

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

THERAPEUTIC SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress; however, there are no guarantees of what you will experience.

Our first session or two will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an initial evaluation that will last from 1-2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, sessions typically are scheduled weekly and run about 45-60 minutes, although some sessions may be shorter or less frequent.

BILLING AND PAYMENTS

A monthly billing statement is sent for charges payable out of pocket or applied to your deductible. The balance is expected in full within 30 days. Co-insurance amounts and co-payments are collected at the time of each appointment. I accept Visa or Mastercard, cash, money orders or personal checks. If a personal check does not clear your bank, a \$25 fee will be added to your balance and no further checks will be accepted throughout the course of treatment. For late cancellations and no shows, I may charge a \$50 fee to compensate for my time.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. My office can provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you, not your insurance company, are responsible for full payment of my fees. If it is necessary to clear confusion, my office will be willing to call the company on your behalf. You should also be aware that most insurance companies require me to obtain authorization by providing them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office Monday, Tuesday, Thursday and Friday, I will not answer the phone when I am with a patient. When I am unavailable my telephone is answered by Google voicemail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I would be happy to send them to the mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients may be charged an appropriate fee for any time spent in preparing information requests.

MINORS

If you are under nineteen years of age, please be aware that the law provides your parents or guardians the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you may seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to disclose.

CONFIDENTIALITY

In general, the privacy of all communications between patient and psychologist is protected by law and I can only release information about our work to others with your written permission. There are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation does occur, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel it is important to our work together.

In the event of my untimely death or incapacitation, your file will be transferred and released to my designee.

While this written summary of exceptions to confidentiality should prove helpful in informing you, it is important that we discuss any questions or concerns that you may have.

Your signature below indicates that you have read the information in Outpatient Services Contract and agree to abide by its terms during our professional relationship.

Printed Name

Signature

Date Signed

(If Minor) Printed Name of Parent/Guardian

Parent/Guardian Signature

Date Signed