

## **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 at our next meeting. When you sign this document, it will represent an agreement between us.

### **PSYCHOLOGICAL 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 that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active participation on your part. In order for the therapy to be most successful we will have to work hard together to accomplish your goals.

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. But there are no guarantees of what you will experience.

During our first few sessions we will be getting to know one another and reaching a mutual understanding of what we need to work on to help you reach your goals. You will be deciding whether you feel comfortable working with me and I will want to make sure I am the best person to provide you with the help you need to meet your goals. 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 the way I work with you, we should discuss them whenever they arise.

### **MEETINGS**

I usually like to try to schedule one 50-minute session (one appointment hour of 50 minutes duration) a week at a time we agree on. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If you need to cancel with less than 24 hours notice, we can try to find another time to reschedule your appointment during the same week if it is at all possible. You will not be charged for the cancelled session as long as we can reschedule during the same week.

### **PROFESSIONAL FEES**

My hourly fee is \$125. The fee for an initial evaluation (first appointment) is \$160. In addition to weekly appointments, I charge my hourly fee for other professional services you may need, though I will break down the hourly cost if I work for periods of less than an hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent

performing any other service you may request of me. 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. Because of the difficulty of legal proceedings, hourly fees are higher than my customary rate.

## **BILLING AND PAYMENT**

You will need to pay for the first session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. After that you may continue to pay when we meet if you wish or receive a monthly bill for any balance due. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

A late fee of 1% per month may be added to accounts past due for more than 60 days.

## **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and 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. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the sections in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. It is your responsibility to make sure an authorization is in place and keep track of when it needs to be renewed. I will help submit any information you may need when you ask me to do so.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical

information databank. I will provide you with a copy of any report I submit, if you request it.

It is important to remember that you always have the right to pay for my services yourself to avoid any problems described above of using your insurance (unless prohibited by contract).

### **CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM Monday through Thursday, I do not answer the phone when I am in session. When I am unavailable, my telephone is answered by voice mail. I monitor my calls frequently between 9 AM and 9 PM on weekdays and 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 and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if you feel that would be helpful.

I use email only to arrange or modify appointments. Please do not email me content related to your therapy sessions as email is not completely secure or confidential. Also remember that I may not read emails in a timely fashion or reply until your next appointment. Leaving a voicemail is still the most secure and fastest way to reach me. If you do email me, be aware that emails are retained in the logs of your and my Internet service providers. While it is unlikely that anyone will be looking at these logs they are, in theory, available to be read by administrators of the Internet service provider. Emails that I receive from you and any responses I send also become part of your legal record.

### **PROFESSIONAL RECORDS**

As I am sure you are aware, I am required to keep records of the professional services I provide. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however, I will provide at your request a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. You may be billed for my time for this service.

### **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents 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 will 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 discuss.

### **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But 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 actions 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 may be required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be 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 occurs, 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 that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

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

---

Print Name

---

Signature

---

Date