

## PSYCHOTHERAPIST-PATIENT CONTRACT

### *About the Office...*

Welcome to my office. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that you can discuss them at your next meeting. When you sign this document, it will represent an agreement between us.

### **Psychological Services**

Psychotherapy is not easily described in general terms. It varies with the personalities of the therapist and patient, as well as with the nature of the presenting problem/s. Many different methods of treatment can be used to deal with the problems you present and you will need to be a very active participant in your treatment to allow for the best results. If your child is in treatment, it will likely be necessary for you to be an active part of the treatment program as well.

Psychotherapy can have many benefits, but there are risks as well. Since psychotherapy often involves an exploration of unpleasant aspects of one's life, it is common to experience uncomfortable feelings as a result. Patients sometimes leave treatment prematurely as a function of this discomfort. Similarly, it is normal to sometimes feel reluctant to come to a scheduled session. It is especially important at such times that you do not cancel or terminate treatment prematurely, but come in to talk about these feelings. This is an important part of the therapeutic process and can ultimately foster growth. With commitment to treatment, one can find increased experience of happiness, self-awareness, positive self-esteem, and better functioning within relationships. Solutions to specific problems and an overall reduction in feelings of distress can be affected, as well. Although people often find therapy to offer benefits to them, there are no guarantees that you will have the same experience. If you find this to be the case, it should be brought up in session.

Your first few sessions will involve a thorough history gathering and evaluation of your needs. If the problem requires professional services beyond the scope of this practice, your clinician will discuss this with you and recommend appropriate resources. By the end of the evaluation sessions, your clinician will be able to offer you some first impressions around conceptualization of the problem, what your therapy will entail, and a guide for a treatment plan. At this point, you will need to evaluate your own opinions around whether or not you feel comfortable working with your clinician, in order to determine whether you would like to continue therapy. As therapy involves a serious commitment of time, energy, and financial resources, it is important that you are careful about the therapist you select. If you have questions about our procedures, please bring them up as

they arise. This will help our working relationship and foster the trust and commitment necessary for successful treatment.

If your child is in therapy, the first, and possibly second, session will require the presence of both parents (without the child) in order to assess a thorough developmental, psychological, social and academic history. We will then meet with your child for two or three sessions to complete the initial evaluation. When this is completed, we will arrange a feedback session with both parents to present a conceptualization of the problem, discuss goals, and outline a treatment plan.

If your child is an adolescent, a somewhat different approach to treatment might be warranted. In some cases, feedback will be provided with your child present. In others, it may be determined that for the most beneficial results, sessions be kept between your child and the therapist, with minimal or no feedback to you as his or her parents. This may be uncomfortable for you, given your concern for your child and desire to be attuned to his or her issues. However, issues of trust and confidence are often paramount in treatment of adolescents, which may cause your child to withhold information if he or she believes it will be shared. In the event that your child presents a danger to himself or others, this information will be shared with or without his or her consent.

### **Appointments**

Appointments are typically made on a one-time-per-week basis. More or less frequent appointment schedules can be arranged if it is therapeutically indicated. Your clinician will do his/her best to find a consistent appointment time that is mutually agreeable. Given the demand for after-school, early morning, after-work, and evening appointment times, we cannot guarantee a prime or consistent appointment hour for you at our first meeting. But, we will do our best to accommodate you as quickly as possible. Sometimes it is necessary to schedule appointments on a week-to-week basis for a short time before a consistent appointment hour can be arranged. So, please be patient and flexible as we work together to find a feasible meeting time.

### **Arriving On time For Your Appointment**

Due to the nature of a psychology practice, keeping on a schedule is sometimes difficult. As you can understand from your own experience, situations occasionally arise which just cannot be completed precisely on time. We see many busy people with demanding schedules and make every effort to adhere to scheduled appointment times. Although we may sometimes keep you waiting, we will take the responsibility of giving you your full session. If you are late for the appointment, on the other hand, it is your responsibility to accept a shorter session.

