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### PSYCHOTHERAPY 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 that you might have so that we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between us.

### PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the patient and the particular problems which the patient brings. There are a number of different approaches which can be utilized to address the problems you hope to address. It is not like visiting a medical doctor, in that psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to significant reduction in feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

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 initial impressions of what our work will include and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own 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 secure an appropriate consultation with another mental health professional.

#### **MEETINGS**

My normal practice is to conduct an evaluation which will last 2 to 4 sessions. During this time we can both decide whether I am the best person to provide the services which you need in order to meet your treatment objectives. If psychotherapy is initiated, I will usually schedule one fifty minute session (one appointment hour of fifty minutes duration) per week at a mutually agreed time, although sometimes sessions will be longer or more frequent. Once this appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless we both agree that you were unable to attend

due to circumstances which were beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

#### PROFESSIONAL FEES

My hourly fee is \$130. In addition to weekly appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 15 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparations of records or treatment summaries, or the time required to perform any other service which you may request of me. If you become involved in litigation which requires my participation, you will be expected to pay for the professional time required even if I am compelled to testify by another party. (Because of the complexity and difficulty of legal involvement, I charge \$200 per hour for preparation for 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. Payment schedules for other professional services will be agreed to at the time these services are requested. (In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan.)

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information which I release about a client's treatment would be the client's name, the nature of the 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 are 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 provide you with whatever assistance I can in facilitating you receipt of the benefits to which you are entitled including filling out forms as appropriate. However, you, and not your insurance company, are responsible for full payment of the fee which we have agreed to. Therefore, 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 which describes mental health services. If you have questions, you should call your plan administrator and inquire. Of course, I will provide you with whatever information I can based on my experience and will be happy to try to assist you in deciphering the information you receive from your carrier. If necessary to resolve confusion, I am willing to call your carrier on your behalf.

The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits which sometimes makes it difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented towards a short

term treatment approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In my experience, while quite a lot can be accomplished in short term therapy, many clients feel that more services are necessary after insurance benefits expire.

You should also be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. If you request it, I will provide you a copy of any report I submit.

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 the insurance benefits 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 and avoid the complexities that are described above.

### CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail (401.243.7044). 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 leave some times when you will be available. In emergencies, leave a message on my voicemail indicating this and I will return your call as soon as I am able. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call your physician or the emergency room at the nearest hospital and ask for the psychiatrist on call. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

#### PROFESSIONAL RECORDS

Both law and the standards of my profession require that I keep treatment records. You are entitled to review the records, but if you wish, I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or can be upsetting to people who are not mental health professionals. If you wish to see your records, I ask that we review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any preparation time which is required to comply with an information request.

#### **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from parents that they consent 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 that there is a high risk that you will seriously harm yourself or another, in which case I will notify them of my concern. I will provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the mater with you, if possible, and will do the best I can to resolve any objections you may have about what I am prepared to discuss.

### CONFIDENTIALITY

In general, the confidentiality of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. However, there are a number of exceptions.

In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if she/he determines that resolution of the issues before her/him demands it.

There are situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. For example, if I believe that a child, an elderly person, or a 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, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm herself/himself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection.

These situations have rarely arisen in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking action.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential.

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 which you may have at our next meeting. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

## INDEPENDENT PRACTICE

I am independently practicing professional. At this time no one else works in my space but it is possible that I might at some time decide to share space with another clinician. I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no one else may have access to them without your specific, written permission.

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