

Welcome to my practice. This document contains important information about my professional services and policies. Please read it carefully so that we can discuss it and I can address any questions that you might have when we meet. Also, if you have any items that you would like to have changed or added, feel free to discuss them with me. This information applies if I will be seeing you, you with your partner or family member, or if I will be seeing a child under your legal custody. If parents have joint legal custody of a child, consent by signature of both parents is required prior to my first appointment with the child. Please bring this form with you for your initial session with me.

Professional Background

I earned my bachelor's degree in psychology from the University of North Carolina at Chapel Hill in 1989 and doctorate in clinical psychology from Louisiana State University in 1994. I completed an internship at the Medical University of South Carolina. I have been licensed to practice in Kentucky and Indiana since 1994. I am trained and experienced in providing individual, couples, group and family psychotherapy, and have worked in a variety of settings (e.g., hospitals, outpatient clinics, legal settings) with a wide range of individuals who complain of personal troubles such as relationship problems, family problems, work-related stress, substance abuse, uncontrollable behaviors, experiencing traumatic events, losses, and various specific symptoms of distress (e.g., depression, anxiety, fears). In addition, some individuals come to see me for personal growth and not just for amelioration of distress or specific symptoms.

Limits on Confidentiality

I consider our privacy of utmost importance and take great effort to protect it within the boundaries of the law and my professional ethics. In most situations, I can only release information about your work with me to others if you sign a written authorization form allowing me to do so. However, there are some situations where I am permitted or required to disclose information about you without either your consent or authorization:

1) If I have reasonable suspicion that a child is being neglected, physically abused, sexually abused, subjected to willful cruelty or unjustifiable mental suffering, or exposed to domestic violence in the home, I am required by law to report my suspicion to child protective services or a local law enforcement agency. It is important to realize that this does not mean that just because you talk to me about angry, violent, or sexually disturbing thoughts and feelings toward children that I will compromise our privacy. There is an important difference between expressing thoughts/feelings versus acting on them against children. For some people expressing such feelings may be an important part of therapy. I will only seek protective action if there is a reasonable suspicion that a child is actually being abused by yourself or someone else identifiable.

2) If there is reasonable suspicion that physical abuse, misuse of physical or chemical restraint, neglect, abandonment, isolation, abduction, or financial abuse is occurring against an elderly (age 65 or older) or dependent adult (i.e., an adult with a mental or physical disability), I am required by law to report the suspicion to the appropriate government agency. This does not mean that just because you express

thoughts or feelings about abusing an elder that I will be informing authorities. Expressing such feelings in therapy may be an important part of coming to terms with the influence that others have or have had on your life so that you can improve your circumstances. There is an important difference between expressing thoughts/feelings versus acting on them against others. There must be a reasonable suspicion that you or someone else identifiable is actually abusing an elder for me to compromise our privacy and take protective action.

3) If I feel that you may be in imminent danger of seriously physically harming yourself, I may call the person whom you designate as your emergency contact, a family member, medical or emergency personnel, or a local law enforcement agency in order to obtain help, protection, and possibly hospitalization for you. This does not mean that just because you may express feelings and thoughts about harming or killing yourself that I will compromise our privacy and take protective action. Expressing these kinds of thoughts and feelings may be an important part of your therapy in coming to terms with your life and improving your circumstances. There is an important difference between expressing self-harm thoughts/feelings versus acting on them against yourself. Only if you are in imminent danger of seriously harming yourself and you cannot control your own behavior will I take protective action. I also expect that should you feel in imminent danger of harming yourself, before doing so, you will do everything you can to contact me and/or seek emergency psychiatric services at a local hospital.

4) If I receive credible information from you or anyone else leading me to believe that you could be a serious threat of physically harming an identifiable individual(s), I have a legal duty to warn and protect the identified person(s) by communicating the threat of harm to the person(s), to a local law enforcement agency, and/or to others who can assist in protecting the person(s). I could also seek involuntary hospitalization for you in this case. This does not mean that just because you may express violent or angry thoughts and feelings about someone else that I will compromise our privacy and take protective action. Expressing these kinds of thoughts and feelings may be an important part of your therapy in coming to terms with anger, understanding the impact that others have or have had on you, and improving your circumstances. Once again, there is an important difference between expressing your thoughts/feelings versus acting on them against others. Only if I feel that you are in imminent danger of actually harming someone else and you cannot control your own behavior will I take protective action. I also expect that should you feel in imminent danger of harming someone else, before doing so, you will do everything you can to contact me and/or seek emergency psychiatric services at a local hospital.

5) If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is protected by psychologist-patient privilege law. I cannot provide any information without your (or your legally-appointed representative's) written authorization, a court order, or compulsory process (a subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice (when required), has stated valid legal grounds for obtaining the information, and I do not have grounds for objecting under state law (or you have instructed me not to object). If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

6) If you file a complaint to the Kentucky Board of Psychology or a lawsuit against me, I may disclose relevant information regarding you in order to defend myself.