### **Fees**

The fee for a 45-minute psychotherapy session is \$150 unless your clinician/the practice is in-network for your insurance. This fee is prorated for time spent providing the following services:

- Extended psychotherapy sessions
- Telephone calls (more than 10 minutes)

- Telephone consultations with other professionals, teachers, insurance companies, etc....
- Report or letter writing
- Review of psychological records, testing reports, or other documents
- Preparations of records, forms, or treatment summaries as requested by you or, with your written permission, by your insurance company
- Attendance at school meetings or school observations, as authorized by you
- Attendance at meetings with other professionals, as authorized by you
- Transportation and time spent getting to and from outside meetings

If you become involved in legal proceedings that require your clinician's participation, he/she will be happy to discuss the process with you. Fees for involvement in legal proceedings differ from the above listed fees. In the event that you require my testimony either as a fact witness or expert witness, you will be responsible for testimony and preparation fees. Fees for such services as of this writing are \$1500 per half day of court time and prorated preparation fees of \$325 per hour.

A full range of psychological testing services is available. Such services include intelligence testing, academic evaluation, personality assessment, Social Security Disability evaluation, custody evaluation, and other forensic evaluations. Fees for these services are available upon request.

### **In-Network Insurance Reimbursement**

The practice serves on a limited number of insurance panels (as "in-network" providers). The particular insurance companies with which we do business changes from time to time, as a function of contract renewals and insurance company sub-contracting. If we happen to serve on your insurance panel, you will be responsible for co-payments, as dictated by your coverage assuming that requirements for pre-authorization are met. **In the case of denial of insurance claims or an unmet deductible, you will be responsible to cover fees for all services denied and/or required to meet your deductible. Once your annual benefit is exhausted, your fee will be based on the then customary session rate.**

Insurance companies vary in the amount of information they request from treatment providers about your treatment. Most "In-Network" plans require treatment reviews that include information such as diagnosis, treatment, and progress made in therapy. You will be asked to sign a release allowing that this information is shared with your insurance company. However, we cannot guarantee the confidentiality of released information once it is in the hands of your insurance company. As such, you might wish to check with your insurance company as to their own policies regarding confidentiality of such information.

If you are uncomfortable with the release of information to your insurance company, you have the right to waive coverage. If you wish to do so, you will be responsible for treatment service fees.

### **Out-of-Network Insurance Reimbursement**

Many insurance companies reimburse for out-of-network mental health treatment. In the event that your insurance company does so, our billing department will be happy to submit Health Insurance

Claim Forms directly, on your behalf at the end of each month for services rendered. You will be responsible for covering fees at the time of service, after which your insurance company will reimburse you, as dictated by the specifics of your policy.

In some cases, insurance companies will request specific information regarding your treatment. In this case, you will be asked to sign a release allowing that this information is shared with your insurance company. Again, we cannot guarantee that the confidentiality of released information once it is in the hands of your insurance company. As such, you might wish to check with your insurance company as to their own policies regarding confidentiality of such information.

### **Billing and Payments**

**Payment is due in full at the time of service.** Payments in full are to be made directly to the office, unless we serve on the panel of your insurance company (as above), in which case you will be responsible for a co-payment at the time of service. For all billing or insurance related questions or issues, please contact our billing department directly at (917) 960-6108 or [ackerman.billing.manager@gmail.com](mailto:ackerman.billing.manager@gmail.com)

You are free to submit payments in the form of checks, cash or credit cards. There is a \$20 minimum for credit card payments; if your copay does not exceed this amount, you will have the option of pre-paying your copay for the following session. Checks can be made out to Leslie Ackerman, Psy.D. PC. There will be a bank service charge for insufficient funds, so please be careful to assure that funds are available if you pay by check. We cannot guarantee that we will deposit your checks immediately, but you can expect that they will be deposited within two weeks, at most.

While we will do our very best to arrange for payment options that are feasible for you and in some cases may arrange for a payment plan if you have financial hardship, our billing department cannot allow unpaid balances to swell. If agreed upon payment arrangements are not respected it may lead to you having to terminate the therapeutic relationship. In rare circumstances in which a patient fails to respond to reasonable efforts to collect outstanding balances, our billing department may be forced to use the services of a licensed collection agency or legal means to collect payment. Our billing department will make every effort to avoid having to resort to such measures. However, if such measures must be taken, it will be necessary to provide your name and other identifying information, as well as dates of service and charges to the collection agency or court. No other information regarding your treatment will be released. Collection and/or legal fees will be added to your bill.

