

Psychotherapist - Client Contract

Practice Policies and Procedures

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 we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Meetings

I normally conduct an evaluation that will last from 2 to 4 sessions. Counseling sessions are generally scheduled once a week for 45-60 minutes, and a given hour is considered blocked for a particular client. Thus, a late cancellation results in an open hour, inconvenience, and a loss of revenue. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.** Insurance companies will not reimburse for missed appointments. If it is possible, I will try to find another time to reschedule the appointment. If you arrive late for a scheduled appointment, only the remainder of the 45-60 minute session will be available. If I run late with a prior appointment for some reason, you will still receive the full 45-60 minutes. If local schools are closed due to weather conditions, please check my answering machine to see if I will be in the office. We may need to reschedule the appointment.

Fees

My hourly rate for the intake session is \$205 (\$5 discount for using check or cash). Fees for weekly services are \$185 per 45-50 minute session (\$5 discount for using check or cash); \$205 per 60 minute session (\$5 discount for using check or cash). In addition to weekly appointments, I charge the same hourly rate 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 a few 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. Typically, the charge for a letter is \$50 due at time of request. Photocopying of records is \$35. Fees may increase periodically.

Billing and Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Cash, check, or credit card are acceptable forms of payment. 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 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, and this could affect credit. If such legal action is necessary, its costs will be included in the claim. There will be a \$30 charge for the return of a check from the bank. By signing this agreement, you acknowledge responsibility for this account and guarantee payment of all charges against this account.

Insurance Reimbursement

As a solo-practitioner, I do not have the administrative resources to participate in many insurance programs. I am, however, licensed in Virginia as a Clinical Psychologist. Your insurance company may reimburse you according to guidelines they have established for out-of-network providers. Your health insurance policy 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 (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 administration. You should also 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.

Forensic and Litigative Services

It is the stated philosophy of this practice that I do not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so

by subpoena or court order. 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, deposition, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if I am called to testify by another party. Because of the complexity of legal involvement, any court appearance or telephone contact with the court during a court case regarding the client or the client's family members in a civil or criminal matter will be charged at \$2500 per day, paid two weeks in advance and non-refundable. Travel time will be billed at an hourly rate of \$205 per hour, plus mileage portal to portal. Depositions will be charged at \$205 per hour plus travel time, wait time, and transportation costs portal to portal. In the events that records or other materials are subpoenaed, a charge of 50 cents per page will be made for copying and file preparation.

Contacting Me

Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office between 9am and 6pm, I will not answer the phone if I am with a patient. When I am unavailable, please leave a message on my voice mail. I will make every effort to return your call on the same day you make it, 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, and that information will be on my voice mail. I only use text or email for setting up appointment times or contacting a client who has missed an appointment. I do not use it for discussion of clinical issues. Messaging and email is not a secure, confidential form of communication and should not be used for clinical communication.

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 by and/or upsetting to untrained readers. If you wish to see your records, I recommend you review them in my presence so that we can discuss the contents. Clients will be charged a fee for any professional time spent in responding to information requests.

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 that I will provide parents only with general information about our work together, 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 concerns. I will also provide them with a summary of your treatment when it is complete. 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 about it.

Confidentiality

In general, the law protects the privacy of all communications between a client and a psychologist, and I can release information about our work to others only with your written permission. However, 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, 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 or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection. I will make every effort to fully discuss it with you before taking any action.

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 my testimony if he or she determines that the issues demand it.

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 client. The consultant is also legally bound to keep the information confidential.

Informed Consent to Treatment

I, _____ (name of patient or guardian as applicable), agree and consent to participate in behavioral health care services offered and provided at/by Dr. Ann O'Malley. If the patient is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

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

Print Client Name

Date Signed

Signature of Client /or Legal Representative

Date of Birth

Print Name of Legal Representative

Relationship to Client