

## **Psychologist-Patient Treatment Agreement (the Agreement)**

**Welcome to my practice. This document (the Agreement) contains important information about my professional services and policies. When you sign this document, it will represent an agreement between us. Please read the Agreement carefully and ask me any questions you have.**

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client / patient, the therapist's training and treatment philosophy, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active engagement on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during session and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, anxiety, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to solutions to specific problems, significant reductions in feelings of distress, better relationships, and a higher quality of life. 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, we will discuss what our work would include and a treatment plan, if you decide to continue with therapy. It is best that you carefully evaluate the treatment recommendations and whether you feel comfortable working with me. If you have questions about my practices, please discuss them with me 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.

### **MEETINGS**

I normally conduct an evaluation that will last from 2 to 4 sessions (each lasting 45 minutes). During this time, we can both decide, if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually see patients for one 45-minute session per week at a time we agree on (some sessions may be longer or more frequent). Priority for scheduling goes to patients with established weekly appointment times. Being on time for your session is very important; if you arrive late, you will still pay for the full session fee.

# Nicole Flory, PhD

Licensed Psychologist

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## CANCELLATIONS

A 48 hours notice is required to cancel a session. **If, for any reason, you are unable to give 48 hours notice, you will be charged for the session.** If you miss a scheduled session, you should contact me to find a time to reschedule. If you miss 2 sessions in a row, we will discuss whether the timing for therapy is convenient for you. Please note that insurance companies do not reimburse for cancelled sessions, so you will be responsible for the full session fee. You may stop therapy at any time; but will be responsible for paying for services you had already received.

## CONTACTING ME

Due to my work schedule and the fact that I do not take regular calls during sessions, I am often not available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. In your message, please inform me of some times when you will be available to talk on the phone and your number (even if you think I have it). This will help me to get back to you sooner, typically within 48 hours, with the exception of weekends, vacations, and holidays. You may contact me through e-mail for scheduling / administrative purposes. Please keep in mind that e-mail is not considered a secure form of communication. Therefore, in order to protect your privacy, you should not include any sensitive clinical information in your e-mail. If you are unable to reach me or feel that you can not wait for me to return your call, please contact your family physician, contact your nearest emergency room and ask for the clinician on call, or call 911. If I am unavailable for an extended time and it is necessary to make contact, I can provide you with the name of a colleague you can contact or my colleague may contact you.

## PROFESSIONAL FEES

My usual fee is \$150 for each 45-minute session. In addition to weekly appointments, I 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, clinical telephone conversations lasting longer than 10 minutes, 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, consultation with attorneys, and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvements, my regular fees will be doubled for preparation or attendance at any legal proceeding. I reserve the right not to take on patients involved in legal proceedings and increase fees annually.

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## BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held by personal check, unless we agree otherwise. **Please do not send checks by mail.** Payment schedules for other professional services will be agreed to when they are requested. Upon request, I can provide you with a statement at the end of the month that includes all information typically required by insurance companies for reimbursement. You are responsible for filing claims with your insurance company and should inform me of any changes in your home address or insurance status. (See Insurance Reimbursement section below for more information.) Failure to keep current with appointments and payments may result in an interruption of therapy. This will be discussed with you in advance of any such action being taken. 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 running your credit card, hiring a collection agency or going through small claims court which may require to disclose otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

## 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. It is important to remember that you always have the right to pay for my services yourself to avoid the potential problems such as requesting services that are not covered or having your personal information released to an insurance company. Due to the rising costs of health care, insurance benefits have increasingly become more complex. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. 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 and call your plan administrator. You should also be aware that your contract with your health insurance company requires that I provide them with information relevant to the services that I provide to you. This information may include diagnostic information, treatment plan, reason for treatment, and prognosis for treatment. The insurance company may also determine that more information must be released such as the entire patient record. In such situations, I will make every effort to release the minimum information about you that is necessary for the purpose requested. The released information may become part of the insurance company files and will probably be stored in a computer network. Though 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 may provide you with a copy of any report I submit, if you request it.

## LIMITS ON CONFIDENTIALITY

In general, the law protects the privacy of communication between patient and psychologist or other health care professionals. To insure the highest quality of care, I may sometimes confer with other health professionals about your treatment. In most situations, I can only release information about you, if you sign a written authorization. This legal "Authorization" will remain in effect for a length of time you determine. You may revoke the authorization at any time, unless I have taken action in reliance on it. However, there are some disclosures that do NOT require your Authorization, as follows:

- Disclosures required by health insurance companies or to collect overdue fees are discussed in this Agreement.
- If you are involved in a legal proceeding, I may have to provide your personal information under a court order.
- If a government agency is requesting the information for oversight activities, I may be required to provide it.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are very rare in my practice. If I know or have reason to suspect that a child (or elderly / disabled person) has been or is in danger of being a neglected, mentally, physically, or sexually abused, the law requires that I file a report with the appropriate governmental agency, such as the Child Protective Services. Once such a report is filed, I may be required to provide additional information. Patients under 18 years of age, please be aware that the law may provide your parents with the right to examine (parts of) your medical record.

- In an emergency, if I believe that a patient presents a substantial risk of imminent and serious injury to him/herself, I may be required to take protective actions, including notifying individuals who can protect the patient or initiating emergency hospitalization.

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- If I believe that a patient presents a substantial risk of imminent and serious injury to another individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

In all other situations, I will ask you for an advance authorization before disclosing any information about you. 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 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.

## PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your Clinical Record. Except in unusual circumstances that involve a substantial risk of imminent psychological impairment or imminent serious physical danger to yourself and others, you can have access to a copy of your record, if you request it in writing. I will notify you if anything is withheld. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

**Please sign, return one copy to Dr. Flory, & retain one copy for your records.**

**My signature below indicates that I have read and received the Psychologist-Patient Treatment Agreement (the Agreement). I agree to abide to all terms outlined above. I have informed Dr. Flory of any ongoing or pending legal proceedings I am (or could be) involved in.**

Patient's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient Name (PRINT): \_\_\_\_\_ Date of Birth: \_\_\_\_\_