



Psychotherapy Services Agreement-Child & Adolescent

Welcome to my practice! I appreciate your trust and the opportunity to be of help to you and your family. This letter is designed to answer some frequently asked questions about my practice, so please read all of it before signing it. As you read it, please feel free to mark any places which are not clear to you or write in any questions so we can discuss them at our next meeting.

ABOUT PSYCHOTHERAPY

Therapy is a large commitment of time, money and energy and so a therapist should be carefully chosen. I strongly believe you should be comfortable and optimistic with the therapist you choose.

You have the right to ask me about other treatments for your child's condition and their risks and benefits. If I believe there are any treatments I cannot provide that may be beneficial, I will refer you to another professional who may help your child.

ABOUT OUR APPOINTMENTS

I usually schedule 60 to 90 minutes for the first evaluation session. We will arrange appointments during my office hours Monday through Friday, 8:00 AM to 5:00 PM. Evening hours are available. Therapy appointments are scheduled for 45 minutes.

An appointment is a commitment to our work and a contract between us -- we each agree and promise to be here and on time. On occasion, I may not be able to start on time. For this I ask your understanding and assure you that your child will receive the full time agreed to. If you are late I will probably be unable to meet for the full time scheduled as it is likely that I have another appointment scheduled after your child's.

If you must cancel please do so at least 24 hours in advance. Missed appointments are not covered by insurance. If I do not receive 24-hour notice you will be charged \$45 for the first missed appointment, \$100 for the second missed appointment, and \$150 for all other missed appointments. I have voicemail so that you may leave a message.

CONTACTING ME

I do not take calls when I am with a patient. I make every effort to return calls as soon as possible except weekends and holidays. In an emergency, call 911 or go to the nearest emergency room.

THE BENEFITS AND RISKS OF THERAPY

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of you or your child's life, uncomfortable feelings may arise such as sadness, guilt, anger, or frustration. Sometimes a child's problems may

temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives.

The benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Patients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

There is no guarantee of what you or your child will experience. Even with my best efforts, there is a risk that therapy may not work out well for you.

FINANCIAL CONSIDERATIONS

You will be expected to pay in full for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage. Payment can be made with check, cash, Visa or MasterCard. My professional fees are posted separately. In addition to weekly appointments, I charge 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 ten minutes, consulting with other professionals with your permission, 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 all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge a higher rate per hour for preparation and attendance at any legal proceeding.]

If you are having a hard time paying for therapy, please discuss this with me. I am not willing to have patients run a bill with me. Patients who owe money and fail to make arrangements to pay may be referred to a collection agency.

FEES ARE SUBJECT TO CHANGE EVERY SIX MONTHS.

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. Currently I only accept certain BC/BS, Aetna, and Cofinity plans. You should read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call the plan administrator. I do not accept assignment of benefits, nor do I participate in managed care insurance plans (HMO's and PPO's).

If you have insurance, you are responsible for providing me with the information I need to send in your bill. You may owe a deductible. **Co-payments are due when**

27620 Farmington Rd., Suite 207 • Farmington Hills, MI • 48334 • 248.324.9094

services are rendered. Please be aware of --and keep track of-- your insurance benefits.

If you have insurance other than those I accept, payment is expected at the time services are provided. You may choose to submit a claim to your insurance company. 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 also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. 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. By signing this Agreement, you agree that I can provide requested information to your carrier.

By signing this agreement, you agree to allow release of information needed to accomplish insurance billing.

ABOUT CONFIDENTIALITY

In general, I will tell no one what you or your child tells me. The privacy and confidentiality of our conversations, and my records, is a privilege and is legally protected by state law and my profession's ethical principles, in all but a few rare circumstances. Confidentiality can be "broken" in certain situations such as emergencies. Other situations include potential danger to self or others (e.g., suicidal plans, physical or sexual abuse involving children, plans to harm others, significant substance abuse), neglect, legal proceedings, or court ordered treatment.

I may consult with colleagues and specialists about our ongoing work. This pursuit of quality assurance never involves your name or any specifics through which you might be identified.

While this brief 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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

MINORS AND PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that patients over 14 can consent to (and control access to

27620 Farmington Rd., Suite 207 • Farmington Hills, MI • 48334 • 248.324.9094

information about) their own treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually my policy to request an agreement from any patient between 14 and 18 and his/her parents allowing me to share general information with parents about the progress of treatment and the child's attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child 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 child, if possible, and do my best to handle any objections he/she may have.

ENDING THERAPY

Termination is inevitable. It should not be done casually, as it can be made a most valuable part of the treatment process. Either of us may terminate the treatment if we believe it is in your child's best interest. I ask for at least one session after you wish to terminate to review the treatment, goals and accomplishments, any future work to be done, and future options.

OTHER POINTS

From time to time I send out mailings to patients. Tell me if you prefer not to receive these.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

AGREEMENT

If you have any questions or concerns about clinic policies, practical matters, or treatment issues, please feel free to raise them with me.

I have read the above policies and my responsibilities, discussed them where I was not clear about them, and had my questions fully answered. I understand and agree to comply with them.