

*Worldview Psychological Services*

Kimberly E. Johnson, PsyD, HSPP

Clinical Psychologist

**INTRODUCTION TO PSYCHOLOGICAL SERVICES**

Welcome to my practice. I look forward to working with you and hope this material will provide helpful information. Please feel free to ask questions any time.

**PROFESSIONAL BACKGROUND:** I have an APA fully accredited Doctorate of Clinical Psychology from John F. Kennedy Graduate School of Professional Psychology, in Pleasant Hill, California. My APA accredited clinical internship from the Hudson River Regional Psychology Internship Program was completed at the Rockland Psychiatric Inpatient Hospital in Orangeburg, New York. I have clinical experience in a variety of settings including work in Community Mental Health Clinics and Partial Hospitalization Programs, Inpatient Hospital, Senior Nursing Facilities and VA Medical Center Primary Care Clinics. I have worked with a wide range of diverse clients experiencing a broad variety and severity of psychological disorders and problems. My areas of special interest include helping clients address problems with mild to severe anxiety, trauma, and Post Traumatic Stress Disorder, as well as issues dealing with depression symptoms and chronic medical conditions. I am a fully licensed clinical psychologist and member of the American Psychological Association (APA). I was also the President of the Indiana Association of Black Psychologists from 2008 to 2011 and was a member of the Hamilton Center, Inc.'s Board of Directors.

**APPOINTMENTS:** Individual psychotherapy sessions are scheduled for a 45 or 60-minute clinical hour. Because the appointment time is reserved for you, it is necessary to charge an appointment fee for appointments which are not cancelled at least 24 hours in advance, unless we agree that an emergency has occurred.

**PATIENT'S RIGHTS:** You may at any time question and/or refuse therapies or diagnostic procedures, or obtain information about the process and course of psychotherapy. You can also of course seek a second opinion from another clinician. You are assured of confidentiality, which is protected by professional and ethical standards and by Indiana State law. There are, however, several legally mandated exceptions to confidentiality. I am required to report to relevant others if, (1) I believe that you intend to seriously harm yourself or others, (2) I suspect child abuse, neglect, or molestation of a minor, (3) I suspect abuse of the elderly, or (4) my records have been subpoenaed by a court order. In addition, your insurance provider may require clinical information from me.

**TERMINATION:** Termination of psychotherapy may occur at any time and may be initiated by either the client or the therapist. I request that if you want to terminate there be a least a one-session notice so that the reasons for ending psychotherapy can be explored. If a referral is indicated, it will be made at that time.

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Website: [worldviewtherapy.com](http://worldviewtherapy.com)

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**FEES:** The fees for my services are based on the usual and customary fees for this area. My charges include record keeping and session preparation. Payment is expected at the time of service, unless you are paying with insurance. Any delinquent balance will be reported to a collection agency and could result in collection agency fees being added to your account balance.

**INSURANCE:** My practice is fee-for-service payment. Payment is expected at the time of service, unless you are paying with insurance. I currently only take a few insurance providers. If I do not take your insurance, you can still submit a claim with me as a non-network provider. You may be reimbursed for a portion of the cost of your visit. **Medicare and Medicaid are not accepted and can't be used individually or in combination with other insurance for payment.**

Often insurance companies require diagnostic and treatment information before reimbursement. I will release that information if requested. I will be happy to discuss with you the "diagnosis" I give your insurance provider. While a client's diagnosis is sensitive information and is usually treated as such by insurance carriers, I cannot guarantee how any particular insurance provider will protect this information. If you prefer that I not release this information to your insurance provider for reimbursement purposes, you will be responsible for the cost of the session and any accompanying fees.

**FEE-FOR-SERVICE RATES (Effective January 1, 2018)**

<b>Initial Intake Session (60 to 75 minutes, including completion of forms)</b>	<b>\$165.00</b>
<b>Individual Psychotherapy Session (45-minute clinical hour)</b>	<b>\$135.00</b>
<b>Individual Psychotherapy Session (60-minute clinical hour)</b>	<b>\$145.00</b>

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**CLIENT AGREEMENT**

**I have read the information presented in this introduction/disclosure statement. My signature indicates that I understand the above and agree with the conditions of therapy stated or implied here.**

**I understand that this agreement does not guarantee that we will achieve my treatment goals; however, I agree that I will pay for all services provided based on the services and fees noted above for access to Dr. Kimberly E. Johnson's resources as a psychologist and her willingness to apply those psychological resources in good faith.**

**I further stipulate that this agreement will become part of my psychological record, which is accessible to Dr. Kimberly E. Johnson and her administrative staff, but to no other person without my written consent.**

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**Name Printed**

**Signature**

**Date**

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