



INFORMATION FOR CLIENTS

Psychotherapy Practice Information Brochure

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Welcome to my practice. I am grateful to have the opportunity to be of help to you. This brochure provides some information and answers some questions about therapy in general and my specific practice. Please read it thoroughly and bring it with you to our first session. We can discuss in person any questions that you have, and I will ask you to sign a copy for my files.

My Background

I received a bachelor's degree in psychology and English from Indiana University. I received my masters degree and psychology doctorate degree from the University of Indianapolis with a specialization in child and adolescent psychology. I am a licensed psychologist in the state of Indiana (license number 20042575A).

I am trained as a generalist with a subspecialty in eating disorders and group psychotherapy. I have been providing therapy, other mental health clinical services, and eating disorder treatment since 2010 at university counseling centers at Virginia Tech, Purdue University, and the University of Pittsburgh. I joined Under the Umbrella, a multidisciplinary treatment group, in June 2015. Because eating disorders are a multi-systemic concern, I highly value the involvement of multiple providers. This may include nutrition, psychiatry, medical, and/or kinesiology. Jessi Roman, BS, is a dietician and affiliate of Under the Umbrella. Craig Paiement, a kinesiologist, specializes in sport psychology and exercise physiology and is an affiliate of Under the Umbrella. Christy Duffy, PhD, is a psychologist and director of Under the Umbrella.

About Psychotherapy

I take a holistic and integrative approach to therapy, and believe it is important to consider the framework of each person's unique experience and cultural background. My approach is tailored to meet the needs of individual clients based on their presenting concerns and goals for therapy. I most commonly use methods associated with cognitive behavioral and psychodynamic theories. Although my approach may differ depending on your concerns, I always place a strong importance upon the therapeutic relationship, and I value any feedback you may have about our relationship and your experience in therapy. During your first appointment, we will discuss your goals and expectations for therapy and what I believe may be the best way to approach working on your concerns. The frequency

of our meetings will differ depending on different factors, and we will discuss this more in detail during our first meeting.

Being an active, willing participant in therapy is important in order to meet your goals. Collaboration between you and myself will be essential in addressing your presenting concerns. In order to receive the most benefit from the process of therapy, you will have to work on things we discuss outside of sessions, including recommendations and “homework assignments,” but the final decision is yours and yours alone.

If we decide that my practice seems a good match, we will discuss your goals, the frequency with which we will meet, and whether supplementary consultations (such as with a dietician, physician or psychiatrist) are warranted. If we decide that my practice is not a good match, I will offer you referrals to other therapists. It is important to know that while change typically it takes time, is characterized by forward and backward movements, and takes consistent focus and effort.

The Benefits and Risk of Therapy

As with any powerful treatment, there are some risks as well as many benefits associated with therapy. It is helpful to carefully consider both the risks and benefits when making treatment decisions. For example, in therapy there is a risk clients will, for a time, have uncomfortable or increased levels of anxiety, guilt, anger, frustration, sadness, loneliness, helplessness, or other difficult feelings. Clients may recall unpleasant memories, and these feelings or memories may bother a client at work or in school. Sometimes a client’s problems may temporarily worsen after the beginning or treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work for you.

While you consider these risks, you should also know the benefits of therapy have been shown in numerous well-designed research studies. Therapy often leads to significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. Personal goals and values may become clearer, and the ability to live out these goals and values may become easier. Clients may grow in many directions – as people, in close relationships, in work or schooling, and in the ability to have increased joy and ease in life. I do not take on clients that I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations and Collaboration

Individuals suffering from eating disorders are impacted medically, nutritionally, interpersonally, and psychologically. Because of this, I highly value collaboration with other providers. Most individuals recovering from an eating disorder strongly benefit from meeting with a dietician and it is important to be evaluated for medical causes and consequences of the eating disorder. Thus, eating disorder treatment often involves a treatment team including a dietician, the client’s primary care physician, and a psychiatrist. If you are treated by another professional, I will coordinate my services with them. Athletes and individuals who are interested in incorporating exercise into their recovery are encouraged to work with a sport psychologist or personal trainer during treatment.

Additionally, in order to provide the best possible services, I may, at times, consult with other mental health professionals.

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What to Expect from Our Relationship

As a professional, I will use my knowledge and skills to best help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology – not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints. Second, state laws and the rules of the APA require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I will explain what those are in the “About Confidentiality” section.

Third, in your best interest, and following the APA’s standards, I can only be your therapist. I cannot have any other role in your life. I cannot now, or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

About Confidentiality

Psychological services are only effectively provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for services, your compliance with treatment, and any barriers to treatment.

I will treat with great care all the information you share with me. It is my ethical commitment, and your legal right, that information and records about our sessions be kept private. That is why I will ask you to sign a “release of records” form before I talk about you or send my records about you to anyone. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me without your signed consent.

