



SERVICES AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our first 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 particular problems you bring to treatment, the consistency of attendance, and the amount of effort put forth in our work together. There are many different methods I may use to deal with the problems that you hope to address. In order for the therapy to be most successful, you will have to work on things we talk about both 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 engage in the process. 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.

Our first few sessions will involve an evaluation of your needs. I normally conduct an evaluation that can last from 2 to 3 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. 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 process, 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 AND MISSED OR CANCELED APPOINTMENTS

I will usually schedule one 55-minute session per week at a time we both agree on. Some sessions may be longer based on your needs and the frequency of sessions may also vary. Some clients benefit from weekly sessions while others benefit from bi-weekly sessions. We will discuss this early in treatment so you have a clear understanding of the rationale for frequency of sessions. Once an appointment hour is scheduled, you will be expected to pay for the session unless you provide 24 hours advance notice of cancellation. A missed appointment fee in the amount of \$50.00 will be assessed for missed appointments and/or cancellations where 24 hours notice is not provided (except in emergency situations).

PROFESSIONAL FEES

My hourly fee is between \$100-\$125 depending on the day and time of your appointments. In addition to weekly appointments, I may charge this amount for other professional services I may provide. Other services include telephone conversations lasting longer than 15 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 involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. 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 the 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 client’s treatment is his/her name, the nature of services provided, and the amount due.

CREDIT CARD AUTHORIZATION

I have provided my therapist with my credit card number and authorize him or her to keep my signature on file, and to charge my credit card for any outstanding balances, missed appointments, and services rendered when applicable. I understand that my credit card will only be charged when other arrangements have not been made and payments has not been received within 15 days. In the event that I choose to dispute the charges, I agree not to take action with my credit card company without first speaking with my therapist to resolve any payment concerns. A copy of the front and back of my credit card will be made and kept your my confidential file.

Cardholder Name: _____

Credit Card Type: _____ Card Number: _____

Expiration Date: ____/____/____ CVV# (3 Digit Security Code): _____

Billing Zip Code: _____

Authorized Signature: _____ Todays Date: _____

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 section 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.

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. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

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 can provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above. If you choose not to utilize your insurance at this time, please initial here. _____

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by my confidential voicemail that I monitor frequently. 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.

Please note that I am strictly an outpatient provider and therefore do not provide emergency/crisis services to clients. An emergency/crisis situation is one that requires immediate attention and/or is life threatening. If you have a life-threatening emergency, please contact 911 or the County Crisis Line at 211 for 24-hour assistance or go to 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 your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents/guardians the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to 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. I will also provide them with a summary of your treatment when it is complete. 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 communication between a client and therapist is protected by law. I can only release information about our work to others with your written permission. However, 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 client'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 client 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 client. If the client 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.

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 client. 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.

TERMINATION OF SERVICES

In most cases, therapy sessions with your therapist will finish because you have successfully met your goals and addressed the concerns that originally brought you to therapy. However, if you are considering ending services early, please discuss it with me so that we can plan accordingly or deal with any concerns you may have. Consistent attendance and participation at sessions increases the success you may have in therapy and may allow for shorter treatment. Therefore, repeated cancellations and/or missed appointments, in the absence of an emergency, may result in termination of services. As addressed above, unless alternative arrangements have been made, failure to pay fees may result in termination of services. If, at any time, termination is discussed due to the above reasons, every effort will be made to provide referrals to other appropriate providers, to ensure continuity of care. Likewise, if a client and/or legal guardian choose to discontinue therapy services, alternative mental health referrals will be provided.

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

Client/Legal Guardian Signature

Date

Printed Name

Client/Legal Guardian Signature

Date

Printed Name