



Mental Training, not Psychological Services

Dr. Eddie O'Connor will serve as your Mental Performance Consultant and will not provide clinical psychological services. If you are in Michigan and are seeking treatment for a mental health condition, please let Dr. O'Connor know so that you may complete a different Informed Consent. If you are outside of Michigan or Florida and a mental health issue is discovered, Dr. O'Connor will help you find a licensed psychologist in your state to best address your needs and coordinate care.

Confidentiality Statement

Information about you will be kept strictly confidential. Please be aware of the following exceptions:

1. If you present a danger to yourself or others, I have a legal requirement to help keep you safe and a duty to warn potential victims.
2. If you identify any known or suspected abuse of a child, an elder, or person with a disability, I am required by law to report such abuse to the appropriate state agency.
3. If ordered by a judge in a court of law, I am required to provide access to your records; however, I would first assert legal privilege in an effort to protect your confidentiality.

In the case of minors (17 years of age and younger), parents have a legal right to health protected information.

Please ask any questions regarding the limits of confidentiality. If you have no further questions, please initial here: _____ and sign below to indicate that you have read this statement and understand the contents.

Financial Investment, Scheduling and Cancellations

All consults will be conducted via the HIPAA secure platform doxy.me/dreddieoc. If for some reason that doesn't work, we may use FaceTime (my number is 616-328-3686) or Zoom. If there is a connection problem, we may use just audio, as necessary. Please be sure to be in a quiet, private space (remove pets, phones and other distractions) and secure a strong, reliable internet connection (be close to your router and minimize other devices on your wifi). Please place your face at the top of the screen (for best eye contact) and using a larger, stable screen (laptop or desktop) is preferred over smaller, hand-held phone.

The initial 55-min consultation is \$295. Follow-up consultations are \$250 per 40-45-min. (\$290 if we extend past 50 min; \$190 for 25-min or less).

Payments will be made via Ivy Pay, a HIPAA secure service that stores your credit, debit or HSA card. **You will get a text from IVY PAY to enter payment information** at the conclusion of our first meeting. It is not spam. Consults will be billed immediately after each meeting and receipts are available through Ivy Pay. ** Mental training is not covered by insurance.

Please arrive on-time to respect our work together. If you are late, sessions may not be able to run late (I will if I can) and you will be billed for the full scheduled appointment.



If you need to cancel a scheduled appointment, please do so 48 hours in advance. This allows me to offer that hour to someone else. I recognize that life happens and therefore, one “emergency” cancellation (24-48 hours notice) is accepted. After your one “emergency” cancellation is used, ALL future **cancellations will be billed in full if less than 48 hours notice is given, even if it is an emergency.** All “no shows” (i.e., less than 24 hours notice or no notice) will be billed.

Preparing for Tele-Health Meeting

Please be sure to test your internet connection and the link prior to our first appointment. Be sure your microphone and camera are on. Choose a comfortable, private location so that you will not be disturbed. You may want to lock the door. Remove all distractions such as pets and silence your cell phone. Using a laptop or desktop computer is best for visual contact. Arrive a few minutes early to each session to be sure you have a good connection. You will be in the virtual waiting room and I will start our session when it is time to begin.

Consent to Consultation

I have read all the information above. I have been given a copy of this document. I have discussed any and all concerns about this information to my satisfaction and agree to the terms within. I am willingly consenting to working with Dr. O’Connor under the parameters stated in this document.

Signature & Date

Parent/Guardian Signature if client is a minor

Printed Name

Client Birthdate

Street Address

City, State, Zip

Home/Cell Phone /

E-mail

Emergency Contact Name

Emergency Contact Phone #

Cell # to text Ivy Pay link

Name on Credit/Debit card

_____ **Yes, please add me to the e-mail list so I can stay up to date with free mental training resources and updates. (Your e-mail will never be shared with third-parties or be used for anything other than communication from Dr. Eddie O’Connor, PLLC)**