CBT-DBT, LLC
Consent for Treatment

Dr. Linda Leiphart's is a licensed psychologist in the state of AZ (license #4172) and has obtained an Authority to Practice Interjurisdictional Telepsychology (APIT #4223) from the PSYPACT Commission. More information about qualifications and experience is available at www.cbt-dbt.com.

This document outlines the important information regarding my professional services and business policies. Please read this information carefully and feel free to ask any questions you may have. Your signature represents an agreement between you and Dr. Leiphart.

Mental Health Services

I provide individual therapy for adolescent 14+ and adults struggling with painful emotions, helping them to create a more meaningful life, cope more effectively with stress and improve their relationships.

I primarily utilize mindfulness-based cognitive-behavioral therapies, including Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT). Additionally, I utilize Exposure and Response Prevention (ERP) for OCD, Prolonged Exposure (for trauma), as well as treatments for hair-pulling and skin-picking. I am approved by the Arizona Board of Nursing for psychotherapy required as part of a Consent Agreement.

I do not offer medication management, court-ordered evaluations or custody evaluations.

The initial sessions will focus and your needs and goals. We will work collaboratively to develop a treatment plan as a guide to meeting your goals. Please feel free to discuss any questions or concerns you might have. I will refer you to another therapist if I believe someone else is better suited.

Psychotherapy is a collaborative effort that will be most successful when you work on the goals both during and between sessions. Psychotherapy requires an investment of time, money, and energy. At times, therapy may involve some emotional discomfort as you explore challenging issues. While there are no guarantees about the outcome of therapy, clinical research shows there are often significant benefits, including improved mood, reduced stress, better coping skills, and enhanced relationships.

Confidentiality

All information discussed in therapy sessions will be kept confidential, unless you give me written permission to share such information, with some exceptions as outlined below.

Situations of potential harm to self or others
Situations in which a minor child may harm him or herself or others
Suspicions of child abuse, sexual abuse, and/or neglect
Suspicions of elder/vulnerable adult abuse, and/or neglect
Court cases where my records are court ordered
Worker's Compensation Claims
As part of providing DBT, I attend a weekly, confidential DBT consultation team meeting, designed to enhance the effectiveness of DBT. I will make every effort to avoid revealing information that could identify you, to maintain your privacy.

Professional Fees and Payments

Payment is expected at the time of each session, unless alternative arrangements are agreed upon in writing in advance. Cash, credit card (including HSA) or checks made out to CBT-DBT, LLC are accepted.

Initial Consultation: $225 – one hour session
Individual or Family Therapy: $175 - 45-minute session
Group Therapy: $60 – 75-minute session
Written reports/letters: $50 per quarter hour of preparation time
Court-ordered appearances: $300 – hour – portal to
schools or treatment centers etc.) prorated at a rate of $200 per hour
Cancelation with less than 24 hours notice: $100

Insurance Reimbursement

Dr. Leiphart does not accept insurance. If you have insurance with out-of-network benefits, with your consent, information can be submitted electronically to most insurance companies. This is a service provided as a courtesy. Payment is still expected at the time of the session. Any reimbursements from the insurance company would go directly to the policy holder.. Alternatively, you may request a monthly statement/superbill.

Most insurance companies require a diagnosis to provide coverage and may request additional clinical information (treatment plans, progress notes, etc.). When you sign this form, you are giving me permission to share your information with your insurance company to seek payment for your covered services. I will need a copy of your ID, a copy of the front and back of your insurance card and the birthdate of the policy holder in order to send the claim to insurance.

Choosing not to use your insurance for some or all your care. You have the right to pay for services yourself to avoid potential privacy concerns associated with using your insurance.

Contacting Me

You call my office (520-219-7383) and leave me a message at any time. I check the messages at this number once each business day and I will make every effort to return your call return you call within 24-48 hours, excluding weekends/holidays.

For more urgent matters, DBT phone coaching or scheduling, current clients can contact me on my cell phone. I make every effort to reply within 24 hours.

If you cannot reach me and are unable to wait for a return call, contact your physician or the Crisis Response Network Crisis Line (520-622-6000), or TALK (1-800-2730TALK), or call 911 or call 988, or go to your nearest emergency room.

In case of an extended absence on my part, I will provide you with contact information of a colleague who may be able to provide you with services.

Agreement

By signing below, you acknowledge that you have read and understood this Informed Consent document, that you have had all your questions answered to your satisfaction, and you consent to the releases of information described above. You agree to participate in therapy voluntarily.

Patient Signature: _____ Date: _____

Psychologist Signature: _____ Date: _____

Release Information to Insurance Company:

I authorize the release of any medical, psychological, substance abuse, or otherwise relevant treatment information from CBT-DBT, LLC, my insurance carrier(s) or other entity necessary to determine insurance benefits.

Patient Signature: _____ Date: _____