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**PSYCHOLOGICAL SERVICES—INFORMATION AND AGREEMENT**

**SECTION 1: BENEFITS AND RISKS OF THERAPY FOR CHILDREN AND ADULTS**

Welcome to my practice! I appreciate your choosing to consult with me and hope that our work together will be productive and helpful. Please read each section carefully and be aware that your signature and initials throughout these documents will be requested in order to indicate your understanding and agreement. *Where you see a line in front of text, please initial it.*

**Psychotherapy Services: Their Benefits and Risks**

I provide individual and with-parent treatment for middle school students, adolescents and adults. Your choice of a therapist is very personal and important, and therapy is different for each individual. Research has demonstrated that treatment is most effective when a trusting and positive relationship is formed between the therapist and client, regardless of therapeutic ‘technique.’ In addition, effectiveness is best when the client and therapist (as well as parents, if applicable) are active partners in the work. I may ask you to complete ‘homework’ assignments or to practice skills outside the therapy time, to obtain maximal benefits. I use a variety of therapeutic approaches, depending on the needs and abilities of each client. We will work together to develop goals and periodically evaluate progress towards them, revising as needed. Examples of approaches I use include activities/videos for preteens, skill-building and practice, cognitive-behavioral treatment, emotion-focused therapy and others. I attempt to adapt my approach to that which is needed by each client. If your needs are outside my training, I can help you find a different therapist better suited to fulfilling your therapy goals.

Psychotherapy is a journey that can vary in length and approach for different people, or the same person at different times. You may start by talking through current issues, learning new ways of thinking and behaving, and feel satisfied with your progress after only a few sessions. At other times, more long-standing problems will require a longer course of treatment. You may need to confront painful, distressing feelings along the way. Others around you might feel threatened or unsettled by changes you are demonstrating. The ultimate benefits of therapy for most people have been shown by research, and most clients find these challenges well worth the risks.

■ If you have questions, or are not comfortable with any aspect of your therapy, please discuss it with me. Though I will use my professional skills and knowledge to the best of my abilities, I cannot guarantee that treatment will be effective.

■ If you are a parent, please refer to the separate document on therapy for preteens and adolescents for specific comments and information about the treatment of minors. The more closely we all work together, committed to and communicating with each other about the issues, the better the outcome is likely to be.

## Section 2: Appointment Times, Cancellation Policy, Social Media Policy

### **Meetings**

Appointments are scheduled to begin on the hour and last 45-53 minutes, depending on your insurance policy rules. (At least 5 additional minutes will be used for documentation after you leave.) If you arrive late, your session cannot be extended, since this would intrude on the next client's time. You may request that someone else attend a therapy session with you, but please discuss this with me in advance. I typically see clients weekly or every other week for best results, but this can be adapted to your budget and schedule.

Because your appointment time is reserved specifically for you, if you cancel with less than 24 hours' notice, you will be charged \$65 for that session. If you do not show up at all for your appointment, your credit card will be charged \$130. These charges cannot be billed to your insurance. Exceptions to this rule are very limited and will be handled on a case-by-case basis.

### **Contacting Me**

Because of my work schedule, I am often not immediately available by telephone. I do not answer calls during appointments, so please leave a message, including your telephone number. My current office hours vary, but you may leave me a confidential voicemail at the office number (469-625-1029). I try to return all calls within one business day, but sometimes it may be longer. Issues for *established clients*, such as paying a bill, appointment changes, or cancellations can be managed by logging onto TherapyAppointment.com with your unique password, or by calling my assistant, Judy Moubray, at 940-782-9827.

The use of TherapyAppointment.com is strongly encouraged if you wish to e-mail me, as their e-mail is encrypted. Email is generally not suitable for client communication of sensitive issues due to privacy concerns. However, if you wish to send documents via attachment, they must be sent to [DrSarah@drsarahkramer.com](mailto:DrSarah@drsarahkramer.com). Please do not use e-mail for emergency contacts. I do not discuss therapy issues with you via e-mail due to privacy issues and professional standards; please raise these points during your session.

**If you feel you are having a crisis**, please call 911, go to the nearest Emergency Room, call your medical doctor or psychiatrist, or call the Suicide and Crisis Center of North Texas Hotline at 214-828-1000. I am not equipped to provide crisis services.

### **Social Media Policy**

I maintain a website for this practice (<http://www.drSarahKramer.com>). There, you can learn more about my training and experience, download these documents, view a map to the office, and utilize a link to TherapyAppointment.com for email and scheduling.

Although I also have a Facebook page for this practice ([www.Facebook.com/drsarahkramer/](http://www.Facebook.com/drsarahkramer/)), in order to maintain therapeutic boundaries I will not 'friend' any client or their family member(s) on Facebook or connect with you on LinkedIn, Google+ or similar sites. Please keep in mind that if you choose to communicate with me online, you may inadvertently be disclosing to others that you are (or were) my client. I only text with clients about your arrival at the office, directions, and the like because your privacy cannot be guaranteed through this medium. There is a separate release form if you wish to use text communication. I also will not perform internet searches in order to find out personal information about you, unless you specifically ask that I view one of your sites (e.g. poetry or art published online).

