

PSYCHOTHERAPIST INDIVIDUAL AND COUPLES SERVICES AGREEMENT

Welcome. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that you are provided with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that your signature is obtained acknowledging that you have been provided with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before your next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless we have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES:

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you or your family member are experiencing. There are many different methods we may use to deal with the problems that need to be addressed. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life or that of your family or child's, you or your family member may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, improved work and academic functioning, solutions to specific problems, and significant reduction in feelings of distress. However, there are no guarantees of what you will experience.

After therapy is initiated, the patient and therapist will work together to establish a formalized plan that outlines the goals of the treatment, techniques to be utilized, and anticipated length of treatment. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we will discuss them whenever they arise. If your doubts persist, a referral to another mental health professional will be provided upon your request.

MEETINGS

If psychotherapy is initiated, one to four 45-90-minute session per week will typically be scheduled or at other specified intervals as mutually agreed upon. Once the appointment hour(s) are scheduled, you will be expected to pay for it. You may come solely to any of the sessions. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. If it is possible, we will find another time to reschedule the appointment within that same week.

CONTACTING ME

Due to the nature of the work, texting is the easiest method to contact. Every effort will be made to return your call within 12 hours, with the exception of weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room. If we will be unavailable for an extended time, we will let you know 2-12 months in advance unless it is an emergency.

PROFESSIONAL FEES

Sessions are between \$240-\$350 per session (and this fee goes up \$20 for individual and \$50 for couples each January) depending on the type of session. In addition to weekly appointments, I charge the cost of your session fee for other professional services, although I will break down the hourly cost if we worked for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals at your request, preparation of records or treatment summaries, and time spent performing any other service you may request. If you become involved in legal proceedings that require my participation in the form of paperwork my fee is \$500 per hour. I do not participate in any court matters.

BILLING AND PAYMENTS

You will be expected to pay weekly or monthly for sessions depending on what is agreed. Payment schedules for other professional services will be agreed to when requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I maintain the option of using legal means to secure the payment. This may involve hiring a collection agency, which will require the disclosure of 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, the costs will be included in the claim.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it 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 fees. It is important that you determine 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 administrator.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of the communications between a patient and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advanced consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, every effort is made to avoid revealing the identity of the patient or any identifying information. Privacy is vital. The other professionals are also legally bound to keep the information confidential.
- You should be aware that I practice with other mental health professionals and employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. I make every effort to address these concerns directly however if I need to address re-scheduling or past due payments are have or administrative support included. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been provided training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- If a patient seriously threatens to harm himself/herself or someone else, Maryland and DC laws provides that a professional may disclose confidential information to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the patient. I will notify you before we contact any other health professional on your behalf.

PROFESSIONAL RECORDS

The laws and standards of my profession require that we keep Protected Health Information about you or your family member in your Clinical Record. The Clinical Record includes information about you or your family member's reasons for seeking therapy/evaluation, a description of the

ways in which the problem impacts on you or your family's life, the diagnosis, the goals that we set for treatment, progress towards those goals, medical and social history, treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone.

In addition, I also keep a set of psychotherapy notes. These notes may also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These psychotherapy notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your psychotherapy notes without your signed, written authorization. Insurance companies cannot require your Authorization as a condition of coverage, nor penalize you in any way for your refusal.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

SIGNED

Patient

DATE: _____

Patient

DATE: _____

Ebony Dennis, PsyD

DATE: _____