

AGREEMENT FOR PSYCHOTHERAPY SERVICES

Welcome. This Agreement contains important information about my professional services and business policies. Included is a document titled, "Notice of Policies and Practices to Protect the Privacy of Your Health Information," a notice required by the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). The law requires that I obtain your signature acknowledging that I have provided you with this information. By signing this document, you will be acknowledging that you have received the privacy notice. You will also be agreeing to the terms in this Agreement. You may revoke this Agreement at any time. That revocation will be binding unless I have already taken action in reliance on it, there are claim related obligations on me by your health insurer, or you have not satisfied all financial obligations.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular issues you are addressing. There are different methods I may use to help address different issues. Psychotherapy is not like a typical health care provider 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 in 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, or helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees on what you will experience.

THE PROCESS OF THERAPY/EVALUATION

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 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 careful about the therapist you select. If you have any questions, please feel free to ask them as they arise.

If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although this may vary. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control).** It is important to note that insurance companies do not provide reimbursement for unused sessions.

TERMINATION AND FOLLOW-UP

Deciding when to stop our work together is meant to be a mutual process; this means that we will discuss how you might know if or when to return or whether an infrequent "check-in" might be best for you. Because therapy is a relationship, it is recommended that some form of closure mark the end, i.e. at least one or two termination sessions take place.

Early termination of services may result if treatment recommendations are met with noncompliance. It is

your responsibility to make a good faith effort to fulfill treatment recommendations to which you have agreed. I strongly encourage you to express any reservations you might have about these recommendations when they are made so that we are able to resolve any misunderstandings or conflicts which might ensue.

If during our work together I perceive that I am not effective in helping you achieve your therapeutic goals, I will discuss this with you and if appropriate, terminate treatment and give you referrals who might be of help to you. Should you request it and give me written permission, I am more than willing to talk with the therapist of your choice in an effort to aid the transition. I am also willing to assist you in finding another qualified therapist with whom to consult if at any time you want another therapist's professional opinion. You have the right to terminate treatment at any time and if you choose to do so, I will offer to provide you with names of other professionals you might prefer.

PROFESSIONAL FEES

My general individual session fee of 50 minutes is \$140 (the initial appointment of 90 minutes is \$200), and couples sessions are \$170. In addition to appointments, I charge for other professional services as well, though I will break down the hourly fee for periods of less than one hour. Examples of other services include report writing, frequent or lengthy telephone conversations, consulting with other professionals with your permission, and preparation of records or treatment summaries.

If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. I will not agree to court appearance unless we have discussed the matter thoroughly and both agree that such appearance will not interfere with the treatment relationship and that I will be able to participate in the legal proceedings without unreasonable bias.

CONTACTING ME

Due to the nature of my work, I am often not immediately available by telephone. While I am usually in my office during regular business hours, I do not answer the phone when I am in an appointment. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I will make every effort to return your call on the same day.

If you find yourself in an urgent situation, make a judgment about the prudence of waiting for my call versus calling your primary care physician, 911, or the Southcentral Counseling Center's 24-hour crisis line (563-3200) on whom I rely for emergency coverage when I am not immediately available.

BILLING AND PAYMENTS

Payment may be made by check, credit card or cash. You will be expected to pay for each session at the time it is held, unless we agree otherwise. In most cases, as a courtesy, I will be glad to file your insurance. In that case, you would only pay your deductible, co-payments, and amounts not covered by insurance. As the insured, you are ultimately responsible for determining what services are covered and to what degree.

CONFIDENTIALITY OF EMAIL AND FAX COMMUNICATION

Please be aware that e-mail and fax methods of communication are considered to lack the encryption necessary to ensure confidentiality. Therefore, each should be used only to set or verify appointments or for general "bookkeeping" issues. *Please do not contact me via e-mail or fax for emergencies.*

