



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), depending on location and situation parents may have a legal right to some health information.

Please know that any text messages may be recorded and can be stored by one of the telephone carriers involved as regular texting features on a mobile phone are unprotected. This applies to e-mail communication as well.

Please ask any questions regarding the limits of confidentiality. If you have no further questions, **please initial here:** _____ I had the opportunity to ask all my questions regarding confidentiality and have had all my questions answered. I understand the limits of confidentiality in both e-mail and texts and agree to communicate about scheduling via (check all that apply):

____ text ____ e-mail ____ phone

Please sign below to indicate that you have read this statement and understand all contents.

Clinical Approach

I believe that each client is a unique individual and should be treated as one. Each client will have their own treatment plan to best serve their needs and be most effective. Depending on the client, the approach will vary, but is always collaborative. My foundational approach is Acceptance and Commitment Therapy and Process-Based Therapy. Using an evidence-based approach, we may include strategies from Sport Psychology, Cognitive Behavioral Therapy and others.

Client Emergencies

If you have an urgent situation that you feel needs immediate support, please call the National Crisis Hotline at 988.



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 45-min consultation is \$395. Follow-up consultations are \$395 per 40-45-min. (\$475 if we extend past 50 min; \$300 for 25-min or less).

Payments will be made via Ivy Pay, a HIPAA secure service that stores your credit/debit/HSA card. **You will receive a text from IVY PAY to enter payment information** at the conclusion of our first meeting. (It is not spam). Consults will be billed after each meeting and you will get a receipt from Ivy Pay.

I do not participate with insurance. Please check limits of "out of network" coverage with your insurance provider for codes 90791-95 (Psychiatric Evaluation) and 90834-95/90837-95 (Psychotherapy 45 min/55 min) (-95 indicates tele-health, which may be different coverage than in-person) prior to meeting as pre-authorization may be needed for reimbursement. **You may submit an itemized "superbill" (click at the bottom of the Ivy Pay receipt)** to your insurance if you have out-of-network benefits and *if a psychological diagnosis can be given*.

**** 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. Insurance will only cover the face-to-face time, so there may be a difference in reimbursement.

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. Insurance does not cover this.

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.



**Informed Consent
Sport Psychology Services**

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. **For *clinical sport psychology services*, my signature below indicates I am/will be present in the state of North Carolina where Dr. O'Connor is licensed to provide psychological services, or in one of the PSYPACT states for virtual visits.**

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/HSA card