Worrying all the time	
Sexual Difficulties		Checking things over and over	
Chronic Pain		Cannot Focus	