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**Smitha Bhat, PsyD, PLLC**  
Licensed Clinical Psychologist

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Thank you for entrusting your care with me. I look forward to getting to know you and taking this journey of self-awareness and growth with you. I believe it is important to begin any safe relationship with a clear understanding of expectations. I have compiled the following information to help you understand the therapy process, our respective rights and responsibilities, and my office policies. Please read the form thoroughly, initial where indicated, and sign the last page. If you have any questions, please discuss them with me when we meet.

### **TREATMENT PHILOSOPHY**

I supportively assist others in identifying core causes of distress, deepening understanding of their patterns of thoughts, behaviors, and feelings, and developing practical solutions.

I believe my roles in this process are to:

- strive towards understanding you, your perspective, and situation
- ask explorative and challenging questions to help deepen our understanding of your situation and goals
- provide useful suggestions and information based on my educational and clinical expertise and your unique story
- support and empower you through the entire process of exploration and change

My approach to psychotherapy incorporates mindfulness-based interventions and philosophy (MBCT), relational psychodynamic, emotion-focused (EFT) and cognitive behavioral (CBT) work. However, I have training and experience in a variety of therapy approaches and will collaboratively work with you to determine the most effective course of action.

Your active participation and commitment to the therapeutic process is essential to effective therapy. Active participation includes keeping appointments, being honest and open about your experiences, making efforts towards thinking about insights uncovered and/or completing assignments between sessions, and providing me feedback on your reactions or experience of the therapy process. It can take time to reap the long-lasting benefits of psychotherapy, so I ask that you commit to at least 4-6 weekly sessions to assess the benefits as we begin.

### **\*Client initials**

### **EDUCATION AND TRAINING**

I am a Licensed Clinical Psychologist in Illinois (071.009556), Washington (PY60449983) and Texas (33365). I earned a BA in Psychology from the University of Michigan in 1996, my MA in Clinical Psychology from The Chicago School of Professional Psychology in 2000, and my PsyD in Clinical Psychology from The Chicago School of Professional Psychology in 2005. I completed my pre-doctoral internship at the University of Illinois at Chicago (UIC) Counseling Center in 2002 and my post-doctoral training at the University of Texas at Dallas (UTD) Student Counseling Center in 2006. In addition to provision of individual, couples, and group therapy, my training and work experiences have included teaching, supervision, and clinical training of psychology graduate students, crisis intervention, diagnostic assessment and testing, and community outreach and workshops.

### **FEES AND PAYMENTS**

My fee for an individual or couples therapy session is \$185 (55 min). The fee for the initial intake session is \$210 (55min). Any changes in this fee over the course of our work will occur in a transparent manner with at least 90 days advance notice.

Telephone consultations that are primarily therapeutic in nature and last 15 minutes or longer will be pro-rated and billed at a rate of \$25.00 per 15 minutes. You will also be charged this rate for additional services provided at your request, for your benefit, such as letter writing. Please note these service fees are not reimbursed by insurance and are, therefore, assumed by you.

Fees or co-pays must be made at the time of service. I request you complete the credit card authorization form to keep on file permitting a charge of any account balance 60 days past due. In the rare event of an accrual of an account balance over 60 days, services may be discontinued until the balance is resolved or a payment plan is agreed upon. Balances over 120 days past due, will be forwarded to collections and could negatively impact your credit score.

Cash, credit cards, HSA cards, and checks are acceptable forms of payment. *(Please have your check made out before coming to session, so that we can end on time.)* There will be a \$35.00 fee for any returned checks. If a check has been returned, I will require all further payments to be made by credit card, cash, or cashier's check.

**\*Client initials** \_\_\_\_\_

### **INSURANCE**

For In-network benefits: If you choose to use your insurance benefits, I will file electronic claims with your insurance company on your behalf. **Any charges your insurance does not cover will be your responsibility including claims rejected after services are discontinued.** I highly recommend you confirm your insurance plan coverage *prior* to our first appointment in order to avoid any unexpected fees such as unmet deductibles and to understand your financial obligations (co-payments, co-insurance).

Out of Network benefits: **All charges will be due at the time of your appointment.** As a courtesy, I can file electronic claims with your insurance company on your behalf. If paper claims are required, I will provide you sufficient documentation to submit your claims. Any reimbursement of services or will be between you and your insurance company.

By initialing here, you agree to allow Smitha Bhat, PsyD, PLLC to bill any/all third party payors for the total cost of services rendered. You authorize the release of any information for the purpose of third party reimbursement or program evaluation.

