

NAME & DEGREE

SPECIALTY BOARD DESIGNATION(S)

Profession

License Number

Address #1

Address #2

City, State & Zip

VOICE MAIL:

E-MAIL:

FAX:

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 treatment. The plan will include attempts on my part to trick you into achieving your goals. These tricks have been called "paradoxical" or "indirect" approaches and you are always free to ask me about them, as there is research supporting their use. 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

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, 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 will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. 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.

PROFESSIONAL FEES

My hourly fee is \$____. In addition to weekly appointments, I charge this amount 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, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, 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 even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$____ per hour for preparation and attendance at any legal proceeding.]

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 when they are requested.

If your account has not been paid for more than 60 days, a x% per month fee will be added to the bill. If your account has not been paid for more than 90 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. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

I am not a "provider" for any insurance company. You are responsible for my fees – not your insurance company. I will be glad to provide you with a billing form that you may use to claim insurance reimbursement for treatment costs, but any dealings with the insurance company will be through you.

CONTACTING ME

I am often not immediately available by telephone. Even if I am in my office, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that 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. If you are difficult to reach, please inform me of some times when you will be available. 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. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that seeing them would be

emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice, or I can prepare a summary for you instead. 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. It is my policy to request an agreement from parents that they agree 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 there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also 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 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.

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 patient's treatment. For example, if I believe that a child, an elderly person or disabled person has been 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. 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.

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 – either as individuals or in a consultation group - about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant(s) is/are 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. I will be happy to discuss these issues

with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not your attorney, even though I am licensed to practice law. I cannot be both your psychologist and your attorney

RECORD PRIVACY ARRANGEMENT

As you know, I share office space with another independent mental health professional named _____. I want you to know that 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 can have access to them without your specific, written permission. In sum my practice is not affiliated with _____ in any way. I simply co-lease office space with ____.

Under separate cover, you will be receiving a copy of my Notice of Privacy Policies under federal law (*HIPAA*)

IN THE EVENT OF UNEXPECTED INTERRUPTION(S) OF PRACTICE

If I should unexpectedly pass away or become disabled, _____ will manage the administrative aspects of my practice. S/he will be responsible for contacting people I have seen within a year of my death or disability, will make referrals and will be responsible for forwarding records to the professional who assumes future care. She may be reached at _____. Your signature at the end of this document verifies that you release me to provide him/her with these records and your contact information, so s/he will be free to fulfill these responsibilities. Should you notify me in writing that you do not wish to release information about you to him/her in the event of my disability, I will follow your instructions, but you will have to advise me of who will take that responsibility if s/he does not, and how that person will legally and ethically implement your wishes.

COMPLAINTS

To facilitate consumers in receiving appropriate psychological services, all licensees and registrants are required to post the Notice below in a conspicuous location in their principal psychological business office. Since I sublease space from Dr. Lev, I am including that Notice in this Contract:

“NOTICE: the Department of Consumer Affairs receives questions and complaints regarding the practice of psychology. If you have any questions or complaints, you may contact this department by calling (916) 263-2699, or by writing to the following address:

Board of _____
 Address #1
 Address #2
 City, State, Zip

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

Date

Signature

Printed Name

Relationship to patient, if patient is a minor

Rev. 10/08