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**Outpatient Service Agreement**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read carefully and jot down any questions that you might have so we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between us.

**Therapeutic Services**

Therapy is not easily described in general statements. The techniques will vary dependent upon what is identified. The treatment will include an active effort on your part, working during the sessions and between sessions. Therapy can have both benefits and risks. Risks sometimes include uncomfortable levels of feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. The benefits may include a reduction in feelings of distress as well as better relationships and resolution of specific problems.

**Sessions**

Sessions will usually last 45-50 minutes. There are times the session may exceed 60 minutes and there may also be times when the session may be less. If doing an E.M.D.R (Eye Movement Desensitization and Reprocessing) the session will usually last 90 minutes, and the fee may be different for this type of therapeutic approach, usually $120.

**Professional Fees**

My hourly rate is $95 for 45-50 minutes. In addition to weekly appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require, such as report writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may request of me.

If a pattern develops of missing appointments (occurs more than once) without giving at least a 48-hour notice, you may be required to give your credit card number to be processed upon a third or more occurrences. There is a full session fee for missed sessions.

**Billing and Payments**

You will be expected to pay for each session at the time it is held, unless we agree otherwise, or you have insurance coverage which requires another arrangement. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such action is necessary, the costs of the legal fees will be included in the claim.

**Insurance Reimbursement**

You should carefully read the section of your insurance that covers mental health services. If you have questions you should call your plan and inquire.

You should also be aware that insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional information. In rare cases, sometimes the entire record. This information will become part of the insurance company’s files, and probably computerized. All insurance companies claim to keep this information confidential, but once they have it, I have no control over what the insurance company may do with the information. My usual practice is to give you a copy of what is requested before it is submitted.

Please be aware that many insurance plans require a deductible to be me before payment. If the insurance company does not cover the cost of the session(s) you may be expected to pay what the insurance does not cover, in addition to any possible co-payments. Some people have found that a company Flexible Spending Account (F.S.A.) or Health Spending Account (H.S.A.) may cover the cost of sessions if one’s deductible has not been met. Please contact your insurance plan if any questions about this.

**Contacting Me**

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 6 PM, if I am not available my phone will be answered by an automated message, which I monitor. I will make every effort to return your call within 24 business hours (this does not include weekends). If you are having an emergency, please visit your closest emergency room or dial 911. If I am unavailable for an extended period of time due to reasons beyond my control, I will provide you with the name of a trusted colleague whom you can contact if necessary. This information will also be on my voice mail if I am not available for a prolonged period of time.

**Please be aware that I do not correspond with my clients through the use of Emails or electronic texts, as such communications typically are not encrypted and can compromise client confidentiality. If there needs to be two-way communication outside of a session, you will need to call me or leave a voice message on my voice mail. You can also write to me using the United States Postal Service as well. If you attempt to text or email me, I will attempt to contact you by phone once such a text or email is received and read by me.**

**Professional Records**

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of the records, but if you wish I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and or possibly upsetting. If you wish to see your records, I request that you review them in my presence so that we can discuss what they contain. If such a summary is requested, a fee will be charged for preparation and another fee will be charged for the review of said records, so I can resolve any questions or objections you may have.

I maintain client records for a period of 10 years after the last session.

**Confidentiality**

In general, the confidentiality of communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written consent. However, there are a number of exceptions as follow:

In most judicial proceedings, you have the right to prevent me from providing any information about treatment. However, in some circumstances a judge may issue a written order such information be disclosed to the court. If such an order is issued to this writer, such information may have to be divulged.

There are some situations in which I am legally required to act to protect others, even though that requires revealing some information about a client’s treatment.

If I believe that a client is threatening serious harm to another, I am or may be required to take protective actions which may include notifying the potential victim, law enforcement, or seeking appropriate hospitalization, or to contact family members or others who can help provide protection.

I am also a mandatory reporter, as required by the state of Tennessee, which means I am required to report neglect or abuse of vulnerable persons, such as minors, the elderly, or disabled. This also includes even suspicion of neglect or abuse. It is not the job of this clinician to determine whether there is or was abuse or neglect, such determination is made by other qualified individuals. I am only required to inform such agencies, so they may decide to investigate or not.

These situations rarely arise in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before acting.

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

Signature

Date

Parent or Legal Guardian

Date

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