

Michael Edward Tansy, Ph.D., ABPP  
Licensed Psychologist  
Nationally Certified Counselor  
Nationally Certified School Psychologist  
Specialist, American Board of Professional Psychology  
Fellow, American Psychological Association  
4140 East Baseline Road, Suite 101 Mesa, Arizona 85206

Telephone: (480) 966-9337 Fax: (480) 704-5181 Email: [drtansy@michaeltansy.com](mailto:drtansy@michaeltansy.com)

New Patient Registration

Patient Name: \_\_\_\_\_  
Last First MI

Patient's Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Other

Patient's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Email Address(s): \_\_\_\_\_

Patient's Insurance ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Patient Status: Single Married Other  
Employed Full Time Student Part Time Student

Is your condition related to (circle if applicable): Employment? Y/N Auto Accident? Y/N Other Accident? Y/N

Primary Cardholder's Name: \_\_\_\_\_  
Last First MI

Primary Card Holder's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_ Gender: M F Other  
MM DD YYYY

Primary Card Holder's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Patient's Relationship to Primary Card Holder: Self Spouse Child Other

Referred By: \_\_\_\_\_

*I authorize the release of information necessary to process my claim for services and pay my benefits. A photocopy of this authorization is considered valid as an original. I understand that I am responsible of fees for service.*

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

## CONSENT FOR OUTPATIENT SERVICES

---

### CONTRACT FOR PROFESSIONAL SERVICES

Welcome to my office. I look forward to working with you. This document contains important information about my professional services and business policies. Please read it carefully. Note any questions you have so we can discuss them. Once you sign this document it will constitute a binding agreement between us.

### GENERAL v. SPECIALTY PRACTICE

Psychologists are licensed to practice at a general level. By license they are not prohibited to from providing any sort of psychological service. However, as psychology is too broad for any single psychologist to practice competently in all areas, effective and responsible psychological practice is specialized, and psychologists should limit their services to areas of practice for which they are competent. While I am competent to serve children and adults for a variety of general issues there are many specialty psychological services I do not offer. Services I do not provide service include psychological evaluations, psycho-educational evaluations, readiness to work evaluations, court-referred or court-related assessments or treatment, emergency psychological assessment or services, or services to children, adults, or families in matters of high conflict divorce, marriage and family therapy, and group psychotherapy. In these matters I make every effort to assist individuals to providers who may hold competence in these areas.

### CONTACTING ME BY TELEPHONE

Typically, I am not immediately available by telephone. Though I am usually in my office between 8 AM and 5 PM, I do not answer the phone when I am with a patient. When I am unavailable, your call will be answered by my private and confidential answering machine. You may leave confidential messages on my answering machine. I am the only person who retrieves messages. I make every effort to return your call the same day you call, with the exception of weekends and holidays. If you are difficult to reach, please email me at [drtansy@michaeltansy.com](mailto:drtansy@michaeltansy.com). If you are unable to reach me and feel that you can't wait for me to return your call, contact your pediatrician, family physician or psychiatrist. If you cannot reach me and you are experiencing an urgent or life-threatening situation, dial 911, the 24-hour EMPACT Crisis Line at (480) 784-1500, or go to the nearest emergency room. I respect your ability and self-responsibility to seek and obtain assistance in a crisis. If you feel this arrangement will not meet your needs, I will be happy to assist you with referrals to other mental health professionals.

### CONTACTING ME BETWEEN APPOINTMENTS

For communication between appointments, I use email communication and telephone voicemail recording, and only for administrative purposes. This means that email exchanges and telephone messages with me should be limited to administrative matters (scheduling appointments, billing matters, etc.). I cannot guarantee the security of any information communicated by email. Therefore, I will not discuss any clinical information by email and prefer that you do not either. Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should reach me by phone.

### PSYCHOTHERAPY SERVICES; RIGHTS AND RESPONSIBILITIES

Psychotherapy outcome depends on the personality of both the client and the therapist. It will require a very active effort on both our parts. You will have to work both during our sessions and between sessions to achieve the most successful outcome.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable, unsettling, or painful thoughts and feelings. However, often psychotherapy leads to significant reduction of distress, increased satisfaction with life, and the resolution of specific problems. There are many ways to approach complex problems and there is no guarantee about what will happen in our work together.

