

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 effort on your part. 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 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.

Our first few sessions 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

Sessions typically run for about 55 minutes and occur either once or twice per week, based on treatment needs. Some sessions may be longer or shorter, or may be scheduled more frequently depending on specific treatment goals and strategies. The first 1-3 sessions will typically consist of an evaluation. During this time, we can both decide how to best meet your treatment goals. Services are by appointment only. It is *strongly* recommended that you schedule out your next 3-4 weeks of sessions, as available timeslots typically fill up quickly.

CANCELLATION POLICY

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Cancellation with less than 24 hours notice will result in a \$50 late cancellation fee being charged to your account. A missed appointment without calling to cancel will result in a full session fee of \$140. **You will be required to keep a credit card on file for this purpose.** Although unexpected life events may make cancelling a session unavoidable, reimbursement for the time that has been reserved for you is expected. If you miss a session, scheduling a make-up session within the week is vital to your progress, and I will do my utmost to fit you into my schedule. This fee does not apply to Medicare members.

PROFESSIONAL FEES

A typical session lasts about 55 minutes and costs \$140. An initial evaluation session typically lasts 60 minutes in length and costs \$155. In addition to weekly appointments, I charge \$100 per hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, 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.

BILLING AND PAYMENTS

You are expected to pay for each session at the time of service, unless we agree otherwise, or you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. Returned checks are subject to a \$25.00 fee. Even if you have insurance, you are ultimately responsible for payment and will be expected to pay for services in the case of insurance deductibles or denied claims.

If your account is past due, a letter outlining the overdue payment will be sent to you, giving you the opportunity to pay the balance. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, your bill will likely be turned over to a collection agency to obtain payment. Information released may include your name, the nature of services provided, and the amount due.

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. 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 may require authorization before they provide reimbursement for mental health services. These plans may be 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 patients 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.

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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.

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 [unless prohibited by contract].

CONTACTING ME

Immediate telephone contact with me is often not possible, due to the nature of my work. While I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a patient. When I am unavailable, you will reach my confidential voicemail, which 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. In the event of a crisis, please call and listen to the message on my voicemail for instructions. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, the nearest emergency room, call 911, or call Lehigh or Northampton County Crisis. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

USE OF EMAIL

It is important not to ever use email to contact me in the event of a medical or psychiatric emergency or crisis. While email may sometimes be used to communicate, there are risks associated with this mode of communication. Although any email you send will be treated with the same confidentiality afforded to other communications, I am not liable for improper release of confidential information that is not a result of my own gross negligence or misconduct. When you send an email, there is a chance that it can be sent to and received by unintended recipients. Email is also easier to falsify than handwritten or signed documents, and backup copies may exist even after the sender or recipient has deleted the original email. Emails sent from places of employment do not hold an expectation of privacy, and thus creating a risk of an employer reading such emails. There is also no way of anticipating when the emailed will be viewed and responded to.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep records of your treatment, known as Protected Health Information (PHI). With few exceptions, you are entitled to receive a copy of your records, if you request a copy in writing. A summary of the records or a report on your diagnosis and treatment may be provided. 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. Patients 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 the right to examine your treatment records. Communication with parents will be negotiated on a case-by-case basis, and your consent may be required for such communication to occur. Typically, I will provide your parents 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

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case, I will notify them of my concern. I also may 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 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 accordance with both legal and ethical requirements, confidential information may be disclosed in the event of suspected child abuse. I am required to report any such activities that are revealed to me, even if you are not the perpetrator of the abuse and I do not see the child in a professional capacity. I also may reveal confidential information in order to report the abuse of an elderly or disabled person.

Confidentiality may also be broken if you pose a clear and imminent danger to yourself or others, in accordance with state and federal laws and ethical guidelines. 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.

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.

If payments are past due, your name and contact information as my client will be given to a collection agency.

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.

Your signature below indicates that you have read the information in this Consent for Services document and agree to abide by its terms during our professional relationship. It also serves as an acknowledgement that you have been provided an opportunity to discuss the document with your treating therapist, to address any questions or concerns and that you have had all questions answered fully and to your satisfaction. You may request a copy of these notices.

Name of Client (Print)

Signature of Client

Date

If minor: _____
Parent/Guardian's Signature

Date

Relationship to Client

Name of Treating Therapist

Date

Signature of Treating Therapist

Date