

Outpatient Services Contract



Welcome to my practice. This document contains important information about my professional services, business policies, your rights as well as our mutual responsibilities and obligations. It also contains information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protection and patient rights about the use of disclosure of your protected Health Information (PHI). While this is a long and complex document, it is important that you understand HIPPA PHI. Please read this contract and let me know if you have any questions. This contract will become a part of your file as it is an agreement between the two of us.

Professional Services:

- **Psychotherapy:** I am committed to providing professional therapeutic services to individuals, couples, families, and groups. I have met the requirements and training for a Licensed Independent Clinical Social Worker in the state of MN (license # 19016) and will continue to maintain these requirements.

Psychotherapy can have benefits and risks. Since therapy involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, therapy has been shown to have benefits for people who participate in it. However, there are not any guarantees of what you will personally experience. You understand that therapy is not an exact science and you acknowledge that no guarantees have been made to as the result of assessment or treatment.

When we first meet, I will conduct a diagnostic assessment. By the end of that assessment, I will provide you with feedback, recommendations and offer you some first impressions of what our work will include should we decide to work together. You should evaluate this information along with your opinion of whether you feel comfortable working with me. Therapy involves a commitment of time, money and energy, so you should be very selective in whom you chose for your therapist.

During this time, I will also decide if I am the best person to provide the services you need. An intake assessment can also be just for the purpose of assessment and referral: coming for an intake does not mean we are consenting to treatment together. If I cannot provide the service, I will consult with others and refer you to other resources.

If we decide to continue, we will create a treatment plan that will include the goals you will hope to achieve through therapy. Depending on the age of the client and type of therapy an appointment lasts 30-60 minutes in length. To ensure you receive the best possible care I participate in a weekly consultation group where I may consult with other professionals (legal and clinical) on your case. To what degree it is possible, every reasonable attempt is made to avoid revealing you're your identity to other professionals with whom I consult.

- **Contacting me:** You can contact me by telephone, email or mailing address as listed on my business card. I make every effort to check my voicemail frequently and return calls in a timely manner. Please understand that my office voicemail is *a non-urgent* number. If you are a Dialectical Behavioral Therapy (DBT) DBT client you will be given my afterhours coaching phone number and we will discuss the guidelines around the use of that number. Many of the parents I work with find that email is a convenient manner in which to communicate with me between sessions. By signing this agreement you are stating that you understand that I am unable to guarantee confidentiality through email, text, or cell phone use.
- **Emergencies:** If you are a DBT, client I will provide you with crisis/emergency numbers. Please do not leave me a voicemail if it is an emergency as I cannot guarantee that I will get your message in time to help. If you are unable to reach me, call 911, the Crisis Connection at 612-379-6363 or go to the nearest hospital.

Business Policies:

- **Professional Fees:** My professional fees are as follows

Initial intake \$225.00

Returning sessions/Family sessions \$180-220 (depending on time in session)

DBT group therapy \$270.00-\$520.00

All services provided in office will be submitted to your insurance. You are responsible for any balance not covered by your insurance. You must pay for services rendered at the time of each appointment, unless a previous agreement has been reached. Insurance companies do not cover in home sessions or sessions longer than 60 minutes. I am willing to provide additional services you may request. For example, you may request that I prepare written documents, send records, and/or attend meetings; all of which will be billed separately if the time required exceeds 15 minutes. 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 please be aware that I charge my hourly fee (\$180.00) for preparation and attendance of any legal proceedings, including transportation.

Initial Here

*If you are a parent, it is important to understand that I will not testify or make legal recommendations regarding living arrangements of children. This is out of the scope of my practice in the role of therapist for your child. However, I am able to report on observable behaviors from the child and parent involved. This remains true in the event of a subpoena.

- **Health Insurance Reimbursement:** I am an "In Network Provider" and an "Out of Network Provider" for some health insurance companies. You will be responsible for knowing your health coverage benefits and are responsible for full payment of my fees. It is your responsibility to be familiar with the terms of your policy and to inform me or my office of any changes to your policy, including if your policy is terminated. I agree to notify you immediately if my status with your insurance carrier changes. If your account is unpaid past 60 days it may be sent to a collections agency. Any fees incurred during the collection process will be added to your balance.

You should be aware that some insurance companies require additional information when processing your claims. This can include the clinical diagnosis (technical terms used to describe the nature of your problem), treatment plans and/or part or all of your clinical file (in rare cases). Though insurance companies claim to keep this information confidential, I have no control over how they handle or store your information. If you choose to use insurance for services here you are agreeing to allow me to provide information requested by your insurance company as needed and understand that I cannot be held liable for how your insurance company handles/stores your confidential information.

Initial Here

- **No call/No show Policy:** You will be charged a fee of \$150.00 for a scheduled appointment in which you do not attend and do not call to cancel within 24 hours. This will not go through your insurance and will be added directly to your account. You will be responsible for paying this fee in full at the time of the next session. If you feel that you have extenuating circumstances, feel free to discuss the matter with me. This excludes MA or PMAP clients.
- **Professional Records:** I am required to keep appropriate records for the psychological services I provide. Your records are maintained in a locked location. I keep brief records that you were here, reasons for seeking therapy, goals, progress, diagnosis, topics we discuss, your medical history, and records that I have received from other providers. In accordance with Minnesota law, these records will be kept for 7 years after you terminate therapy. If the client is a child, the record will be kept until the child is 18 years of age, then 7 years after that.

Client Rights:

- **Confidentiality:** Your privacy and confidentiality will be strictly maintained. My policies about confidentiality, as well as other information about your privacy rights are fully described in a separate document entitled Notice of Privacy Policies. You have been provided a copy of that document with your initial intake paperwork and we have discussed those issues. Limits to confidentiality include:
 - You are a danger to yourself or someone else.
 - Supervision/consultation
 - Child abuse/Vulnerable adult abuse
 - Court order
 - You are a minor
 - Abuse from another health care worker
- **Grievance Procedure:** If you are dissatisfied with the services you receive, I encourage you to discuss the concerns with me. If you do not feel comfortable sharing your concerns with me, please contact the Minnesota Board of Social Work by mail at 2829 University Ave, SE Suite 340 Minneapolis, MN 55414 or by phone at 612-617-2100.

Client Responsibilities:

- Psychotherapy calls for an active effort on your part outside of our scheduled sessions. In order for therapy to be successful you will need to work on the things we address both during our sessions and outside of them.
- You are responsible for providing me with accurate and complete information that will enable me to assess your situation and problem.
- You are responsible for honoring your financial agreement with me.

* Please remember that we can revisit any of these conversations at any time during our work together.

Consent to Psychotherapy: Your signature below indicates that you have read this agreement along with the Notice of Privacy Practices and agree to abide by its terms during our professional relationship. I will provide you with a copy of this form if you wish.

Client or Legal Guardian Signature

Date