

OUTPATIENT SERVICES CONTRACT

This document contains important information about my professional services and business policies. Please read it carefully and take note of any questions you may have so that we can discuss them. Signing this document will represent an agreement between us.

SERVICES

Therapy varies depending on the personalities of the therapist and client(s), and the problems that the client(s) bring forward. There are many different methods to deal with those problems. Therapy is not like a medical doctor visit. In order for therapy to be most successful, the client(s) have to work both during the session and at home.

There are benefits and risks to therapy. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, therapy has been shown to be beneficial for those who participate fully. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Our first couple of sessions will involve an evaluation of your needs. 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. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves commitment of time, money and energy, so choosing a therapist is an important decision! If you have any questions about my procedures, we should discuss them whenever they arise.

SESSIONS

The initial evaluation session will be approximately 50-55 minutes. During this time, we can both decide if I am the best person to provide the services you need in order to address your presenting problem. Once therapy begins, I will usually schedule one 50-55 minute session (one appointment hour of 50-55 minutes duration) per week at a time we agree on.

If you are seeing me for couples or family therapy, please note that I will not treat individual members of the family. In some cases, I will conduct occasional sessions with an individual, but not on a frequent basis. This is to ensure that the therapeutic relationship with the entire treatment unit remains intact. If you wish to seek individual therapy outside of the couples/family therapy that I am providing, I'll be happy to refer you to another therapist.

CANCELLATIONS

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide notice of cancellation by phone at least 24 hours in advance. Please note that insurance companies typically do not reimburse for missed sessions. If you miss a session or do not give at least 24 hours notice of cancellation, you will be responsible for my full hourly fee (\$115 for individuals and \$125 for couples and families).

FEES

My hourly fee is \$115 for individuals and \$125 for couples and families. In addition to our scheduled appointments, I will charge this amount for other professional services you may need, though 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 that you have authorized or requested, preparation of records or treatment summaries and the time spent performing any other service you may request of me.

The purpose of our work together is to better relationships, develop solutions to specific problems, or significant reductions in feelings of distress. In order to be the best therapist for you, I cannot be an advocate for you in a legal proceeding. If I am issued a subpoena by your attorney to produce documents or to testify in any court or agency proceeding as a result of our therapeutic relationship, I will produce only those documents that I am required by state/federal law to produce. You will be charged for photocopies and postage for the preparation of the document production. In addition, you will be charged at the rate of \$60 per hour for the time I spend locating and identifying the documents that are to be produced. If I am required to appear in person, you will be required to pay, in advance, a retainer of \$600.

I will expect you to pay for my professional time as outlined above even if another party issues a subpoena that compels document production or testimony.

BILLING AND PAYMENTS

Payment for each session is due at the time it is held, unless we agree otherwise. 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 payment arrangements have not been agreed upon, I have the option to use legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If I file a complaint in small claims court, the costs will be included with the claim. In most collection situations, the only information I will release regarding your treatment is your name, the nature of services provided and the amount due.

CONTACTING ME

I am often not available by telephone. While I am in my office, I am unable to answer the phone when I am with a client. When I am unavailable, my telephone is answered by confidential voicemail. I will return your call within 24 hours, 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 can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or 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.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep records. As a matter of property law, the records belong to me. However, both federal and state laws give you access to a copy of the protected health information in your mental health record.

For purposes of HIPPA's Privacy Rule, I am a mental health care provider. More specifically, I am a Marriage and Family Therapist, licensed by the State of Illinois by the Department of Financial and Professional Regulation, Division of Professional Regulation. My professional records contain individually identifiable health information about you. You have the right to make a written request to receive a copy of the individually identifiable health information (sometimes called PHI or protected health information) about you in the mental health record that I maintain. Your right under HIPPA's Privacy Rule, to request and receive a copy of the PHI in your mental health record, does not extend to my psychotherapy notes.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents to give up access to your records. If your parents agree, I will provide them with general information about our work together only, unless I feel there is a risk that you will seriously harm yourself or someone else. In that case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you. Whenever possible, I will do my best to handle any objections that you may have to what I am prepared to give them.

CONFIDENTIALITY

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

There are some situations where I am required by law to protect others from harm, even if I have to reveal confidential information about your treatment. For example, if

I believe that a child, elderly person or disabled person is being abused or neglected, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm him/herself, I may be obligated to seek hospitalization or to contact family members or others who can help provide protection. In most legal proceedings, I am obligated to claim the therapist/client confidentiality privilege if you have not signed a release that authorizes me to reveal information. If I am providing treatment to more than one person as part of a single client (couples therapy, family therapy, etc.), each member of the client unit has to sign a release before I can reveal information about any member.

I may find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. 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 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. I will be happy to discuss these issues with you if you need specific advice, but you may want legal advice because the laws governing confidentiality are complex, and I am not an attorney. This is especially true if you and/or other individuals are seeking therapy as the result of a court order or other agency or government agency referral.

Your signature below indicates that you have read and understand the information in the outpatient services contract. You agree to abide by its terms during our professional relationship.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name of Minor
(over 12 years of age)

Signature

Date

Printed Name of Minor
(over 12 years of age)

Signature

Date