



Dr. Makon Fardis
Licensed Clinical Psychologist

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INFORMED CONSENT

Greetings and welcome to my practice. Please read this document and note any questions you might have so that we can discuss them. When you sign this document, it will represent a working contract between us but you may revoke this agreement in writing at any time.

- The majority of people who participate in psychotherapy benefit from it; however, this process occasionally involves exploration of uncomfortable feelings such as sadness, anger, guilt, or frustration. Our first few sessions will involve an evaluation of your needs. I will offer you some first impressions of what our work will include and a treatment plan to follow.
- You should assess this information and consider your own opinions. The length of work will depend on your goals for seeking therapy and the progress made in accomplishing those goals.
- I would love to hear and discuss with you any questions or concerns you might have about your therapy or my practice. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Contacting Me

- Emergencies
 - In crisis situations, call 911 or go to the nearest emergency room and ask for the psychiatrist or psychologist on call.
 - If there is a non-emergency issue yet it cannot wait till our next appointment, I may be able to assist you on the phone. Please be mindful that such contacts generally last no longer than 10 minutes and are not intended to provide therapy but rather to find a solution to an immediate problem.
- Phone
 - Being in session with clients, I am often unavailable to respond to phone calls right away and I am not in the office after 9 pm and over the weekend.
 - You can text message the office phone for scheduling.
- Social Media
 - I do not accept personal friendship requests from clients or their family members on social media sites. My professional pages (for example <https://www.facebook.com/Dr.Fardis>) are open to the public for work purposes.
- In My Absence
 - If I am away for any length of time due to traveling, illness, or other reasons, I (or my agent in case I am unable) will:
 1. Notify you of my unavailability as soon as possible.

2. Provide you with the name of a colleague to contact in case of unplanned and extended absence.

Cancellations

- Your appointment time is reserved specifically for you. If you need to cancel or reschedule it, please give 48-hour notice by calling, emailing, or texting me so that I can offer that time to someone else may need it.
- The full session fee will be incurred for a no-show or cancellation that does not occur 48 hours prior to the session.
- Emergency situations (for instance illness or severe weather) are exceptions to this policy and will be evaluated and discussed on an individual basis.

Limits of Practice

- My practice is not designed to respond to after-hour calls, emergencies, or intensive care issues.
- If you need levels of care beyond what I can provide, I will assist you in finding an appropriate referral.

Teletherapy

- A convenient way of doing psychotherapy is through online platforms, for instance via video conferencing.
- Teletherapy may not be suitable if clients are at risk of harming themselves or someone else.
- Insurance reimbursement for teletherapy varies so the clients are encouraged to investigate by speaking with their carriers.
- Clients understand that electronic communications can potentially be hacked or jeopardized. They need to ensure that their end of the technology is properly protected against any breaches of confidentiality.
- Clients must seek the permission of the therapist before capturing screen shots or recording any portion of the session and/or sharing it with anyone.
- Clients are expected to arrange for the appropriate time and space for their session and do their best to prevent interruptions and technical issues.

Confidentiality

- Confidentiality is extremely important to me; and the privacy of all communications between a client and a therapist is protected by law. I can only release information about our work with your written permission.
- The laws and standards of the profession necessitate that I keep clinical records of each client in a safe and secure manner. If you want to review your records, I recommend that we do so together, so the contents are understood accurately.
- If the release of confidential information becomes necessary, all reasonable steps will be taken to discuss it with you first. I will make every effort to disclose as little information as possible.
- If the opinion of another clinician, for instance a primary physician or a psychiatrist, becomes necessary for your treatment, I will discuss with you and ask for your permission before initiating any contact.

- My goal is to provide you with top-notch care and service. As such, I may occasionally discuss the technical aspects of my work with nationally and internationally recognized experts in the field. Such communication will be done with utmost discretion and without mentioning any identifying information such as your name.

Exceptions to Confidentiality

The stated rule about confidentiality may only be broken in following cases stipulated by law:

1. There are indications that the client might seriously harm him/herself or someone else.
2. There is a possibility of neglect or abuse of a child, an elderly, or a disabled person.
3. If a court issues a formal order to view the information; or if a client files a complaint against me, in which case I may need to disclose relevant information in the hearing.