Please be aware that psychologists cannot comment on content in rating sites such as HealthGrades.com or Facebook, and ratings that others leave may, or may not, honestly or accurately reflect their true experiences. Ratings may also be left by people who were never my client.

### Section 3: Fees, Other Charges, Insurance, Payments, and Credit Card Policy

#### **Fees and Charges**

My fee for a 45 to 53-minute appointment is currently \$175.00 for the first visit and \$120.00-\$150.00 thereafter. If you are using insurance, the charges will be lower and will reflect the agreement I have with your insurance company, as well as your individual policy. You cannot be charged for the difference as long as I am an in-network provider.

Your payment or copayment must be collected at the time of your visit, by law. I normally do not charge for brief (8 minutes or less) telephone contacts between appointments, unless they become frequent or long. You will be charged on a pro-rated basis for any professional activities, such as filling out forms, writing letters, or treatment summaries. If paying for therapy becomes a problem for you, I will be happy to assist you in locating more affordable treatment, or possibly work out a payment plan under specific circumstances.

I accept cash (exact change please), check or credit cards for payment. (If a check is returned, there will be a \$35.00 fee.) I also request that you place a valid credit or debit card on file with me. This card will be used to charge for any missed visits that are not cancelled or paid for some other way.

*Please sign the separate credit card agreement in these documents.*

I reserve the right to use legal means to secure payment, including the use of a collection agency for unpaid balances after 90 days. Only the minimum amount of information required would be given to such an agency. *Your signature below authorizes such action.*

Because therapy is based on mutual trust and privacy, I request that you not involve me in any legal proceedings or request therapy records for legal purposes. If a judge requires my participation, there is a separate (higher) set of charges and a written agreement which will be furnished to you and your attorney.

#### **Insurance and Billing**

I participate in a number of managed care plans and am currently in-network for:

- Blue Cross/Blue Shield PPO plans, including out of state
- Cigna
- Aetna
- Tricare/Value Options
- Medicare (traditional and Aetna)

For all other insurance companies, I am considered “out of network,” meaning there is a higher copayment or coinsurance expected from you. In that case, you are entitled to see in-network providers for a lesser payment if you wish; please consult your insurance company for their names. For any insurance that I accept, I will use electronic billing and you will only be responsible for the deductible and copay. For all others, the full fee will be collected at the time of the visit. I am happy to provide you with a ‘superbill’ which you can often use to obtain out-of-network benefits, usually 40-60% of their

allowable amount for that service. It is recommended that you call your insurance company in advance to determine their policies and what your costs would be.

You should also be aware that most insurance companies require you to allow me to provide them with a clinical diagnosis and dates of service. Sometimes I have to provide other 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 undoubtedly be stored electronically. 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 notify you if an unusual amount or type of information is requested; you do have the option of paying the fee yourself to protect the patient's privacy.

## Section 4: Confidentiality and Records

### **Confidentiality and Record-Keeping**

Your therapeutic documentation is considered legally 'privileged' information, which I will do my utmost to protect. Your records include the registration pages you completed and signed, your insurance information and filing history (if you use insurance), the history and current symptoms of the client, dates of treatment, along with ongoing symptoms, treatment goals and treatments given. They will also include any reports that have been generated, correspondence, and treatment records I may have received from others. If testing is involved, the actual test data are protected from release according to Texas law, unless they are sent directly to a qualified mental health professional. For specific questions about how to access your records, please refer to the separate HIPAA notice, available on my website or by request in paper form.

**There is a limited number of situations in which I am required by law to compromise confidentiality to protect the client or others from harm.** These include:

- imminent threats to the safety of the client or specific other persons
- sexual, emotional or physical abuse of a child, adult 65 years or older, or an adult with disabilities (including financial exploitation of elders)
- if an adult patient experienced childhood abuse or neglect, and I believe in good faith that the health and safety of another child, elder or disabled adult may currently be endangered
- exploitation or abuse of a client by any mental health professionals
- court actions (court order, grand jury request, legal actions affecting parent-child relationship, etc.), including if you bring suit against me
- These (and a few other) exceptions to confidentiality are very important! I strongly recommend that you carefully read the accompanying HIPAA information and ask questions about *any* issues about which you have concern.

It is important for you to know that according to the American Psychological Association and State of Texas ethical requirements, and to provide the best care, I will maintain professional boundaries with you. For example, I will not greet you in public if we happen to see each other (unless initiated by you). I can only serve as your therapist and will not be a friend, pursue sexual or romantic intimacy, or conduct other business with you (e.g., if you are a computer consultant, I cannot utilize your professional services and have a therapy relationship with you). Psychologists cannot employ or trade services with their clients.

**Complaint Procedures**

As mentioned previously, if you have any concerns, complaints or worries about our work together (or mine with your child), *please raise them with me*. I will make every effort to address them openly and fairly. If you feel that I have treated you unfairly or broken a professional rule, please tell me. If you are not satisfied with my services, I can assist you in finding another provider, if you wish. Should you believe I have behaved unethically, you have the right to file a complaint with the Texas State Board of Examiners of Psychologists, 333 Guadalupe, Suite 2-450, Austin, TX 78701.

My signature below indicates that I have read and understand the nature of the psychological services, office policies and procedures, and my legal rights, and agree to the conditions above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_

Name of patient, if signed by parent or guardian: \_\_\_\_\_