

PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

Welcome to my practice. What follows is a summary of my business policies, some information about confidentiality and its limits, and an overview of the Health Insurance Portability and Accountability Act (HIPAA), a new federal law providing privacy protections and patient rights pertaining to the use and disclosure of your protected health information. The law requires that I provide you with a separate and more detailed summary of your rights and protections under HIPAA and obtain your signature acknowledging that I have given you this information. Professional ethics also dictate that I explain the potential risks and benefits of psychotherapy and obtain your “informed consent” in the form of your signature. Thus, your signature at the end of this document acknowledges that you have received and reviewed the above information and that you agree to my business policies. Your signature does NOT commit you to remain in treatment and you may revoke this agreement in writing at any time. That revocation will be binding unless there are obligations imposed on me by your health insurer in order to substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

INFORMED CONSENT

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. 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 effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during and outside of our sessions.

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 many benefits. 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, I will offer you some first impressions of what our work will be 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 thoughtful 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.

MEETINGS

I regard the first 2 to 4 session as an evaluation period during which 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, I generally prefer to establish a regular meeting time. If you need to reschedule a session, please give me as much notice as possible. To avoid being charged for a session, you must cancel or reschedule at least 24 hours in advance. It is important to note that insurance companies do not provide reimbursement for cancelled sessions and you will be responsible for the full fee.

PROFESSIONAL FEES AND PAYMENT

I like to be able to work with people regardless of their income. To this end, I use a sliding scale to determine the appropriate fee. If you cannot afford my full fee (\$195 individuals/\$225 couples), I will try to accommodate you, with the understanding that as your financial situation changes, your fee will be adjusted accordingly. If you have chosen to use your insurance benefits, I will work with you to submit

claims, but you will be responsible for any deductible payments, co-payments, and outstanding payments in the event that a claim is denied.

I bill at the end of month and payment is due by the 15th of the following month. If it is more convenient for you, we can arrange payment on a weekly basis. 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 which will require me to disclose otherwise confidential information (i.e., name, the nature of services provided, and the amount due).

CONTACTING ME

When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call the same day you make it with the exception of messages left after 6PM or on weekends and holidays. 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 necessary.

CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a psychologist, and I can release information about our work to others only if you sign a written release form that meets certain legal requirements imposed by HIPAA.

I may occasionally find it helpful to consult other health and mental health professionals about our work in an effort to deepen my understanding about you and improve the quality of our work. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential.

When participating in couple's therapy, there is no guarantee that disclosures made to me in private by one member of the couple will be kept confidential from the other. In such situations, information may be shared or kept in confidence at my discretion.

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 is being abused or neglected, I am required to make a report to the appropriate state agency. If I assess a client to be at serious risk of harming himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. If I believe that a client 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 client.

These situations are rare in my practice but should they arise, I will make every effort to fully discuss them with you before taking any action and I will limit my disclosure to what is necessary.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

INSURANCE REIMBURSEMENT

If you plan on submitting insurance claims, you should be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. In some instances, I may be required to provide additional clinical information. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. 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. By signing this agreement, you agree that I can provide requested information to your carrier.

Your signature below indicates that you have read this agreement and agree to its terms and it also serves as an acknowledgement that you have received the HIPAA Notice Form described above.

Signature: _____ Date: _____

Print Name: _____

Personal Representative (if client is a minor): _____ Date: _____

Print Name: _____