



Licensed Psychologist, NH #1257
130 Central Ave., Suite #111
Dover, NH 03820

OUTPATIENT SERVICES CONTRACT

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. Signing this document represents an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, 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.

Sometimes you might notice feeling worse before starting to feel better; however, this is something we can discuss in therapy. Benefits can far outweigh the risks, as psychotherapy has been shown to have benefits for people who go through it. Engaging in the therapy process can often lead 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, including my taking some background information. 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 refer you to another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last up to several 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 50-minute session (one appointment hour of 50-minute duration) per week at a time we agree on, although some sessions may be longer or more frequent, should we both determine this would be beneficial for your treatment. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hour-notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. Of course, if you notify me before our appointment that you are ill or have an emergency and unable to attend, or in the case of inclement weather,

there will be no charge for missing. If possible, I will try to find another time for which to reschedule your appointment. If you do not show for your scheduled appointment or cancel late (without extenuating circumstances), the fee for the missed appointment is \$100.

PROFESSIONAL FEES

My hourly fee is \$150. In addition to weekly appointments, *I also 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. Other services include report or letter 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 outside of the therapy meeting. 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 and detailed nature of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

BILLING AND 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. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 90 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 the patient's name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. At this time, I accept checks, some major credit cards and cash for payment and can negotiate the fee on a sliding scale. If you have a health insurance policy, however, it will usually provide some coverage for mental health treatment. As such, you can be reimbursed monies for psychotherapy from a psychologist outside of your health insurance's network. 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 fees. It will very important that you find out exactly how much your insurance policy will reimburse you for obtaining treatment outside of the insurance company's network of preferred providers.

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. If it is necessary to clear confusion, I will be willing to call the company on your behalf, given you have provided your written authorization.

You should also be aware that most insurance companies require you to **allow** me to provide them with a clinical diagnosis for you to be reimbursed. Sometimes I must 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. ***I understand that by using your insurance I am aware that such information may be provided to them. I will try to keep that information limited to the minimum necessary.*** 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 and will likely not answer the phone when I am with a patient. When I am unavailable, please leave a message on my confidential voice mail. I monitor this frequently and will make every effort to return your call on the same business 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, please contact your family physician or the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Should I need to be away for an extended period, this, along with a contingency plan should an emergency arise, will be discussed in session.

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.

Your records will be kept for a minimum of seven (7) years as indicated by law. I have made arrangements as to how your records will be handled in case of my incapacitation or death.

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

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions in which it may be necessary to breach confidentiality:

HARM TO SELF

- If you are a threat to yourself, meaning that you have made statements about killing yourself, have a viable plan and unable to keep yourself safe, I may need to notify an emergency contact or law enforcement professional to keep you safe and help you receive more intensive mental health care through hospitalization.

HARM TO OTHERS

- There are some situations in which I am legally obligated to act to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, neglected or exploited, I must notify child and family protective services and/or the police to assist in keeping that person safe. If, during therapy, you have made a serious threat to harm a clearly identified or reasonably identifiable victim(s), or if you have made a serious threat of substantial damage to property. I am required by law to take reasonable precautions to provide protection from such threats by warning the victim(s) of your threatened to notify the police department closest to your residence or the potential victim's residence(s).

COURT-ORDER

- If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records resulting from those services, such information is privileged under state law, and I may not release information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or if I am court-ordered. If this occurs, I will notify you in advance and we can discuss this.

MENTAL HEALTH BOARD SUBPOENA

- If the New Hampshire Board of Mental Health Practice is conducting an investigation, then I am required to disclose your mental health records upon receipt of a subpoena from the Board.

These situations have rarely occurred in my practice. *If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.*

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

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. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

YOUR RIGHTS:

As a consumer of mental health services, you have the right to:

1. Have full and complete knowledge of your therapist's qualifications, training, and licenses.
2. Be fully informed regarding proposed evaluation and treatment
3. Discuss your therapy with anyone you choose, including another therapist or mental health provider
4. Refuse treatment entirely, or any component of any proposed treatment arrangement.

5. Request that information from your treatment be shared with another therapist or organization, provided that appropriate consent forms have been signed.

6. Question your therapist's competence. Should you become displeased with services, you are encouraged to talk to me to see if the matter can be resolved. If you feel unable to address these concerns with me, you may address these concerns with another therapist or pertinent professional or legal bodies.

7. Request copies of ethical principles or other guidelines that govern my practice

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. I am looking forward to working with you!

Patient's Printed Name

Date of Signature

Patient's Signature