Christopher McCann, PhD
312-914-8201 · chris@chrismccannphd.com · PA #PS018733

Informed Consent & Practice Policies

Please read this carefully and keep a copy. It explains how I work, what you can expect, and your rights. I am glad to discuss any part of it before you sign.

ABOUT ME

I am a licensed clinical psychologist in Pennsylvania, practicing telehealth in other states under the Psychology Interjurisdictional Compact (PSYPACT). I am also a candidate psychoanalyst in training at the Lacanian School of Psychoanalysis. As part of that training, and as ordinary good practice, I consult with supervisors and colleagues about my clinical work. In those consultations I do not use your name or details that would identify you.

THE NATURE OF TREATMENT

I practice psychoanalysis and psychoanalytic therapy. These treatments work by speaking freely and attending, together, to what comes up: patterns, repetitions, dreams, and what is hard to say. Rather than following a fixed program, the work is shaped by what you bring. Psychoanalysis typically involves several sessions per week; psychoanalytic therapy is usually once or twice weekly. We will decide together on a frequency, and may revisit it.

Many people find this work leads to lasting change in how they live, love, and work. It can also stir up painful feelings or memories, and things sometimes feel harder before they feel better. No particular result can be guaranteed. You may ask about alternatives, including other kinds of therapy or medication, at any time, and I can help with referrals.

FEES AND PAYMENT

- Standard sessions are 45 to 50 minutes. The fee is **$250 per session**, including the initial consultation.
- Payment is due on the day of each session, by Zelle.
- My practice is private pay.
- Fees may be adjusted over time. I will give you at least 30 days' written notice of any change.

CANCELLATIONS AND MISSED SESSIONS

Your session time is reserved for you. If you need to cancel, please let me know as early as you can.

- **More than 24 hours' notice:** we will reschedule the session, in addition to your other upcoming sessions.
- **Less than 24 hours' notice, or a missed session:** you may either reschedule the session, in addition to your other upcoming sessions, or pay the session fee.

GOOD FAITH ESTIMATE

Under the No Surprises Act, as a private-pay patient you have the right to receive a Good Faith Estimate of the expected cost of your care. You will receive one before your first session, and you may ask for an updated one at any time. If you are billed more than $400 above the estimate, you may dispute the bill. For more information, visit www.cms.gov/nosurprises.

CONFIDENTIALITY AND ITS LIMITS

What you say in treatment is confidential. I will not share information about you without your written permission, except in the following situations, where the law requires or permits it:

- If I have reason to suspect abuse or neglect of a child, or of an older or dependent adult, I am required to report it.
- If I believe you are at imminent risk of seriously harming yourself, I may take steps to protect you, including contacting emergency services or your emergency contact.
- If you communicate a specific and immediate threat of serious harm to an identifiable person, I may be required to take steps to protect that person.
- If a court orders me to release records or testify.

Because I provide telehealth across state lines, the laws of the state where you are located during a session may also apply. My full Notice of Privacy Practices (HIPAA) describes your rights in more detail; you will receive a copy with this form.

CONTACT BETWEEN SESSIONS

The best way to reach me is by phone at 312-914-8201 or by email at chris@chrismccannphd.com. I return voicemails as soon as possible. Email and text are not fully secure; please use them only for scheduling and practical matters, and bring anything clinical to session.

I do not provide emergency or crisis services. If you are in crisis, call or text 988 (Suicide & Crisis Lifeline), call 911, or go to the nearest emergency room. When I am away, I will let you know in advance and, where appropriate, name a covering clinician.

SOCIAL MEDIA AND ENDING TREATMENT

- To protect your privacy and the treatment, I do not connect with patients on social media. If we meet by chance in public, I will follow your lead.
- You may end treatment at any time. I encourage you to talk it through in session first, since how treatment ends can itself be meaningful. If I believe treatment is no longer helping, or cannot continue, I will discuss it with you and offer referrals.
- If I have not heard from you in 30 days after a missed session, I may consider our work ended and will let you know in writing.

ACKNOWLEDGMENT

Initials _____ I have read this document, had the opportunity to ask questions, and understand it.

Initials _____ I understand the fee, payment, and cancellation policies, and agree to them.

Initials _____ I understand the limits of confidentiality described above.

Initials _____ I have received the Notice of Privacy Practices.

Initials

I consent to treatment with Christopher McCann, PhD

Patient signature (typed full name serves as signature)

Date

Printed name

Date of birth