

## **THERAPIST - CLIENT SERVICES AGREEMENT**

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains information about Client Rights & Responsibilities, and about Confidentiality. It is very important that you read all this information carefully. During our first meeting, we can discuss how this information applies to you, and I can answer any questions you might have. When you sign this document, you are acknowledging that you have read and fully understand this document, and that you agree to abide by the points contained therein. And this document will then serve as our Treatment Agreement.

### **My Psychological Services**

I am a Masters Level Psychotherapist and I am licensed by the State of Michigan. I hold a Masters degree in Clinical Social Work from the University of Michigan and a Bachelors degree in Psychology from Michigan State University. I have worked as an outpatient therapist for St. Joseph Mercy Outpatient Behavioral Services since 2005. Prior to my work as an outpatient therapist I have been a therapist at the inpatient and residential level as well.

I have over a decade of experience as a therapist working across several treatment domains and utilizing several individualized approaches to treatment. I have been trained in various treatment modalities throughout my education and career. I continue to actively participate in continuing professional education to stay informed regarding parameters of practice and emerging treatment developments. I strongly believe in individualized treatment for each client that is specifically tailored to meet each person's treatment needs, strengths, and struggles. I am a very insight oriented and skill based therapist who focuses on equipping my clients with the tools to make long term changes in their lives and empowering them to sustain their treatment gains following their discharge from therapy.

My clinical experiences has spanned across several levels of treatment and has equipped me with the knowledge, skills, and experience to treat many mental health diagnosis including the following for both adolescents as well as adults: Depression, Anxiety, Post Traumatic Stress Disorder, Panic and Phobic Disorders, Eating Disorders including Anorexia and Bulimia, Self Injury, Obsessive Compulsive Disorders, and Mood Disorders/Bipolar Disorder. I also work specifically with areas of struggles related to grief and bereavement, survivors of abuse, life transitions, self-esteem, career issues, relationship difficulties, and parenting struggles.

I also am trained and specialize in treatment modalities that include Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Insight Oriented Therapy, Narrative Therapy, Individual as well as Family Therapy.

Please be aware that, as with treatments in most forms of health care, there can be risks as well as benefits for psychotherapy. For example, sometimes clients will experience a temporary increase in symptoms as they engage in the process of dealing with emotionally difficult issues, or make significant changes in their lives. Also, there is always the risk that despite our best efforts, your treatment may not be as successful as we had hoped. One of the things that we can do to minimize these risks, is to periodically 'check in' on how the treatment is going, so you can provide me with feedback about our sessions, and we can change or adapt the treatment if necessary to best meet your goals.

I am always happy to provide further information about any of my treatment approaches, and hope you will bring up questions or request more information whenever you wish. *For most treatments to be successful, they require a very active effort on your part*, both in session and practicing skills between sessions.

### **Our Sessions**

I offer a free 20-minute initial consultation to discuss my fee and approach to treatment, and so you and I can have a

chance to meet and to assess whether or not we are a 'good fit'. This may be conducted over the phone or in person.

After that initial consultation, our first 2-3 sessions will involve an Evaluation of your needs (where I collect information about your reason for seeking treatment, current life stressors, and your personal and family history). 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. At this time, we will again re-assess whether or not I am the best person to provide the services you need in order to meet your treatment goals. If we decide to continue, Treatment sessions will then begin. Each session (including the Evaluation sessions) is 45 minutes in length. I typically meet with a client on a weekly basis, unless we agree that it makes sense to meet more or less frequently.

Length of treatment varies from individual to individual. Some people feel their issues are adequately addressed and resolved in 6-8 weeks. Others will stay on in treatment indefinitely, as the nature of what they are working on is part of an ongoing process. Sometimes as clients resolve their issues, they will either decrease the frequency of sessions, or take some time off from therapy. Terminating treatment is an option you have at any time, although it is best if we have at least one or two sessions in which to review our work together, and discuss options for future or alternative treatment.

Also, if at any point during our time together, we decide that you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Also, if I feel you might benefit from a medical exam or use of psychotropic medication, I will fully discuss my reasons with you, so that you can decide what is best. If you choose to be treated by another professional, I will coordinate my services with that person pending your authorization to do so.

## **Fees & Cancellation Policy**

You have the responsibility to pay for all services rendered. I ask that you bring your payment to each session, unless you and I make a special arrangement otherwise (or unless you have insurance coverage which requires another arrangement). Although I customarily charge my full fee of \$120/hr, in circumstances of financial hardship I will sometimes adjust my fee according to a 'sliding scale' (after receiving written income verification).

If you and I work for periods of more or less than 45 minutes, I will break down the hourly cost accordingly. Other services I may provide (including extended report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries) will be based on the time involved in providing the service, and broken down according to my regular fee.

If you think you may have trouble paying your bills on time, please discuss this concern with me as soon as possible. If your unpaid balance reaches \$ 240, I will notify you. If it then remains unpaid, we may need to focus on terminating treatment and/or referring you to another practitioner. If your unpaid balance 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. 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.

You have the responsibility to keep all scheduled appointments. If it is necessary to cancel an appointment, I ask that you notify me 24 hours in advance. If you miss a session or do not provide 24 hours notice cancellation, you will be charged \$50 (or ½ your full negotiated fee - whichever is less) for a 45 minutes session, or I may terminate treatment and suggest you meet with another provider. Of course, if we both agree that you were unable to attend because of an emergency or circumstances beyond your control then I would not charge you for the session.