### **Cancellations**

At most times, there are patients who request extra sessions or new patients waiting to be seen. Since time is required to schedule appointments, the practice requires all clinicians to maintain a 24-hour cancellation policy. It is occasionally necessary for everyone to cancel an appointment. If you must cancel an appointment, notice should be given a full 24 hours prior to the time of the session. For Monday appointments, notification should be given before 3:00pm on the preceding Friday. You

will not be charged for cancelled sessions, so long as you adhere to this policy. On the other hand, our billing department will have to charge you for the appointment hour if you miss a session or cancel without the required notice. Given that insurance companies do not pay for missed or cancelled sessions, you will be responsible for the full \$150 fee for such sessions regardless of coverage. **In the event of a cancelation fee occurring, our billing department will contact you to verify that the credit card on file will be charged.**

### **How to Contact Your Clinician**

Clinicians may not be immediately available by telephone as we typically do not answer phone calls during sessions. When a clinician is unavailable, your call will be answered by voice mail, which is monitored daily. We will make every effort to return your call on the same day you make it, with the exception of weekends and Holidays. We want to be sure to be able to reach you, so please leave as many numbers as necessary for me to do this. Frequently, we may be unable to return calls until after evening office hours, so please indicate until what time you can be contacted. Your clinician will provide you with their contact information in the first session, and should you be unable to locate this information, please email our billing department for your clinician's contact at: [ackerman.billing.manager@gmail.com](mailto:ackerman.billing.manager@gmail.com)

### **Vacations**

When your clinician is on vacation, another licensed professional will cover and can be contacted in case of emergency. The name of the covering clinician will be announced in an outgoing voice mail message.

### **Psychiatric Emergencies**

In the case of a psychiatric emergency, please call 911 or go to the nearest emergency room and ask for the psychiatrist on call.

### **Reports of Child Abuse and/or Neglect**

Please be advised that, as licensed clinician in the State of New York, we are mandated by law to report emotional or physical abuse and neglect to Child Protective Services.

### **Confidentiality**

In general, all communications between a clinician and patient are private and confidential. Information will not be released to any party without your written permission. However, there are a few exceptions to this rule.

In legal proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order testimony if he or she determines that the issues demand it. There are some situations in which we may be legally obligated to take action to protect others from harm, even if it means revealing some information about a patient's treatment. For example, if we

believe that a child, elderly person, or disabled person is being abused (as above), we are required to report the abuse to an oversight body. In cases where we believe that a patient is threatening serious bodily harm to another, we may be 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 him or herself, we may be obligated to seek hospitalization for him or her or to contact family members or others who can help to provide protection.

If a situation arises that obligates us to release information without consent, we will make every effort to fully discuss it with you before taking action when possible, so long that it is determined not to be against your best interest.

Your clinician may occasionally find it helpful to consult other professionals about a case. During a consultation, we do not reveal the identity of the patient. The consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

While the summary about confidentiality should prove helpful, please be sure to bring up any specific questions or concerns that you have about confidentiality, so that we can discuss your particular case. Given that the laws of confidentiality are quite complex, some situations may warrant your getting formal legal advice.

### **Professional Records**

The laws of my profession require that we keep treatment records. It is generally not recommended that you access these records to review them, as information contained in the record may cause emotional discomfort or reactions that can impact the treatment and/or the therapeutic relationship. However, you do have a legal right to request a copy of your records. In the event that we believe your reviewing them would be emotionally damaging, we will be happy to release them to a mental health professional of your choice. If we determine that your review would not be emotionally harmful, we will recommend that you review them in your treatment professional's presence so that he or she can discuss the contents with you. Information in the record is of a professional nature and can be misinterpreted by untrained readers. It is therefore best to review them in this way so that questions can be answered and the contents of the record can be clearly understood.

Your signature below indicates that you have received a copy of the "Psychotherapist-Patient Contract", read the information contained in the document and agree to abide by its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(of parent, if above is under 21)

\_\_\_\_\_  
Date