Initially, we will focus on assessment, including the identification of goals and consideration of related history, circumstances, and resources. This may occur over several sessions and be periodically reviewed. Some therapy is quite brief, requiring only a few sessions to resolve a problem and obtain relief. However, since therapy may involve a large commitment of time, money, and energy, it is important that you feel comfortable continuing our work together. You have the right to stop our therapeutic relationship at any time, and, again, I would be happy to assist with referrals.

I will be professional, attentive to your issues and respectful of your time and financial resources. I will inform you promptly and reasonably in advance of any necessary change in scheduling, anticipated absences, or the need for treatment to end.

Many insurers now limit mental health benefits to a short-term treatment approach. While much can be accomplished in short-term therapy, many clients feel that more services are necessary after insurance benefits expire. Once we have all the information about your insurance coverage, we can discuss, as needed what we can expect to accomplish with the benefits that are available, and what will happen if your benefits are exhausted before you feel ready to end therapy.

Due to the difficult emotions that may arise during treatment, it has been helpful to clarify that I reserve the right to terminate treatment immediately should there be any threat to myself, my family, or acquaintances, or to my property. To date I have not needed to follow through on this.

In psychotherapy, individuals frequently deal with memories about the past. The current scientific knowledge about memories indicates that memory is imperfect and that there is no guarantee that all information retrieved during therapy is accurate. Information revealed, no matter how clearly it is recalled, may or may not reflect events as they occurred. This is important to consider in deciding which actions to take in one's life.

### MEETINGS

All appointments are 50 to 60 minutes. Usually, I schedule one 50 to 60-minute session each week to two weeks at a time we agree on, although some sessions may be more frequent. Once an appointment is scheduled, you are obligated to pay for it unless you provide 24 hours advance notice of cancellation and we agree that you were unable to attend due to circumstances beyond your control.

### PROFESSIONAL FEES

My hourly fee is \$150.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$200.00 per hour for preparation and attendance at any legal proceeding.

### BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using other professional means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such action is necessary, the cost of these services will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

## **INSURANCE REIMBURSEMENT**

For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide mental health coverage. Before our initial visit you are expected to provide your insurance information to me and I will contact your insurance company about your mental health benefits, including deductibles, co-pays, and treatment authorization. I will complete and bill your insurance for all our appointments. You are expected to pay any deductible or co-pays at the time of the appointment. However, you (not your insurance company) are responsible for full payment of my fees. It is important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage materials that describes mental health services. If you have questions about the coverage, call your insurance company. Your insurance company's number is on the back of your insurance card. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Insurance benefits often are limited to short-term treatment approaches designed to work out specific problems that interfere with a person's immediate functioning. Some insurance plans require approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients need more services after insurance benefits end. Some insurance plans do allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

All insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans, summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the process described above.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

## **MINORS**

To participate in psychological treatment, I require the signed permission of *both* parents unless the court has severed the relationship between a parent and the child, for which I require supporting documentation from the custodial parent, or parent has abandoned the patient, or the parent is deceased.

For patients who are less than eighteen years old, the law provides parents the right to examine their child's treatment records. However, for children to trust that I hold their disclosure in confidence, I request that parents agree to give up access to minor children's records. If needed, I provide parents only with general information about our work together, unless I feel there is a high risk that the child will seriously harm their self, or someone else. In this case, I will notify them of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to discuss any objections they may have with what I am prepared to discuss.

## **CONFIDENTIALITY**

I follow the standards of my profession in preserving your confidentiality. While these standards strictly limit the communication of psychologists, you should know that there are several exceptions. Please be aware that in issues related to concern over potential harm to self or others, the abuse of children or the elderly or disabled, and in response to court orders, there are some limits and overrides to the general status of confidentiality. For example, it may be necessary to contact family members or others who can help provide protection if there is a grave threat of harm. As part of my professional growth, for purposes of peer review, and in problematic situations, it is my practice to periodically consult professional colleagues regarding my therapeutic approach. Your signature below constitutes understanding of this practice and a release for me to discuss case issues with my professional colleagues on an as-needed basis. The professionals with whom I may consult are also bound to keep the information confidential.

Regarding child and adolescent counseling, what you tell me is confidential except suicidal tendencies, homicidal tendencies, abuse, or other dangerous behavior. If your insurance company requires treatment reports, I must send them those.