In all but a few rare situations, your confidentiality (your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court for evaluation or treatment, the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable having disclosed to the court. However, withholding information may be harmful to you.
2. If you are suing someone, being sued, or being charged with a crime and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If I have reason to believe that you are a serious threat of harm to yourself or another person, the law requires me to take appropriate action to protect you or that other person. This usually means telling others about the threat.
4. If you tell me that you have abused or neglected (or intent to abuse or neglect) a minor child or incapacitated adult, or heard/observed abuse or neglect, I am legally required to report this to the authorities.

In order to provide the best quality care, I do consult with colleagues who are affiliates of Under the Umbrella. If I consult with colleagues and specialists about ongoing work, this pursuit of quality assurance never involves your name or any specifics through which you might be identified.

Except for the situations I have described above, I will always maintain your privacy. If, while waiting for your appointment, you see another person leave this office, I ask that you not disclose their name or identity to anyone.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have any questions, please ask me.

Generally, your health insurance company will receive the dates of our appointments, my charges, a diagnosis, and perhaps a brief treatment plan. It will become part of your permanent medical record. If you are concerned about this, please discuss it with me. As part of the cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

About Our Appointments

The therapy process involves responsibility and commitment on the part of the clinician and the client. You will receive the most benefit if you attend your sessions regularly and participate actively in the therapy process. Please arrive on time for your appointments and make arrangements to stay for the duration of the session. If you arrive late for the session, we will only be able to meet for the originally scheduled time, and will not be able to extend the session. I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

Appointments are typically once a week and last 45-50 minutes. Once we decide to work together, I will try to reserve a regular appointment time for you into the foreseeable future. I will notify you several weeks in advance if I need to reschedule an appointment.

Fees, Payments, and Billing

You are responsible for payment at the time of services unless other arrangements have been made in advance. Payment for services is important in any professional relationship. My current therapy fee is \$150.00 for the initial 50-minute consultation session, and \$125.00 for each subsequent 45-50 minute psychotherapy sessions. Please pay for each session in full (or provide your co-pay if you are using an insurance plan) at the end of the session. I accept cash and checks. There is a \$20.00 returned check fee plus any bank charges. There may be other charges for additional time spent on your case. For example, telephone consultations, diagnostic testing, request for letters or documentation, etc. You will be made aware of such charges before they are incurred.

I am currently a participating provider for Cigna. If you have a different type of insurance, I will supply you with an invoice for my services with the standard diagnostic and procedure codes for billing purposes, the times we met, my charges, and your payments. You can use this to apply for

reimbursement. You – not your insurance company or any other person or company – are responsible for paying the fees we agree upon. If you ask me to bill a separate person such as a spouse or relative, and I do not receive payment on time, I will then expect this payment from you.

Except for serious emergencies or unforeseen health problems, you will be charged \$60 for sessions cancelled with less than 24-hours notice. Your insurance provider will not reimburse you for these missed or canceled appointments. If it is possible, I will try to find another time to reschedule the appointment.

If you think you may have trouble paying your therapy fee on time, please discuss this with me. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Need to Contact Me

Because I do outpatient evaluation and therapy in a limited practice, I am not quickly accessible in between scheduled sessions. Since I do not have an on-call service and check messages only a couple of times a day, if you have an emergency or are in crisis, you should immediately go to the emergency room of your local hospital or call the area suicide prevention crisis line for assistance. Once your safety is assured, please call me and leave me a message letting me know what has occurred.

For non-emergency situations, you may leave a message on my voice mail and I will return your call as soon as I can (usually within 24 hours). I find that telephone therapy does not work as well as face-to-face therapy, and so I discourage it and generally suggest that we discuss your concerns in our sessions when possible. Phone calls are typically reserved for changes in appointments.

Other Points:

- If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or testimony you require. This position is based on two reasons: 1) My statements will be seen as biased in your favor because we have a therapy relationship; and 2) the testimony might affect our therapy relationship, and I must put this relationship first.
- If, as part of our therapy, you create and provide to me records, notes, artworks, or any other document materials, I will return the originals to you at your written request but will retain copies.

Statement of Principles and Complaint Procedures

I fully abide by all the rules of the American Psychological Association (APA) and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has broken a professional rule, please tell me. You can also contact the state or local

psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses those of us in the independent practice of psychology.

In my practice as a therapist, I do not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you – perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided.

Name: _____

Phone: _____

Address: _____

Relationship to you: _____

Our Agreement

I, the client (or his or her parent or guardian), understand that I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in the brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the result of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

Additionally, please note that the clinicians that are sharing this office space practice independently.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with Christy Duffy, PhD, HSPP, and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client: Self Parent Legal guardian
 Health care custodial parent of a minor (less than 14 years of age)
 Other person authorized to act on behalf of the client – specify

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed her or him of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Kate Miller, PsyD, HSPP

Date

Copy accepted by client Copy kept by therapist