

PERFORMANCE INSIGHT, LLC

Dr. Scott A. Dreyer

(843) 367-1014

Welcome,

I am glad that you have decided to work with Performance Insight in your efforts to improve your sport performance. Developing and mastering the mental skills of sport performance will give you a competitive edge over your peers, will enhance your enjoyment of the sport, and will be useful to you throughout all other areas of your life. Before getting started, however, I wanted to discuss some of the formalities of our work together.

What you can expect:

- You will be asked to participate in some form of an initial assessment. This can be in the form of a conversation, an observation of one or more of your performances, or a more structured pencil-and-paper performance related assessment. The purpose of this assessment is to help identify what your current performance barriers may be, what your performance strengths may be, and some historical context for each of these. The assessment will also allow for us to identify what you hope to get out of our work together.
- You will be asked many questions throughout our work together. I will want to understand as much as possible what your experiences are like, without assuming that I know what you mean and that I know what you are thinking.
- You will be asked to experiment with new ways of thinking and feeling about yourself and your sport performance, and you will be asked to experiment with various "homework" exercises.
- You will be asked to be persistent in your efforts to improve, but also patient with the process of improvement and change. Developing newer, healthier, and more effective mental skills in sport takes time and practice in the same way as developing new and effective physical skills. You will be asked to make a commitment to the process of performance enhancement.

Performance Enhancement, NOT Psychotherapy

Although I am a Licensed Clinical Psychologist, we will not be working through any **psychological conditions** together, we will not be doing psychotherapy, and our work together is in no way meant to be a substitute for counseling or therapy if this is needed. As sport and life often overlap and frequently impact one another, we may talk about personal issues, but only as they relate to your sport performance and performance goals. Our focus will be present and future oriented and the emphasis will not be on past issues. If I feel like you would benefit from counseling or therapy, I will recommend such services and will help you get connected with a qualified provider. It is important to understand that Performance Insight, LLC is not affiliated with other clinicians at the Mathis Ferry Professional Building or Charlestown Counseling Associates.

Confidentiality

As a psychologist, I will honor the laws and ethics of confidentiality with all of my clients with certain exceptions. These exceptions include the following:

- If I believe that a child/elderly person/disabled person is being abused, I may be required to report this to the appropriate state agency.

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- If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions.
- If a client threatens harm to himself/herself, I am obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- *We may frequently communicate with each other via e-mail or cellular phones. Although efforts will be made, confidentiality cannot be assured when using these methods of communication.*

Contacting me

You can contact me by telephone at (843) 367-1014 or **by email at drdreyer@performanceinsight.com**. I may not be immediately available by telephone or I may not be in the office at the time you call. If I am in the office I may be meeting with another client. When I am unavailable, I invite you to leave a message on my individual voice mail. This is a confidential and secure messaging system. I will make every effort to return your call/e-mail as soon as possible. **Email or brief phone calls are encouraged and are included in your payments.**

Appointments

We will meet either in-person or over the phone for scheduled appointments, typically lasting no more than one hour. These appointment times will be agreed upon in advance, at times that are mutually convenient. E-mail **and brief calls (5-10 minutes) are available** in between appointments. If you need to cancel a session, 24-hour notice is required. Otherwise, appointments that are not kept as scheduled will be billed at the same hourly rate \$_____. **Notice of cancelation given within 24 hours will be billed at 50% of the hourly rate \$_____.** Of course, legitimate illness or factors out of one's control will be waived. **I hold myself accountable to the same conditions.**

Payment

Our work together will be billed either at an hourly rate or at a package rate. If billed at an hourly rate, payment will be expected at the completion of each appointment. **Sessions that are less than or more than one hour will be billed in 15 minute increments. Travel or offsite visits are all billed hourly or arranged separately.** If billed at the package rate, payment will be expected prior to the first appointment. Payment can be made in the form of cash, check, Mastercard or Visa (if accepting).

I am looking forward to working with you and feel confident that you will notice improvements in your sport performance that you will be able to maintain and expand on in the future.

Sincerely,

Scott A. Dreyer, Psy.D.

Licensed Clinical Psychologist/Sport Performance Coach

Executive Director - Performance Insight, LLC

*I have read, understand, and agree to all information contained in this Welcome letter.

Client's Signature

Date

Guardian / Witness

Date

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CREDIT CARD AUTHORIZATION FORM

I prefer that you pay by credit card – that way, I can simply take care of the payment at the end of our session. Please complete this form, or talk to Dr. Dreyer if you'd like to use another method of payment. Checks and cash are also accepted and welcomed.

Please charge the following to my credit card: the payment amount for each session, the balance due for any unpaid sessions, products purchased and/or the no-show and cancellation fee stated in my contract.

Card #

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Expiration Date:

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Type of Credit Card (Visa/Mastercard):

Zip Code of Credit Card Billing Address:

Signature

Date

Name (Print as Seen on Credit Card)

Date

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CONTACT INFORMATION

Today's Date: _____

Name: _____
Last First Middle

SS#: _____ - _____ - _____ Age: _____ Date of Birth: _____

Gender

Male Female

Marital Status

Single Married Separated Divorced Widowed

Home Address

Street Name (include apartment number if applicable)

City State Zip Code

May we mail materials to you at this address? Yes No

Home Telephone: _____

Yes

No

Business Telephone: _____

Yes

No

Local Telephone: _____
(if different from above)

Yes

No

E-mail address: _____

Yes

No

May we contact and/or leave a message with you at these numbers and this e-mail address?

Do you have any current medical problems? No Yes (please list): _____

Are you currently prescribed any medications? No Yes (please list): _____

Have you ever had previous counseling or therapy? No Yes (when and with whom): _____

What is your primary sport? _____

How long/how many years have you competed in this sport? _____

Have you made use of sport psychology consultation or coaching services prior to today? No Yes

Who referred you to Performance Insight? _____