**\*Client initials** \_\_\_\_\_

### **OTHER IMPORTANT INFORMATION**

You have the right to choose a provider who best suits your needs and purposes. Therapy can be a difficult process, which requires the changing of long-standing belief systems, behaviors, and patterns of relating and communicating. Changing our way of being in the world sometimes makes it feel like things are getting worse before they get better. The results of therapy cannot be guaranteed. Ultimately, each of us is responsible for our individual growth and change, which usually occurs as a process over time, rather than as finite events.

There are both benefits and risks associated with counseling and therapy. Benefits may include relief from distressing symptoms, improved emotional health, new approaches to problem solving and decision-making, and more satisfying interpersonal relationships. Risks might include experiencing uncomfortable levels of feelings like sadness, anxiety, guilt, anger, or frustration. Psychotherapy unavoidably affects important belief systems, self-awareness, and social relationships. Long-lasting growth often requires working through these experiences to create new beliefs and patterns and achieve your goals

I strive to provide you with the most effective care possible. However, it is important to be aware of other treatment options that are available. Therapists differ in approaches to therapy or areas of specialization. If you would like to explore different treatment options including psychiatric care and medication, please discuss this with me. I will do my best to provide referrals or guidance to help you find the treatment that best meets your needs.

**\*Client initials** \_\_\_\_\_

### **CONFIDENTIALITY**

Psychologists in the State of Illinois enjoy similar privilege to that of attorneys. All information given by a client in an individual session with a treating psychologist is confidential and cannot be revealed to any person or agency without a client's written release. When it is useful for me to review specific issues of treatment with another professional, it will be done in a manner which protects the client's anonymity.

There are certain situations in which health care professionals including psychologists are required by law to reveal information to others **without** the client's permission. These situations are:

- a. If a client is at imminent risk to harm themselves or another person;
- b. If information regarding the abuse of a child, elderly person, or a person with a mental or physical disability is disclosed;
- c. If the release of your records is subpoenaed by a judge in the process of judicial proceedings;

In each of these rare instances, I will make significant effort to inform you prior to releasing any information. Your signature below affirms that you have had the opportunity to read this information and understand its contents. Please feel free to ask me any questions.

**\*Client initials** \_\_\_\_\_

#### **CANCELLATION POLICY**

Because your appointment is reserved for you, I require at least **24-hour advance notice** of cancellations. **Without 24-hour advanced notice of a cancellation, you will be charged \$50. Please note insurance companies do not reimburse for cancellation fees.** While extremely rare, there may arise emergency situations that will require me to reschedule our appointment time. I will notify you as soon as possible in these situations. For this reason, it is imperative that you update me with any contact information as they occur.

**\*Client initials** \_\_\_\_\_

#### **TERMINATION OF TREATMENT**

You may terminate treatment at any time. It is recommended to schedule a last session together to discuss treatment termination. I also reserve the right to terminate treatment in several situations including frequent cancellations or missed appointments, behavior deemed to be aggressive or threatening towards anyone in the office, and failure to pay for services.

**\*Client initials** \_\_\_\_\_

#### **EMERGENCIES/CRISIS**

Smitha Bhat, PsyD, PLLC is not available to respond to crises requiring immediate attention. In the event of an emergency, please call 911 or visit your nearest emergency room for immediate care.

**\*Client initials** \_\_\_\_\_

#### **COMMUNICATION AND SOCIAL MEDIA**

Primary preferred methods of contact are secure messaging through Therapy Appointment (TA) or phone call/confidential voicemail. I will make every effort to return messages within 24 hours (one business day). I will take reasonable precautions to maintain your privacy including encouraging communication through HIPAA-compliant means and discouraging disclosing any sensitive information via unencrypted email, text, or voicemail which can be comprised. I am not liable for improper disclosure of confidential information unless caused by intentional misconduct on my part.

I have both personal and professional presence on various social networks which you may come across. I believe any communication with clients online have a high potential to compromise our professional relationship, and, therefore, I do not communicate with or contact any clients through social media platforms like Twitter, LinkedIn, and Facebook. In addition, I will ignore or decline any attempts to connect with you through these venues in order to protect our privacy.

**\*Client initials** \_\_\_\_\_

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\*My signature below affirms that I have read, understand, and agree to the above policies of Smitha Bhat, PsyD, PLLC. I have also received a copy of the Notice of Privacy Practices. Disclosure information and informed consent has been reviewed with me and I voluntarily agree to treatment.

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**Client Signature**

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**(Date)**

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Smitha Bhat, PsyD, PLLC

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(Date)