Increasingly, insurance companies have been requiring more extensive clinical information before approving payment for services. They may require advanced authorization and ongoing detailed reports of specific progress on therapeutic goals. All insurance companies claim to keep this information confidential, but once it leaves my office, I have no control over what happens to it. Utilization of insurance benefits typically constitutes permission to release any information, which they request to make payment determinations. In all situations, I will strive to use my best clinical judgment regarding issues of your confidentiality.

## **TELEPSYCHOLOGY**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time as the time for commuting to and from the office is eliminated. Telepsychology, however, requires technical competence on both our parts to be helpful. In anticipation of practicing telepsychology services, I have participated in the continuing education requirements necessary to inform me of competent telepsychology practice, reviewed Arizona statutes and rules, and the Guidelines for the Practice of Telepsychology (APA, 2013). Before beginning telepsychology services, we must discuss (and I must document) a risk analysis establishing that telepsychology is appropriate for you.

Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. These differences and risks need to be made clear and accepted by the both of us. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will ensure your privacy, but it is important for you to make sure you find a private place where you will not be overheard or interrupted for our sessions. It is important for you to protect the privacy of our session on your cell phone or other electronic device. You should participate in telepsychology only while in a room or area where other people are not present and cannot overhear our conversation. Ideally, telepsychology occurs by simultaneous audio and video means; however, if telepsychology must occur via audio means alone (telephonically), we must establish a means by which we verify your identity on the call as I would not have the visual means to verify you are the person on the call. The means by which we verify it is you on the call is limited to you and me. No third party should be able to participate in your telepsychology session in your stead.

Compared to in-person meetings, telepsychology platforms are inherently less reliable, resulting in interrupted sessions. Should this occur we agree to complete meetings telephonically. I use doxy.me, a very stable (yet imperfect) HIPAA-complaint telepsychology platform. You (and your minor child) and I are the only people who will have access to the telepsychology communication, just as it would be for an in-person meeting.

Because telepsychology is not in person and we may be meeting distally for an indefinite period, I need certain reassurances that you will be safe if you experience a psychological emergency. Should you or your minor child experience a psychological emergency, you agree to contact local or distal 24-hour crisis services. In the metro-Phoenix area these include the Terros crisis line (602-222-9444) the EMPACT crisis line (800-273-8255) or calling 911. For telepsychology occurring in or outside the metro-Phoenix area contact of the National Suicide Prevention Lifeline (800-273-8255) or 911 if a psychological emergency occurs. If necessary, you agree to engage these crisis lines and participate in face-to-face encounters with them if they determine this is necessary. If you are experiencing a psychological emergency the best way to contact me is through email (drtansy@michaeltansy.com), however, if you cannot reach me immediately you agree to contact one of the crisis lines listed above.

Also, telepsychology practice guidelines require that you provide me the name and contact information of for a close friend or family member whom you agree can assist me in a psychological emergency, if the occasion were to arise. Please complete this information below:

---

Name of Emergency Contact Person	Email Address	Telephone Number	Relationship
----------------------------------	---------------	------------------	--------------

From time to time, we may need to schedule in-person sessions to “check-in” with one another. We will routinely discuss and assess your psychological stability and risk. Based on this ongoing risk assessment we will decide whether telepsychology is the most appropriate form of treatment for you. If the need arises, we will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to participate in telepsychology.

I will maintain a record of our telepsychology sessions in the same way I maintain records of in-person sessions in accordance with my policies, the Arizona statutes and rules, and standards of psychological practice. Telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent.

**PRACTICE CLOSING**

In the event I close my practice, or upon my death, you may contact the Arizona Psychological Association or the Arizona Board of Psychologist Examiners to get information on how to access your records.

**CONSENT FOR TREATMENT**

**I have read the information above, understand and agree with the terms, and voluntarily consent to participate as a client, or have my child participate as a client, in psychological services, and agree to the above fee. Please continue to feel free to talk with me throughout our work together about any clinical or business policy issues as they may arise. I appreciate the opportunity to be of professional service to you and look forward to our work together.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father’s signature (for minors): \_\_\_\_\_ Date: \_\_\_\_\_

Mother’s signature (for minors): \_\_\_\_\_ Date: \_\_\_\_\_