



OUTPATIENT SERVICES CONTRACT

Welcome to our practice. This document contains important information about our professional services and business policies. When you sign this document, it will represent an agreement between us. The Center for Emotional Wellness provides a range of psychological services including counseling, consulting, and evaluations to individuals, groups, and families in a practice that covers all ages.

PSYCHOLOGICAL SERVICES. Psychotherapy is unique. Treatment may vary depending on the personalities of the counselor and client, and the particular issues and concerns brought forward. Psychotherapy is not like traditional medical doctor visits. 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 at times therapy involves discussing painful or 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 utilize 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. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

CONFIDENTIALITY. Information that you share in treatment is held in the strictest confidence possible under law. The Center for Emotional Wellness employs office staff, therefore, it should be understood that your information is available to all of our office staff for account management purposes. We will not release information you have disclosed in the course of treatment or evaluation, with the following exceptions:

1. Information that you pose a “clear and imminent” danger to yourself or others, or others are posing “clear and imminent” danger to you.
2. Information that would assist others treating you for a medical emergency.
3. Information necessary for your insurance company to process your claim.
4. Information about treatment of minor children may, in some cases, be disclosed to their parents.
5. A judge may order my testimony if he/she determines that the issues demand it.
6. If you have been referred for a psychological evaluation, we will ask that you sign an authorization releasing the result to the referring agency.

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 regarding confidentiality as soon as they arise.

APPOINTMENTS. Sessions are made by appointment only. We will usually schedule one 55-minute session per week at a mutually agreed upon time. Once an appointment is scheduled, you will be expected to pay for that time unless you provide 24 hours advance notice of cancellation. If possible, we will try to find another time to reschedule the appointment.

PROFESSIONAL FEES. Our hourly fee is \$175.00. In addition to therapy or evaluations, other billable services include report writing, telephone conversations lasting longer than 10 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 us. We will pro rate the hourly cost if we work for periods of less than one hour. If you become involved in legal proceedings that require our participation, you will be expected to pay for our full professional time even if we are called to testify by another party. Our legal hourly fee is \$350.00. Professional time includes the entire court process, including but not limited to, consultation with attorneys, travel time, waiting to testify, preparing written briefs, and actual testimony.

INSURANCE, BILLING, AND PAYMENTS. You will be expected to pay for each session at the time it is held, unless we agree to bill your insurance company. However, your copayment is due in full each session. If you have insurance that covers mental health treatment, we will provide you with whatever assistance we 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 is very important that you find out exactly what mental health services your insurance policy covers. The exact amount of your payment to The Center for Emotional Wellness at the time of your appointment depends upon your specific insurance plan. Your specific portion of your payment (copayment) is due at each session. Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, we will do our 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 us to provide them with a clinical diagnosis. Sometimes we will be required to 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 report they keep such information confidential, we 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. We will provide you with a copy of any report we 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 our sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the issues described above, unless this is prohibited by contract. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we 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 released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

CONTACTING ME. We are often not immediately available by telephone. While we are usually in our office Monday through Saturday, it is not our policy to answer the phone when we are with a client. When we are unavailable, our telephone is answered by voice mail or by our office staff. 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 are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the mental health professional on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS. The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we 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, we recommend that you review them in our presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. 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.

LEGAL/COURT TESTIMONY AND RECORDS. It is important for you to know that we will not be a party to any legal proceedings against current or former clients. Our goal is to support our clients to achieve therapy goals – not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing to not involve us in adversarial legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives.

Thank you for participating in this journey of exploration with The Center. Your signature below indicates that you have read the information in this document, you understand it, and agree to abide by its terms.

Signature of Client/Parent/Guardian _____ Date _____

Witness _____ Date _____