

Outpatient Services Contract

Name _____

Date _____

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write 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/contract between us. If you would like a copy please feel free to ask for one.

Counseling Services

Psychotherapy is not easily described in general standards. It varies depending upon the personalities of the therapist and the patient and the particular problems you bring forward. Psychotherapy is not like a medical doctor's appointment. Instead, it calls for a very active effort on your part. In order for therapy to be the most successful, you will have to work on things we talk about in sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often deals with 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 significant 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 not guarantees of what you will experience. Services may include psychological assessments, individual, couple, or family psychotherapy, psychoeducational services, and/or consultation. By signing this contract it means you understand that all forms of mental health treatment and assessment which you participate in are to be performed at your own risk and without liability to the independently licensed service provider, Alanna Sadoff, LMHC.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer some first impressions of what our work will include and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. 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 another meeting with another mental health professional for a second opinion.

Meetings

When we initially begin working together I normally conduct an evaluation that will last 2 to 3 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. At first, as we work together I will schedule one 45 minute session per week, although some we may decide together it is necessary to meet more frequently. Throughout our work together we will continually discuss the frequency of sessions needed to address current clinical issues as well as reach treatment goals.

Canceled and missed appointments

A missed appointment or an appointment not cancelled with a minimum of 24 hours notice will result in a charge. Since insurance companies do not reimburse for this charge, you will be responsible for payment

at the time of your next visit. I do my best to offer another appointment time within the same week, but they are not always available. Cancellations for Monday/Holiday appointments must be made by Friday of the preceding week by 4:00 pm. After one missed appointment, you will be contacted to reschedule the appointment. Any succeeding missed appointments without notice may result in termination of services. Email may be used to reschedule an upcoming or missed appointment, but any clinical questions or concerns need to be communicated by telephone or at our next session. It is important to remember that consistent compliance with treatment and making appointments has been proven to treat most problems in the shortest amount of time with the least amount of anxiety for the clients.

Professional Fees

My hourly fee for intake appointments is \$150.00. My hourly fee for psychotherapy is \$125.00. In addition to weekly appointments, I charge this amount for other professional services you may need although I will break down the cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 20 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.

It is important that you are aware that I, *Alanna Sadoff, LMHC*, will not administer evaluative or diagnostic services or engage in any type of treatment for issues involving disputes regarding legal and physical custody of a minor child, divorce proceedings, forensic evaluations, or any litigation in any form, whether civil, criminal, or court proceedings. In the event of the mandatory court appearance, by signing this contract you are agreeing to pay Alanna Sadoff, LMHC the fee of \$225/hour.

Billing and Payments

Clients are responsible to know their insurance benefits such as deductible balances, co-pays, and maximum visits allowed. Consult your employer or subscriber services for this information. Please be sure to notify me of any changes in your health coverage, including co-payments, and non-covered services. If you have insurance coverage, you will be expected to pay the required co-pay at the time of each appointment. If you have a deductible you will be required to pay the amount not covered by your insurance at each appointment. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Payment schedules for other professional services will be agreed to when they are requested.

For clients that are self-pay, you are free to submit claims to your insurance company. Please be aware I do not become involved in this process. Even if you submit the claims yourself, you may not be reimbursed for my services. Please be aware of the parameters of your particular contract.

If your account has not been paid for more than sixty days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure 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

In order for us to set realistic goals and priorities, it is important to evaluate what resources you have available 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 for which you are entitled; however you (not your insurance company) are responsible for full payment of my fees.

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. 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. I will provide you with a copy of any report I submit, if you request it.

Once we have all 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.

Please note insurance companies will not reimburse for telephone sessions, missed appointments, late cancellations or two appointments in one day. You are responsible for my full fee in these instances. You are also responsible for any other services you incur which are not covered under your plan. Please be aware of the parameters of your insurance plan contract.

Contacting Me

I am often not immediately available by telephone. While I am usually in the office Monday through Friday, I do not answer the phone when I am with a client. When I am unavailable, my telephone is answered by a voicemail that I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of holidays and weekends. Please inform me of times you will be available when you leave a message. If you are unable to reach me and feel that you cannot safely wait for me to return your call, contact the nearest emergency room and ask for the psychologist or psychiatrist on call, or call 911. If I will be unavailable for an extended period of 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 seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. As these are professional records, they can be misinterpreted and/or upsetting to an untrained reader. If you wish to review your records, I recommend that we review them together so that we can discuss the contents. Clients will be charged my hourly fee for any professional time spent in responding to information requests.

Confidentiality

The contents of a diagnostic assessment or psychotherapy session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is our policy not to relate any information about a client without a signed release of information. Exceptions are as follows:

1. **Duty to Warn and Protect:** When a client discloses information, intentions, or plans to harm another person, the health care professional is required to warn the intended victim, if known, and report this information to legal authorities. In cases in which the client discloses or implies a plan for harming him/herself, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
2. **Abuse of Children and Vulnerable Adults:** If a client or parent/guardian suggests that he/she is abusing or harming a child or vulnerable adult, or has recently abused or harmed a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse or harm, the health care provider is required to report this information to the appropriate social service and/or legal authorities.
3. **Court Orders:** Health care professionals are required to release records of clients when a valid court order has been issued. A subpoena from an attorney, absent a court order still requires client consent to release records, however.
4. **Minors/Guardianship:** Parents or legal guardians of nonemancipated minors have the right to review the client's records.
5. **Other Provisions:** When fees are not paid in a timely manner, collection agencies may be used in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, etc.) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client.

Insurance Companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes types of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Information about clients may be disclosed in consultation with other professionals in order to provide the best possible treatment. Client records of all providers in this facility are maintained in a common secure, private location.

While this is 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 an attorney.

I agree to the above limits of confidentiality and understand their meanings and ramifications. By signing this contract, I acknowledge all obligations contained herein.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____