

**ArborGate Associates, Inc.**  
Counseling and Psychological Services

## **OUTPATIENT SERVICES CONTRACT WITH KOREN BIERFELDT**

Welcome to ArborGate Associates, Inc. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you might have so that they can be discussed at your next meeting. Once you sign this, it will constitute a binding agreement between us.

### **PSYCHOLOGICAL SERVICES**

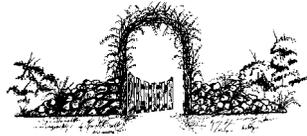
Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the patient and the particular problems that the patient brings. There are a number of different approaches that can be utilized to address the problems you hope to address. It is not like visiting a medical doctor, in that psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things talked about both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some initial impressions of what our work will include and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with us. 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 our procedures they should be discussed whenever they arise. If your doubts persist, we will be happy to help you to secure an appropriate consultation with another mental health professional.

### **MEETINGS**

Our normal practice is to conduct an evaluation that will last from 2 to 4 sessions. During this time, we can decide whether Arborgate is the best practice to provide the services that you need in order to meet your treatment objectives. If psychotherapy is initiated, we will usually schedule one fifty-minute session (one appointment hour of fifty minutes duration) per week at a mutually agreed time, although sometimes sessions will be longer or more frequent. Once this appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (or unless we both agree that you were unable to attend due to circumstances which were beyond your control).



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## **PROFESSIONAL FEES**

Initial consultation/intake appointments and Special Reports, Psychological and Career testing are billed at a flat rate of \$225.00. Our regular session hourly fee is \$150.00. In addition to weekly appointments, it is our practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than ten (10) minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may request of us. If you become involved in litigation that requires our participation, you will be expected to pay for the professional time required even if we are compelled to testify by another party. [Because of the complexity and difficulty of legal involvement, we charge \$150.00 per hour for preparation and attendance at any legal proceeding.]

## **BILLING AND PAYMENTS**

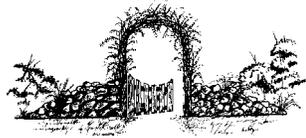
You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested. [In circumstances of unusual financial hardship, we may be willing to negotiate an installment payment plan.]

If your account is more than 60 days in arrears and suitable arrangement for payment has not been agreed to, we have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information that we will release about a client's treatment would be the client's name, the nature of the services provided, and the amount due. (See Notice of Privacy Practices)

## **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will provide you with whatever assistance we can in facilitating your receipt of the benefits to which you are entitled, including filling out forms as appropriate. However, YOU, and not your insurance company, are responsible for full payment of the fee that we have agreed to. Therefore, 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, you should call your plan administrator and inquire. Of course, we will provide you with whatever information we can based on our experience and will be happy to try to assist you in deciphering the information you receive from your carrier. If necessary to resolve confusion, we are willing to call the carrier on your behalf.



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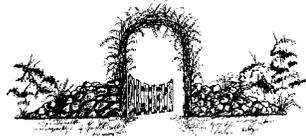
The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits which sometimes makes it difficult to determine exactly how much mental health coverage is available. “Managed Health Care Plans” such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented towards a short term treatment approach designed to resolve specific problems that are interfering with one’s usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In our experience, while quite a lot can be accomplished in short term therapy, many clients feel that more services are necessary after insurance benefits expire. In the event your managed care plan will not allow us to provide services to you once your benefits are no longer available, we will do our best to find you another provider who will help you continue your psychotherapy.

You should also be aware that most insurance agreements require you to authorize us to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, we have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, we will provide you with a copy of any report we submit. (See Notice of Privacy Practices; Patient Record of Disclosures)

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 the insurance benefits run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for our services yourself and avoid the complexities, which are described above.

## **CONTACTING US**

Our office phone number is 440-892-0452. While we are usually in our offices between 9 AM and 8 PM, we are often not immediately available by telephone. We rarely take phone calls when we are with a client. When we are unavailable, our telephone is answered by our secretary or confidential voice mail, which we monitor frequently. If you are difficult to reach, please leave some times when you will be available. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you cannot reach us, and you feel that you cannot wait for us to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. Emergency care is also available for Cuyahoga County residents by contacting Lakewood Hospitals Mental Health Center or The Nord Center for Lorain County residents. Those numbers are printed on the last page of this contract. If we are unavailable for an extended time, we will provide you with the name of a trusted colleague whom you can contact if necessary.



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## **PROFESSIONAL RECORDS**

Both law and the standards of our profession require that we keep appropriate treatment records. You are entitled to receive a copy of the records, but if you wish, we can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or can be upsetting to lay readers. If you wish to see your records, we recommend that you review them in our presence so that we can discuss the contents. Clients will be charged an appropriate fee for any preparation time required to comply with an information request. (See Notice of Privacy Practices)

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is our policy to request an agreement from parents that they consent to give up access to your records. If they agree, we will provide them only with general information about our work together unless we feel that there is a high risk that you will seriously harm yourself or another, in which case we will notify them of our concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information we will discuss the matter with you, if possible, and will do the best we can to resolve any objections you may have about what we are prepared to discuss.

## **CONFIDENTIALITY**

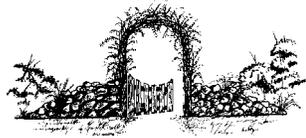
In general, the confidentiality of all communications between a client and a psychologist is protected by law, and we can only release information about our work to others with your written permission. However, there are a number of exceptions.

In most judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require our testimony if he/she determines that resolution of the issues before him/her demands it.

There are some situations in which we are legally required to take action to protect others from harm, even though that requires some information about a client's treatment. For example, if we believe that a child, an elderly person, or a disabled person is being physically or sexually abused, we may be required to file a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him/herself, we may be required to seek hospitalization for the clients, or to contact family members or others who can help provide protection.

These situations have rarely arisen in our practice. Should such a situation occur, we would make every effort to fully discuss it with you before taking any action. (See Notice of Privacy Practices)



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We may occasionally find it helpful to consult about a case with other professionals. In these consultations, we make every effort to avoid revealing the identity of our client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, we will not tell you about these consultations unless we 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 you may have at our next meeting. The laws governing these issues are quite complex and we are not attorneys. While we are happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable. If you request, I will provide you with relevant portions or summaries of the applicable state laws governing these issues.

<b>After Hours Emergency Phone Numbers</b>	
<b>In Cuyahoga County</b>	<b>In Lorain County</b>
<b>Lakewood Hospital</b>	The Nord Center
<b>Mental Health Services</b>	Emergency Line
<b>216.363.2122</b>	800.888.6161 or 440.233.7232



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Your signature below indicates that you have received and read the information in this Outpatient Services Contract and the Notice of Privacy Practices document and agree to abide by their terms during our professional relationship.

_____ Client Signature (Parent/Guardian if under 18)	_____ Date
_____ Relationship to Patient	_____
_____ Therapist Signature	_____ Date
_____ Psychologist Signature	_____ Date