Minors

All policies in this document apply to minors in addition to the following:

- For clients younger than 18, parental consent for treatment is required by law.
- Between the ages of 14 to 18, parents have the right to review the treatment record but the consent of the minor is also necessary. In such cases, I will provide the parents only with general information about the progress of treatment and attendance to protect the client confidentiality.
- The exception to this rule is when there is a high risk that the minor will harm him/herself or someone else. In this situation, I will notify the parents of this concern and I will discuss the matter with the minor as well.

Couples

All policies in this document apply to couples in addition to the following:

- Couples therapy is most productive when both individuals in the relationship are present. If you must come alone to avoid a no-show fee, you may do so on occasion.
- If you are in the middle of a conflict prior to your session, that is not the time to cancel or send your partner to the appointment alone. Those times in fact, can be the best for your therapist to observe your communication styles and intervene.
- When a relationship is the focus of therapy, the couple is the “client” so the therapy concentrates on the relationship. However, if remaining together is significantly harmful to one or both partners, a change in focus will be discussed with both partners and there may be an agreed-upon shift to facilitating an amicable separation.
- Couples therapy works best if young children are not in the session. If you have exhausted all possible childcare arrangements and concluded that you must bring your children in, we will need to plan so that they are not unattended in the waiting room.
- The information discussed in couples therapy is for therapeutic purposes and not intended for use in any legal proceedings involving the partners. *“We agree not to subpoena Dr. Fardis to testify for or against either party or to provide records in a court action.”*

Professional Fees

- The fee for every 50-minute session is:
 - Individual therapy: \$ 250
 - Couples and family therapy: \$ 270
- Full payment by cash, check, credit card, or money app at the end of every session is expected.
- I am an “*out of network*” provider so if you would like to be compensated by your insurance, a statement will be offered to you, which you may submit to your carrier and be reimbursed for the fees you have paid.
- Extended sessions are available if clinically indicated and will be billed on a pro-rated basis.
- Document reviews are prorated based on time and billed on the same as the session fees. Similar charges may also be made for time spent on your behalf outside of scheduled appointments that exceed 15 minutes. This includes, but is not limited to attendance at meetings with other professionals you have requested and authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Insurance usually does not reimburse for these additional charges so you are responsible for them.
- In circumstances of unusual financial hardship, I may be able to negotiate a fee adjustment.
- I do not provide evaluations for attorneys, courts, or for any forensic purposes. However, 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. This includes preparing for testimony, reports, travel, court time, and other time that is needed with a 14-day notice of cancellation required to avoid charge.

Credit Card Information

- “I authorize Dr. Makon Fardis to process my credit card for payment of any balance on my account such as scheduled or missed appointments, late cancellations, and returned checks.”

Name on Card	
Card Type (Circle One)	Visa – MasterCard – American Express – Discover – Other _____
Card Number	
Expiration Date	
3-Digit Security Code	
Billing Address	
Signature of Card Holder	
Today’s Date	

Non-Payment

- If a client fails to pay the bill (or make regular payments toward an accumulated balance) in a timely fashion, every reasonable effort will be made to resolve the situation informally.
- In the event that you do not pay the session fee at the time of your visit, a charge may be submitted to your credit card. Your card will be charged only if you do not pay at the time of your visit, or if there are outstanding charges for missed appointments or late cancellations.
- I will notify you if the card information you provide is used.
- If the balance is not settled and the account is sent to a collection agency, you will be responsible for the collection costs. In such cases, confidentiality is maintained and only minimal information is shared with the collection agency (client's name, dates of service, amount due, and contact information).

Consent

- I have read the above and fully understood the nature of the treatment, limits of confidentiality in the psychotherapy relationship, and the circumstances under which confidentiality could possibly be breached without my written consent.
- I have been informed of Dr. Makon Fardis's practice policies and am aware of HIPPA regulations.
- I understand the scheduling and fee procedures and agree to be responsible for all charges incurred in receiving counseling services from Dr. Makon Fardis. I also agree to pay all expenses incurred in the collection of those fees, if that becomes necessary.
- In case of any legal issues, parties agree that the chosen forum will be in the District of Columbia.
- A copy of this document has been given to me for my records or I can request to receive it at any time.
- I consent to treatment, including assessment, evaluation, teletherapy, and/or referral.

----- Client (1) Name	----- Signature	----- Date
----- Client (2) Name	----- Signature	----- Date
----- Parent or Guardian (if under 18)	----- Signature	----- Date
Dr. Makon Fardis	----- Signature	----- Date

THE END OF THE FORM