

# **Tanya M. Morrel, Ph.D.**

## **and Associates**

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### **OUTPATIENT SERVICES CONTRACT FOR TEENS**

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 therapist and client, 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 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 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.

As a condition of being in treatment with me, please do not undertake any other form of simultaneous therapy without first bringing it up for discussion and mutual decision making. When another form of mental health treatment is undertaken, I require that open mutual releases of information be maintained with the other treating professional(s) to

facilitate communication. As your primary therapist, I have professional responsibility for your overall psychological treatment, and additional therapy should be coordinated within the main treatment.

## MEETINGS

I normally conduct an evaluation that will last from 1 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 45-minute session (one appointment hour of 45 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 48 hours advance notice of cancellation. *Please be aware that fees for missed visits are not covered by insurance.* If it is possible, I will try to find another time to reschedule the appointment.

In the event that I cannot make it into the office for any reason, I will contact you. When I am scheduled to take a vacation, I will let you know in advance.

## BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. In addition to weekly appointments, I charge 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 15 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 \$200 per hour for preparation and attendance at any legal proceeding. 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 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

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, **I am not on any health insurance panels.** Therefore, my services can only be covered under your policy's out-of-network benefit if one exists. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. 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 that describes mental health

services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

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 and will probably be stored in a computer. 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. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

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 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.

## **CONTACTING ME**

I am often not immediately available by telephone. Please leave a voicemail if I do not answer. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. 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 cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. If you choose to communicate by email, you should understand that I do not encrypt my email and that email is not a confidential form of communication. Therefore, if you do not wish a potential third party to access personal and confidential information, you are advised to contact me via phone. Your use of e-mail indicates your acknowledgment of such limitations.

## **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, 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

Maryland laws and the American Psychological Association's Code of Ethics dictate that information shared with therapists be held in the strictest of confidence. Confidentiality is assured in psychotherapy, consultation, and psychological assessments, *except* in the following situations as allowed by Maryland law:

1. The psychologist/psychology associate may disclose PHI to authorized employees, agents, psychological staff, or consultants for the sole purpose of offering, providing, evaluating, or seeking payment for health care to patients of the psychologist/psychology associate;
2. The psychologist/psychology associate may disclose PHI to another health care provider for the sole purpose of treating the patient on whom the record is kept;
3. The psychologist/psychology associate may disclose PHI if a claim has been or may be filed by, or with the authorization of a patient or legal representative to third party payors and their agents (if the payors or agents are authorized under law to do so) when:
  - Submitting a bill to the third party payor;
  - Reasonable perspective, concurrent, or retrospective utilization review or predetermination of benefit coverage;
  - Review, audit, and investigation of specific claim for payment of benefits; or
  - Coordinating benefit payments as applicable.
4. The psychologist/psychology associate may disclose PHI if the psychologist/psychology associate makes a professional determination that an immediate disclosure is necessary to provide for the emergency health care needs of a patient; or
5. Otherwise required by law.
  - *Child Abuse* – If I have reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.
  - *Adult and Domestic Abuse* – I may disclose protected health information regarding you if I reasonably believe that you are a victim of abuse, neglect, self-neglector exploitation.
  - *Health Oversight Activities* – If I receive a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating my practice, I must disclose any PHI requested by the Board.
  - *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply

when you are being evaluated or a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- *Serious Threat to Health or Safety* – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

You may authorize the release of records or other information to individuals of your choosing. This may be done only with your expressed written consent.

The clear intent of these requirements is that a psychologist/psychology associate has both a legal and ethical responsibility to take action to protect endangered individuals from harm when his or her professional judgment indicates that such danger exists. Fortunately, these situations rarely arise in my practice. If such a situation should arise, it is my policy to make every effort to fully discuss these matters with a patient before taking any action, unless there is good reason not to do so. While this summary of exceptions to confidentiality should prove helpful in informing you about potential problems, you should be aware that the laws governing these issues are often complex, and I am not an attorney. As part of therapy, I encourage our active discussion of these issues.

There are several other matters concerning confidentiality:

- 1) Mental health professional occasionally find it helpful to consult about a case with other professionals. In these consultations, I do not reveal the identity of my patient. When I am unavailable for emergency contact (e.g., vacation, illness), I may provide limited clinical information to the mental health professional providing coverage regarding critical issues such as safety problems or acute crises.
- 2) If you use third party reimbursement, I am required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary. If you request it, I will provide you with a copy of any report that I submit.
- 3) Because you are under eighteen years of age, please be aware that while the specific content of our communications is confidential, your parents have a right to receive general information on the progress of the treatment. You and your parents' initials on the line below indicates agreement that I will only share information with your parents with your approval or if I believe you are in danger. You and your parents' initials indicate that I can use my professional judgment to determine whether I need to reveal information to them to keep you safe, including information about your use of illegal substances and your sexual activity. In situations in which I believe your parents need to know about some of your behavior, I will talk to you first and encourage you to share that information with them. If you choose not to, I will ask your approval. However, if you do not give it, I will still share the information in order to protect you.

\_\_\_\_ Client initials

\_\_\_\_ Parent initials

\_\_\_\_ Parent initials

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 an attorney.

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

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Signature

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Date