

DR. SHARON PHILLIPS, LLC
9078 Union Centre Blvd., Suite 350
West Chester, OH 45069
(513) 785-0831

OUTPATIENT SERVICES CONTRACT (Rev. 2/19)

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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 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 SERVICES

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.

Please Note: Dr. Sharon Phillips, LLC does not perform custody evaluations, and therefore is not able to provide any recommendations about custody.

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PSYCHOTHERAPY SESSIONS

I will normally conduct an evaluation that will last from 2 to 4 sessions. During this time, you can decide together with me if I am the best person to provide the services you need in order to meet your treatment goals. Once psychotherapy begins, we 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.

PROFESSIONAL FEES

The fee for a 1-hour initial diagnostic assessment session is \$200.00. The fee for a 45-minute psychotherapy or feedback session is \$150.00. The fee for a 1-hour session is \$175.

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. Please know that if you or your child are ill, if there is a death in the family or some other emergency, or if weather conditions are bad, this fee will be waived.

I also charge \$175 per hour for other professional services you may need, although I will break down the hourly cost if I 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 of \$175/hour, you will be charged for my travel time to and from your home/school/or daycare center at the rate of \$175.00/hour.

In the event that I am subpoenaed or otherwise involved in legal proceedings as a result of our treatment of you, and/or it is required that I attend a legal conference with a third party regarding our treatment of you, you agree to pay for my time at a rate of \$250.00 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

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expenses. Hourly billing will begin at the time I leave 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 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. All deductibles and co-pays will be due at the time the service is rendered. Your credit card will be billed on the same day of any appointment which is not cancelled within 24 hours. Payment schedules for other professional services will be agreed to when they are requested. You must have a credit card on file authorized to pay your portion of the bill. For all outstanding balances on your account, you will receive an email 5 days before your credit card is charged in case you would like to pay a different way (e.g. by cash, check, or with another credit card). If I do not hear back from you in 5 days, the credit card that you have on file will be charged.

If your account has not been paid for more than 30 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 client's treatment is his/her name, the nature of services provided, and the amount due.

THE ADVANTAGES OF SELF-PAY

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. All insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes I 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, I have 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. I will provide you with a copy of any report we submit, if you request it.

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IF YOU DECIDE TO USE YOUR HEALTH INSURANCE

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 (and 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 be happy to provide you with whatever information I can based on my 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 me what type of self-pay arrangements can be made.

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 me at your first session.

You are responsible for providing us with updated insurance information, if any of your insurance benefits should change. **Failure to provide this information in a timely fashion may result in you paying the full fee for sessions.**

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CONTACTING ME

I am usually not immediately available by telephone. While I am in the office, I will not be able to answer the phone when I am with a client. When I am unavailable, my phone is answered by voice mail that is monitored frequently. I will make every effort to return your call within 2 business days, 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, I ask that you 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.

If you are calling to change an appointment time, instead of calling me, please call Ray, my administrative assistant, at (513) 889-2274 or email her at supportstaff @ doctorsharon.com.

SOCIAL MEDIA

Maintaining the confidentiality of our clinical relationship is of the utmost importance. For this reason, I do not accept "friend" or contact requests from current clients, former clients or family members of clients on any social networking site (i.e Facebook, Instagram, LinkedIn). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy.

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 unless I believe that seeing them would be emotionally damaging, in which case I 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. It is recommended that you review them in my presence so that together, you and I 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 I 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 me 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 me to provide testimony if the judge determines that the issues demand it.

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

If I believe that a client is threatening serious bodily harm to another, I 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, I 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 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 clients. 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.

_____ I have read and understand the outpatient services contract and agree to abide by its terms.

Client's Printed Name

Client's Date of Birth

Signature of Client or Parent

Today's Date