

## **Psychologist-Client Services Agreement**

### **Welcome**

Thank you for choosing *Megan Pietrucha, Psy.D.* Today's appointment will take approximately 50-55 minutes. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, State and Federal Laws and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

Megan Pietrucha, Psy.D. is Licensed Clinical Psychologist in Illinois. She graduated from the Illinois School of Professional Psychology/Argosy University, Chicago with a Master's of Arts in Clinical Psychology and a Doctorate in Clinical Psychology. She has been practicing in the Chicago area serving adults with a variety of concerns related to health, wellness, and athletic performance. Dr. Pietrucha's clinical interests include the treatment of eating and body image concerns, coping with life transitions, depression, anxiety, health and wellness, sport psychology, performance enhancement, and consultation. Dr. Pietrucha practices from an integrated approach utilizing empirically supported therapy techniques depending on the person or condition. Her approach to counseling is individualized to fit the unique needs of each client and the client's personal goals. Treatment practices, philosophy and plan limitations and risks will be discussed with you today.

### **Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending in the personalities of the psychologist and patient, and the particular concerns you bring forward. There are many different methods I may use to address the concerns you discuss. Psychotherapy is not like a medical doctor's visit. Instead, it calls for a very active effort on your part. In order for 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 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.

### **Meetings & Cancellation Policy**

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 55-minute session (one appointment hour of 55 minutes in 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. If it is possible, I will try to find another time to reschedule the appointment.

The fee for missed sessions or late cancellations is the full fee for the session (\$155). I require a valid credit card and your authorization to bill the credit card be kept on file for missed appointments. You have 4 weeks from the date of the missed appointment to arrange a payment method for the missed appointment fee. After 4 weeks, I will change the credit card on file and send you an invoice for the late appointment charge. Note that insurance does not cover miss appointments.

### **Contacting Me**

Due to my work schedule, I am often not immediately available by phone. Even though I may be in the office, I probably will not answer my phone with I am with a client. When I am unavailable, my telephone is answered by voicemail 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 it is an emergency, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist 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 are experiencing a life threatening emergency, please call 911.

### **Professional Fees**

The fee for the first appointment, which is considered a diagnostic interview, is \$190. My hourly fee for subsequent sessions is \$155 for working with individuals. 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.

Initial Psychotherapy/Counseling Assessment Session	\$190 per hour
Individual Psychotherapy/Counseling Session	\$155 per hour
Initial Assessment Sport Psychology Sessions	\$190 per hour
Individual Sport Psychology Sessions	\$155 per hour
Sport Psychology Consultation Services/Team Workshops	Dependent on service and nature of consultation
Missed Session (if not canceled 24 hours in advance)	\$155 per session

(\*Fees as of 7/16/14 and based on a 55 minute hour. Fees are subject to change. You will be notified in advance if fee schedules change.)

Health insurance policies generally do not cover sport psychological services. However, if there is a diagnosable psychological condition and part our work includes treatment for that concern in addition to concerns about your sport or athletic performance, I will provide you with a bill you can submit to your insurance company. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professions 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 \$250 per hour for preparation and attendance at any legal proceeding.

### **Billing & Payments**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. Payment for services can be made in the form of cash, check, or credit card. Checks are made payable to Megan Pietrucha, Psy.D. Returned checks will be assessed a \$50 service fee. At this time, Dr. Pietrucha currently accepts Blue Cross Blue Shield PPO insurance for psychotherapy services. If you have another insurance provider, I can provide you with a statement that you can submit to your insurance company to try to receive reimbursement.

Health insurance policies do not cover sport psychological services. However, if there is a pre-existing diagnosis and part of the "treatment" relates to that diagnosis, I will provide you with a bill you can submit to your insurance company. Regardless, you (not your insurance company) are responsible for full payment of my fees. Note that insurance does not cover miss appointments.

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. You will be contacted to inform you that these means are being taken to collect 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 the 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. I will fill out forms and 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.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with information relevant to the services that I provide you, including 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). I will make every effort to release only the minimum information about you that is necessary for the purpose requested. 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 out sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems describe above, unless prohibited by contract.

### **Professional Records**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Your Clinical Record includes information about your reasons for seeking therapy, a description of the ways in which your problem impact your life, your diagnosis, the goals that we set for your treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records and any reports that have been sent to anyone, including reports to your insurance carrier.

