

## OUTPATIENT SERVICES PSYCHOLOGICAL SERVICES CONTRACT

**(This is a detailed document. Please feel free to read at your leisure and discuss with Dr. Gard in subsequent sessions. It is a document to review over the course of our work together and is meant to both educate and explain some of the complexities and collaborative aspects of our agreement)**

Psychotherapy is not easily described in general statements. It varies depending on the match of the psychologist and patient, and the particular problems that need to be worked with. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy calls for 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 out of the sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult 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.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some impressions of what our 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 you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my approach or the work we are doing, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. In some cases, you may be requesting psychological testing. If you are requesting testing; please discuss the costs and benefits of psychological testing and how it may benefit you and your child.

### **MEETINGS**

I normally conduct an initial clinical evaluation that typically is during the first session. If psychotherapy is begun, I will usually schedule 45- 50-minute sessions at the frequency that we agree on, although occasionally some sessions may be longer. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control).

### **COUPLES OR MARITAL WORK**

If you are doing marital or couples work, please note that is expected that both of you will need to feel comfortable working with me. The more you each are invested and are willing to look at your part in the difficulties, the more likely the therapy will be successful.

If one of you decides to leave couples work, I will not be able to see the other in individual work for a period of two years. If either of you decides you wish individual therapy, I will refer you to an individual therapist as my contract is with you as a couple.

The confidentiality of your work as a couple belongs to both of you as a couple. I may not release any information to any source (with a few exceptions as specified by law) without you both signing legal releases of the information to be released. I will not testify in any court matters regarding this therapy or any legal issues, as it would impact our work and the effectiveness of our therapy if we were not to have this part of our contract.

## **PROFESSIONAL FEES**

My initial evaluation fee is \$190 for 60 minutes. My hourly fee is \$160 for a 45-50 minute session. If we have an hour-long session, the fee is \$190. In addition to weekly appointments, I charge this amount 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 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 me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. (Because of the difficulty of legal involvement, I charge \$250 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. Payment schedules for other professional services will be agreed to when they are requested. (In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Please discuss this with me if this need arises) Testing and psychological assessment are charged at a different fee schedule.

If your account 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.) In most collection situations, the only information I release regarding a patient'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. I will 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.

I am not on any insurance panels, therefore, you will be responsible for collecting from your insurance plan the mental health benefits that are reimbursable through your plan.

You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have 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 claim to keep such information confidential, I 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. I will provide you with a copy of any report I submit, if you request it.

I will request you provide me, in writing, a release that I provide this information to your insurance company.

### **CONTACTING ME**

I am often not immediately available by telephone, as I am in sessions. While I am usually in my office between 9 AM and 6 PM, Monday-Thursday, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by an answering voice mail, or by my secretary whom you can reach by dialing “0” (that I monitor frequently, or who knows where to reach me). I will make every effort to return your call within 48 hours you make it, with the exception of Fridays, weekends and holidays. If you are also not immediately available, please inform me of some times when you will be available. (in emergencies, my pager number is 770-393-1880, ext 208). If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist (psychiatrist) on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. On the AAFPC website; AAFPC.net.

### **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, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or maybe upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. (I am sometimes willing to conduct a review meeting without charge.) Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

### **MINORS/TEENS**

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 and/or discuss your treatment. It is my policy to discuss with your parents your need to reasonable privacy of our treatment and our work together. If they agree, I will provide them only with general information about our work, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. There are many issues in the treatment of a teen that can be tricky as to what will be shared or not shared which do not fall in the category of “ serious high risk” which make working with teens and communication with parents often challenging. I will ask your parents in advance their expectations of what will be shared and try to let you know what these expectations are. I will also try to have you communicate these to your parents on your

own before I have to. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

You and your parents may need to do family therapy with a different therapist if there are significant issues where there is conflict and your parents are looking for guidance on management issues as this presents problems that can compromise our work together. Sometimes teens and parents can work together over management issues and do family therapy, but at other times, this can compromise the individual therapy between the teen and the individual therapist and a separate family therapist will need to address with the family the behavioral and family issues that exist.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist 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.

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 patient's treatment. For example, if I believe that a child (elderly person, or disabled person) is being abused, I must, as required by law, file a report with the appropriate state agency.

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

These situations have rarely occurred 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. I do this to be able to provide the highest quality of care and assure that evidence-based approaches are being utilized. This is one of the benefits of my being in an office with other professionals. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this brief written summary of a few of the exceptions to confidentiality should prove helpful in informing you a few of the 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, and I am not an attorney. (If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.)

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

## TERMINATION OF TREATMENT

Termination of treatment is usually mutually agreed upon by both of us when treatment has successfully concluded. Either of us may terminate treatment if we feel it is not proceeding in a manner that will be successful or if the contract for treatment is not being followed. If, for any reason, you do not feel that your treatment is going as you had hoped, please bring this up in your sessions so we can discuss your concerns and ideally change or adapt the treatment or make modifications. If you would like to get a second opinion, please let me know so I can assist you in finding another therapist. If you decide to terminate therapy, I would also appreciate knowing this. If I do not hear from you to schedule an appointment agreed upon, I will assume you do not wish to continue treatment after 15 days.

My signature and signing my printed name and date indicates that I have been provided a copy of the contract to review and take home and that I will discuss with Dr. Gard any concerns or issues as they emerge over the work of our treatment.

Signed \_\_\_\_\_

If Teen,

Signed \_\_\_\_\_

Printed \_\_\_\_\_

Dated \_\_\_\_\_