7) If you file a worker's compensation claim, I must, upon appropriate request, disclose information relevant to your condition to the worker's compensation insurer.

8) In the event I become debilitated or deceased, a trusted colleague will have access to your records so that you can be contacted, informed of my status, offered support, and be provided with any appropriate referrals.

Should it become necessary to break our confidentiality due to #1 through #7 above, I will make a reasonable effort to notify you ahead of time of any disclosures so that we can discuss it before I take action, and I will limit my disclosures to what is necessary.

If I am seeing your child who is under the age of 18 on an ongoing basis, then much of what he/she talks to me about is kept private between us except for the above exceptions whereupon I will have to notify you (i.e., parents/guardians) for help. Privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, and parental involvement is also essential. During treatment I typically provide parents only with general information about the progress of the treatment and the child's attendance at scheduled sessions. I may also speak to you about what your child has discussed with me if I feel that it would be essential for his/her welfare and would help the family situation. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents/guardians of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. For couples or marital counseling, I can disclose any information given to me by one partner to the other. However, it is acknowledged that I cannot be held responsible for a breach of confidentiality by your partner or family member(s) in therapy with you.

Hours and Availability

I typically offer services at various times Monday through Friday during the day and sometimes in the evening. Usually psychotherapy is scheduled as one or more 50-minute sessions per week, or to meet your therapy needs as we agree. The only reason that I may interrupt our session together is if one of my family members pages me. If you need to reach me outside of our normal contact time, you can call me at (502) 807-5453 and leave a voicemail. If you leave a voice message for me I will typically return your call no later than the following day. In a more immediate crisis situation, especially at night or on weekends, contact the police (911) or a local hospital emergency room, a crisis intervention service, or your primary care physician.

I offer telephone consultations between sessions. Telephone consultations are billed at a prorated fee in 10-minute increments. Payment is to be made by credit card or mailed on the day of the telephone consultation.

Payment and Fees

Accepted forms of payment are cash, check or credit card (Visa, Mastercard, American Express or Discover) due at the beginning of each session. There is a \$25.00 for each returned check. The per session fee is due regardless if you come late or decide to leave early. If you do come late I cannot extend the session to make up for the lost time. Telephone contacts (other than for scheduling) outside of our normal sessions are prorated according to the per session fee with a minimum of 5 minutes. If during our work together it becomes impossible for you to keep current on the fee payments and you would like to continue receiving services, we can negotiate a reasonable payment schedule. However, nonpayment of fees could result in having to end our work together, at least temporarily, until your outstanding balance is paid.

Other related services such as report writing, attendance at meetings, site visits, home visits, authorized consultations, consulting with other professionals with your permission, preparation of records or treatment summaries, travel time, or other services you may request are billed at an hourly rate. My fees for any time that I spend on any legal matters for you are billed at an hourly rate.

Cancellation Policy

There are no fees for sessions that you cancel or change one or more days prior to a scheduled appointment. Sessions which are missed without at least one day prior notice of cancellation are charged the full fee. We can attempt to re-schedule a missed or cancelled session for the same week, but I cannot guarantee that I will have another time available.

Court Appearances and Depositions

My fee for depositions and Court appearances is \$350.00 per hour, which includes travel time and waiting time prior to testifying. Preparation prior to offering testimony is billed at the rate of \$175.00 per hour. Court appearances or depositions are billed at a minimum half-day rate of \$1,750.00 (which consists of \$1,400.00 for a half-day of time and \$350.00 for two (2) hours of file review prior to testifying). If I am asked to offer expert testimony either at a deposition or in Court, my fee must be paid at least one week before my testimony. I will bill for any additional charges (such as if I am asked to remain for another half-day of testimony), and expect that any outstanding fees will be paid within seven (7) days. If I am asked to reserve time in my schedule for either a deposition or Court appearance, I must receive a cancellation notice at least 72 hours (3 business days) in advance in order for my reserved time not to be billed to the noticing party. Such a policy is necessary, as I am typically canceling ongoing psychotherapy clients or other Evaluations in order to make myself available for expert witness testimony.

Emergencies

I am available 24 hours a day. If you have a true life or death crisis, you may call me. If you cannot reach me, dial 911 or go to the nearest hospital emergency room.

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SHANNON S. VOOR, PH.D.
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Acknowledgment of Informed Consent

In signing below you are acknowledging that you reviewed all of the information in this document, you have had ample opportunity to discuss it with me, and you have had your questions answered to your satisfaction. In so doing, you are making an informed decision about engaging me for services. Your signature(s) indicates that you voluntarily consent to participate (or that you consent to your child's participation) in the evaluation and/or psychotherapy. Your signature(s) does not mean that you have waived any rights.

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
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OR

Print Name of Minor

<i>Print Name of Parent / Guardian</i>	<i>Signature of Parent / Guardian</i>	<i>Date</i>
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<i>Print Name of Parent / Guardian</i>	<i>Signature of Parent / Guardian</i>	<i>Date</i>
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<i>Shannon S. Voor, Ph.D.</i>	<i>Date</i>
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