In addition, I also keep a set of Psychotherapy Notes. These notes are for my own use and assist in providing you the best possible treatment. While the contents of Psychotherapy Notes may vary depending in the needs of the client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes with your authorization.

You may examine and/or receive a copy of your records if you request in writing, unless I believe that access would endanger you. In those situations, you have a right to a summary and to have your record sent to another mental health provider or your attorney. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents.

### **Limits of Confidentiality**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and/or Illinois law. However, in the following situations, no authorization is required:

- 1) I may occasionally find it helpful to consult other health and mental health professionals about a case. During consultation, I make every effort to avoid revealing the identity of my patient. The other professional are also legally bound to keep the information confidential. If you don't object, I will not tell you about this consultations

unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).

- 2) Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- 3) If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law, I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- 4) If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- 5) If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient, in order to defend myself.
- 6) If a patient files a worker's compensation claim, I must, upon appropriate request, provide appropriate information, including a copy of the patient's record, to the patient's employer, the insurer or the Department of Worker's Compensation.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempts to protect others from harm and I many have to reveal some information about a patient's treatment. These situations are unusual in my practice and are as follows:

- 1) If I have reasonable cause to believe that a child under age 18 is known to me in my professional capacity maybe an abused child or a neglected child, the law requires that I file a report with the local office of the Department of Children and Family Services. Once such a report is filed, I may be required to provide additional information.
- 2) If I have reason to believe an elderly or handicapped individual in a domestic situation has been abused or neglected in the preceding 12 months, the law requires that I file a report with the agency designated to receive such reports by the Department of Aging. Once such a report is filed, I may be required to provide additional information.
- 3) If you have made a specific threat or violence against another or if I believe that you present a clear, imminent risk of serious physical harm to another, I may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking your hospitalization.
- 4) If I believe that you present a clear, imminent risk of serious physical or mental injury or death to yourself, I may be required to disclose information in order to take protective actions. These actions may include seeking your hospitalization or contacting family member or others who can help in providing protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

### **Minors & Parents**

Patients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. Parents of children between 12 and 18 cannot examine their child's records unless the child consents and unless I find that there are no compelling reasons for denying the access. Parents are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided and services needed. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

### **Patient's Rights**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

**Psychologist-Client Services Agreement** (for client's file)

**Cancellation Policy**

I understand that should I at any time during the course of my treatment need to cancel or change my appointment time, I will need to notify the office 24 hours in advance of the appointment time or be charged for the hour since it has been reserved for me and without sufficient notice is unavailable to anyone else.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Payment Policy**

I understand that although my insurance may pay a portion of the cost of the professional services received in this office, I am ultimately responsible for complete payment of charges. I will pay by the session or follow another payment plan negotiated with the therapist.

By signing below, I acknowledge that I understand that Megan Pietrucha, Psy.D. requires a valid credit card be kept on file to receive services. My signature also authorizes Megan Pietrucha, Psy.D. to bill the credit card on file for missed appointments. The fee for missed sessions or late cancelations is the full fee for the session (\$155). You will be notified via invoice that you have an outstanding balance for the missed session. You have 30 days from the date of the missed appointment to arrange a payment method for the missed appointment fee. After 30 days, the credit card on file will be charged and you will receive an invoice for the late appointment charge. \*Note that insurance does NOT cover missed appointments.

Credit card (type): Visa      Discover      MasterCard      America Express      Exp. Date: \_\_\_\_\_

Card number: \_\_\_\_\_

Security Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client/Card Holder

\_\_\_\_\_  
Date

**Insurance Authorization (For client file)**

My signature below authorizes the office of Dr. Megan Pietrucha to bill my insurance carrier. I instruct that payment of benefits be made to Dr. Megan Pietrucha. I am aware that I am responsible for co-payment and/or fees not covered by insurance and that those fees are due at the time of the service rendered.

\_\_\_\_\_  
Signature of Client/Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Insurance Information**

*Please complete the following if you are a member of Blue Cross/Blue Shield and would like to submit an insurance claim.*

Name of Insurance Company: \_\_\_\_\_

Insurance Address and Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

*If you are not the primary insured party on your policy/card, please complete the following:*

Name of Insured: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_