



2004 Cliff Valley Way NE
Atlanta Georgia 30329

Outpatient Services
Agreement for Psychotherapy
Revised 01/2019

Welcome to our practice!

This document contains important information about professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them. 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. In order to be most successful, you will have to work both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolutions of specific problems. However, there are no guarantees about what will happen.

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 to secure an appropriate consultation with another mental health professional.

Meetings

My normal practice is to begin by gathering information which lasts from two to four 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 sixty minute session per week or every other week at a mutually agreed time, although sometimes sessions will be longer or more frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide twenty-four hours advance notice of cancellation (or unless we both agree that you were unable to attend due to circumstances beyond your control).

Professional fees

Therapy and Evaluation:

My fee is \$390.00 per 60-minute session. In addition to 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 (lasting more than five minutes), attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries or the time required to perform any other service which you may request of me.

Forensic Services:

Legal related services are either those ordered by a court or those for which reporting on progress to a court or court officer is expected, or cases in which a subpoena is likely. For legal services, such as depositions, the fees are \$500.00 per hour. If depositions occur after normal working hours (9-5pm), the fee will be \$550.00 per hour. Attendance at court with or without a subpoena is charged at the rate of \$4,000.00 per whole day (>3 hours), including any travel time. Please ask to see our information sheet regarding Court for more details.

Billing and payments

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to at the time these services are requested. A deposit is required for services to be performed in forensic cases.

If your account is more than sixty 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 I release about a patient's treatment is the patient's name and address, the nature of the services provided, and the amount due.

Please note that changes to the fees may occur at any time. However, fee changes will be posted 30 days prior to the change.

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 benefits policy, it will usually provide some coverage for mental health treatment. We will provide you with whatever assistance we can in facilitating your receipt of the benefits to which you are entitled. We do not file any insurance. However, you, not your insurance company, are responsible for full payment of fees to which we have agreed. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers. We are not listed as providers with any insurance company.

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 and inquire. Of course, we will provide you with whatever information we can, based on our experience and will be happy to try to assist you in deciphering the information you receive from your carrier.

The escalating cost of health care has resulted in an increasing level of complexity regarding 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 patients feel that more services are necessary after insurance benefits expire.

You should also be aware that insurance agreements may require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as a 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. In some cases, they may share the information with a national medical information data bank.

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 which are described above. Insurance usually will not cover forensic psychology services.

Contacting Me

I am often not immediately available by telephone. While I am usually in my office between 9:00 A.M. and 3:00 P.M., I am not available for phone calls when I am with a patient. After hours calls are forwarded to my beeper when a message is left in my voice mail emergency mailbox. I only respond to *emergency* calls after office hours.

For non-emergencies, I will make every effort to return your call on the same day you make it if you call on a weekday morning. Otherwise, it may be the next day before I can respond to a *non-emergency* call. If you are difficult to reach, please leave some times when you will be available. If it is an emergency, and you feel that you cannot wait for me to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. If I am unavailable for an extended time, I will provide my answering service with the name of a trusted colleague whom they will contact for you if necessary.

Minors

If the patient is under eighteen years of age, please be aware that the law may provide the parents (in the case of divorces, the custodial parent(s)) with the right to examine the patient's treatment records. I will usually provide parents only with general information on how the patient's treatment is proceeding, unless I feel that there is a high risk that the patient will seriously harm himself or another, in which case I will notify them of my concern. I will also provide them with updates of the patient's treatment. Before giving them any information, I will discuss the matter with the patient and will do the best I can to resolve any objections the patient may have about what I am prepared to discuss.

Confidentiality

In general, the confidentiality 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 the written permission of the patient or his/her guardian. 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 he/she determines that resolution of the issues before him/her demands it.

When there is a court order for my services, generally the court will expect a report of attendance and progress.

There are some situations in which I am legally required to take action to protect others from harm, even though that may require revealing some information about a patient's treatment. If I believe a minor, 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 patient 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 patient threatens to harm him/herself, I may be required to seek hospitalization for the patient, or to contact family members or others who can help provide protection. Should such a situation occur, I will make every effort to fully discuss it with you before taking any 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 patient. The consultant is, of course, also legally bound to keep the information confidential. Unless you 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 which you may have at our next meeting. As you might suspect, 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.

Professional records

As I am sure you are aware, I am required to keep appropriate records of the professional services I provide. Because these records contain information which can be misinterpreted by someone who is not a mental health professional, it is my general policy that patients may not review them. However, if you request, I will provide you with a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to forward the summary to another appropriate mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly. If your records are provided for purposes of a court procedure, the cost of copying a complete record will be based on the current copying rate according to the Office of Planning and Budget.

Your signature below indicates that you have read the information in this document (revised 01/2019) and agree to abide by its terms during our professional relationship.

Print Patient's Name

Patient's Signature (Parent's signature if patient is under 18)

Date