

DR. SHARON PHILLIPS AND ASSOCIATES, LLC
OUTPATIENT SERVICES CONTRACT

Welcome to our practice! This document contains important information about our 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 first meeting. When you sign this document, it will represent an agreement between us. Please **KEEP ONE COPY** for your records, and **SIGN AND BRING THE ORIGINAL** to your first session.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending upon the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods we 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 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. Very often, especially in working with children, once psychotherapy begins problems can get worse before they get better, since you are working together with your therapist to create changes in long-standing behaviors and children are likely to test the new limits you create.

Your first few sessions will involve an evaluation of your needs. By the end of this evaluation, your therapist will be able to offer you some first impressions of what your 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 or not you feel comfortable working with your therapist. Therapy involves a significant commitment of time, money, and energy, so you should be very careful about the therapist you select. 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.

SESSIONS

Your therapist will normally conduct an evaluation that will last from 2 to 4 sessions. During this time, you can decide together with your therapist if he or she is the best person to provide the services you need in order to meet your treatment goals. Once psychotherapy begins, your therapist will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) once a week or every other week, at a time mutually agreed upon, although some sessions may be longer or less frequent. Every effort will be made to begin and end sessions on time. Each appointment time is reserved exclusively for you. Unlike medical practices, we do not “double book” appointments. Cancellations are needed at least 24 hours in advance in order to avoid being charged \$60.00 for the scheduled appointment. After this time, the session is considered “lost time” which might have been utilized by someone else. In certain situations, your therapist may agree to waive this late fee at his or her discretion, based upon emergency circumstances that may arise.

PROFESSIONAL FEES

The fee for a 45-minute initial assessment session is \$165.00. The fee for a 45-minute psychotherapy session is \$125.00. We also charge this amount for other professional services you may need, although we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, home visits, preparation of records or treatment summaries, and the time spent performing any other service you may request of us.

At times, a visit to your home or to your child’s school or daycare center may be necessary in order to gather observational information about behaviors in order to complete a thorough evaluation for your child and plan appropriate treatment strategies. These visits will only be conducted with your consent. In addition to the regular session fee, you will be charged for your therapist’s travel time to and from your home/school/or daycare center at the rate of \$125.00/hour.

If you have requested a psychological evaluation for your child, you will be charged a report-writing fee of \$150.00 to cover the cost of summarizing the results of the evaluation, and completing a report that can be submitted to your child’s school or other related agency. You will also receive a copy of this report. This fee is not covered by insurance, so you will be responsible for this cost.

In the event that we are subpoenaed or otherwise involved in legal proceedings as a result of our treatment of you, and/or it is required that we attend a legal conference with a third party regarding our treatment of you, you agree to pay for your therapist’s time at a rate of \$150.00 per hour, in addition to other costs and expenses associated with the subpoena or proceedings, including, but not necessarily limited to, travel time, attorney fees, and expenses. Hourly billing will begin at the time your therapist leaves the office, in addition to any time that might be spent preparing for the proceeding. All of, or a part of,

these fees are required to be paid to your therapist in advance of testifying or attending any court or other proceeding. By signing this form, you accept the above information and are willing to pay the fees associated with legal proceedings.

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.

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 we release regarding a client's treatment is his/her name, the nature of 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. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (and not your insurance company) are responsible for full payment of our 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, we will be happy to provide you with whatever information we can based on our 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, we are 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 such as HMOs and PPOs 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 clients feel that they need more services after insurance benefits end. If you find that you would like to continue therapy after your

insurance benefits end, please discuss with your therapist what type of self-pay arrangements can be made.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans, summaries, or copies of the entire record. This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, your therapist has no control over what the insurance companies do with the information once it is in their hands. In some cases, insurance companies 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. Some clients choose to privately pay for their sessions rather than use their health insurance benefits, so as to keep information more confidential and avoid the problems mentioned above. If you wish to be a self-pay client rather than use your insurance benefits, please discuss this with us at your first session.

CONTACTING YOUR THERAPIST

Your therapist is often not immediately available by telephone. While he or she may be in the office, your therapist will not be able to answer the phone when he or she is with a client. When therapists are unavailable, their phones are answered by voice mail that is monitored frequently. We will make every effort to return your call within 24 hours, 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 cannot wait for us to return your call, we ask that you contact your family physician or the nearest emergency room. If your therapist will be unavailable for an extended time, he or she will provide you with the name of a colleague to contact, if necessary.

If you are calling to change an appointment time, instead of calling your therapist, please call our office assistant, Nancy King, at (513) 860-0801, Extension 6. She will be happy to assist you.

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 unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in the presence of your therapist so that together, you can discuss the contents.

Clients will be charged an appropriate fee for any time spent in preparing information requests.

CONFIDENTIALITY

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

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order your therapist's testimony if the judge determines that the issues demand it.

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

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

These situations are not frequent occurrences in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

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

If your therapist is a licensed independent social worker (LISW) or a licensed professional counselor (LPCC), your treatment will be supervised by our licensed clinical psychologist, Dr. Sharon Phillips. This means that your treatment plan will be reviewed by Dr. Phillips and that she will be consulted on an as-needed basis about your care.

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. We 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.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Printed Name

Date of Birth

Client Signature (or Parent, if minor)

Date Signed