Please also note that I try to be very respectful of each client's time. Therefore, barring emergencies or unforeseen circumstances, I will reserve your agreed upon session time for you for each appointment. If you are late to your

appointment, it may not be possible to make up the difference of time depending on scheduling for that day. It is very important to make sure you are on time for your appointments.

[Please note that even if you have private insurance, you are responsible for paying late cancellation or no-show fees since your insurance will not cover them..]

## **Insurance Reimbursement**

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 try to help you understand the information you receive. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. Also, these plans are sometimes limited to short-term treatment approaches; hence it may be necessary to seek approval for more therapy after a certain number of sessions.

If I do not take your insurance, you have the option to pay out of pocket, or I can refer you to another competent clinician that does take your insurance. Sometimes insurance companies will reimburse you for treatment with ‘out of network providers’, and I would be happy to fill out any paperwork to assist you with this.

I accept Blue Cross Blue Shield of Michigan and signing this document gives your consent for me to contact your insurance company for billing and treatment purposes and share your health care information to obtain coverage.

## **Contacting Me**

I am available by phone during regular business hours Monday thru Friday, although I do not answer my phone when I am in a meeting with a client. When I am unavailable, the call will go to my confidential voicemail. I will try to return your call that same day, or within one business day of receiving it (except on weekends or if I am on vacation). If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact.

**If you are in crisis and are unable to reach me, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. In a situation where serious harm may occur, call 911 or get safe transportation to the nearest hospital emergency room.**

**My practice does not have 24 hour crisis availability**, support staff, or a psychiatrist. If it is possible you will need crisis services over the course of treatment, it is important that you discuss this with me during the first meeting (and I may recommend that you seek services at an agency that can offer more crisis coverage than can be provided by a private practice).

## **Client Rights**

According to the law, you have the following rights regarding your mental health services:

You have the right to receive the best care indicated for your problem. Therefore if you feel we are not a ‘good fit’ and decide not to enter therapy with me, I will provide you with the names of other competent therapists.

You have the right to end therapy at any time. The only thing you will have to do is to pay for any sessions you have already had. However, it is also ideal to have a chance to discuss with me your reasons for termination in order to ensure that your goals have either been met, or that you have other sources of support in place.

You have the right to be informed about your treatment, and to ask any questions, at any time, about what we do during therapy or the nature of my methods.

You have the right not to allow the use of any therapy technique. If I plan to use any new technique, I will tell you and discuss its benefits and risks.

You have the right to review your records in my files at any time, to add to or correct them, and to get copies for other professionals to use. Please note that if my files include documents from other treatment providers that you have given me written permission to obtain, I cannot provide those documents to you (and instead you would need get them directly from the provider who created them). It is my office policy to retain clients' records for five years after the end of our therapy.

You have the right to privacy. Generally, any information you share with me in therapy is held strictly confidential, and will not be disclosed to anyone without your signature on a written Authorization form. However there are some situations in which I am required by law to reveal information, even without your permission. Here are some of these situations:

1. If you are a serious threat to yourself or to another person, I may be required to disclose information in order to take protective action. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can assist in providing protection.
2. If you report knowledge of any physical, sexual, or emotional abuse/neglect to a minor, elder, or disabled person (whether that perpetrator be you, or another person), I must report this information to the appropriate government/social service agency.
3. If you are involved in a court proceeding, and the orders me to testify about you, or to produce your written record of your treatment, I must do so. Also if I am testing or treating you under a court order, I must report my findings to the court. Or if you were to file a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
4. If you are using health insurance to pay for this treatment, I may be required to disclose specific information about your treatment to that insurance carrier.
5. Also, I often seek out professional supervision or consultation from another psychologist, in order to ensure that I am utilizing the best treatment approach with my clients. As such, I may share with that professional some select information about your treatment. This other clinician is also required by professional ethics to keep your information confidential. Likewise, if I am out of town for longer than a few days, another therapist will be available to help my clients. And under those circumstances I must give that clinician some information about my clients
6. If you do not pay for treatment and have an outstanding unpaid balance, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due to me.

*In the event that I would be legally required to disclose any information about your treatment, I would always do my best to inform you before any information was shared, and would limit my disclosure to what is necessary*

The Health Insurance Portability and Accountability Act (HIPAA), is a federal law that provides extra privacy protections and patient rights, with regard to the use and disclosure of your Protected Health Information. The new or expanded rights that HIPAA provides, include: requesting that I amend your record; requesting restrictions on what information from your Clinical Records 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.

If you have any questions regarding HIPPA or any of the policies & procedures mentioned above, I am happy to discuss them with you.

**A Note About Minors in Therapy**

Patients and their parents should be aware that while privacy in psychotherapy is very important, parental involvement can be important to successful treatment. Hence for clients under 18 who were referred by their parents, I will request an agreement between that client and his/her parents, allowing me to share general information about the progress of their treatment, and attendance at scheduled sessions. Any other communication will require the client's Authorization, unless I feel that the client 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 client, if possible, and do my best to handle any objections he/she may have.

By signing below, you are acknowledging that you have read, understand, and agree to abide by the terms and conditions presented above.

_____ Client Signature	_____ Date	_____ Printed Name
_____ Client's Parent or Guardian	_____ Date	_____ Printed Name
_____ Clinician/Witness Signature	_____ Date	