

LUCY T. SMITH, PHD

CLINICAL PSYCHOLOGIST

12830 Hillcrest Rd, D-114 □ Dallas, TX 75230 □ 972-386-0511 □ lucy@drlucysmith.com

Psychological Services Agreement

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

PSYCHOLOGICAL SERVICES

I believe psychotherapy to be a collaborative journey between therapist and client. The therapeutic relationship is essential. Therapy involves a large commitment of time, money, and energy, so it is important that you feel comfortable with the person you select as your therapist. I strive to develop a collaborative partnership characterized by warmth, openness, authenticity, and a nonjudgmental stance. You are a very important and active part of the therapeutic process.

My Orientation

I tend to employ an integrated theoretical orientation, comprised primarily of cognitive-behavioral (CBT), insight-oriented, and experiential perspectives. I believe that individuals are complex and multifaceted beings and that psychological problems are best conceptualized on multiple levels. CBT most strongly targets thoughts and behaviors, insight-oriented processes target increased understanding and insight, and experiential strategies target emotions and body connection. This holistic approach allows for flexibility and thoroughness in working with individuals.

Benefits and Risks of Therapy

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. It is normal for people to feel worse before they feel better. Therapy is undoubtedly hard work and is truly a process – it is hard to predict how quickly it will “work” or what specific effects it will have. However, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to reduced stress and anxiety, improved self-esteem, better relationships, solutions to specific problems, and significant reductions in feelings of distress. It is important to note that there are no guarantees of what you will or will not experience.

Appointments

Your appointment time is reserved for you. Therapy sessions normally last 45-50 minutes, and we normally meet 1x/week. Sessions may be longer or more frequent if we decide this would be useful for you. In addition, sessions may occur less frequently (every 2-4 weeks) as we near the end of treatment. Regular attendance is recommended to ensure continuity and to enhance the effectiveness of therapy.

Cancellation Policy and Charge for Missed Appointments

I ask for 48 hours notice if you need to cancel or reschedule your appointment. **I charge the regular fee for clients who miss appointments or who cancel appointments with less than 48 hours notice.**

Charge for Phone Consultations

There is a charge at the agreed upon session fee for all phone conversations that exceed ten minutes. The charge is prorated.

Telephone Accessibility and Emergencies

I monitor my messages frequently and will make every effort to return your call within 24 hours of when you make it. If you are difficult to reach, please leave me some times when you will be available. **Should you have a true clinical emergency that requires immediate attention or action, you will need to call 911 or go to the nearest emergency room.** If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Other Forms of Communication

At times clients prefer to communicate between sessions via e-mail or text messaging. This information exchange generally involves logistical matters such as scheduling and appointment changes. It might also be used for scheduled, brief check-ins during the week (e.g., regarding homework assignments). **E-mail or text messaging should not be used as a means to contact me in an emergency.** In addition I do not conduct therapy via e-mail or text messaging. These mediums are less secure; therefore privacy and confidentiality may be compromised. *Please see the Communications and Social Media Policy for more information.*

Professional Fees and Payments

My standard fee for psychological services is \$195.00 per 45/50-minute session. This fee covers telephone consultations with other professionals, such as dietitians, physicians, and psychiatrists. In addition to psychotherapy sessions, I charge this amount for other services you may need or request, such as report writing, telephone conversations lasting longer than 10 minutes, session time beyond the standard 45/50 minutes, preparation of records or treatment summaries, and any other service you may request of me. Fees for these services are prorated based on your normal session fee.

Payment is due in full at each session. For your convenience, I accept cash or checks. **There will be a \$30 administrative fee for all returned checks.** If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I reserve the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I release 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. By signing this agreement, you authorize me to employ the services of an outside collection agency or attorney to seek payment of all unpaid fees.

Legal action

If legal actions occur in which I am requested or subpoenaed to provide testimony (either by you or another party), you will be responsible to pay me directly for the following services: (a) the time spent preparing for court, (b) the time spent for transportation to/from court, and (c) the time spent in court. Because of the difficulty of legal involvement, I charge **\$350.00 per hour** for preparation and attendance at any legal proceedings. Payment for the estimated number of hours is due 10 days prior to the court date and must be paid in the form of a cashier's check.

Insurance and Managed Care

If you have insurance coverage and plan to file for reimbursement, you will be given a detailed statement that contains my provider information and your relevant diagnostic code(s). The statement may then be attached to one of your insurance claim forms, which you may file for reimbursement. If you are relying on your insurance company to reimburse you for part or all of the charges for therapy, it is important that you have thoroughly reviewed and understand your insurance company's reimbursement policies, the amount of your deductible, the percentage your company will reimburse you for outpatient psychotherapy, and any limitations to treatment that may be a dimension of your policy. The contract for reimbursement is between you and the insurance company, rather than between the insurance company and me.

Client Rights

You have several important rights as a client.

1. You have the right to ask questions about the process and course of therapy.
2. You have the right to voice any concerns or complaints about our work together. I truly welcome your feedback directly. In addition, you are welcome to contact the Texas State Board of Examiners of Psychologists with any concerns about unethical or unfair treatment by me or any other psychologist. My Texas license number is 34601.
3. You have the right to decide not to receive therapeutic assistance from me. If you wish, I will provide you with the names of other qualified professionals whose services you might prefer.
4. You have the right to end therapy at any time. I ask you to contact me by phone or in person to let me know of your decision. And if possible, it is often helpful to discuss this decision within the context of therapy to process the closure of our relationship.
5. You have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

Confidentiality

In general, law protects the privacy of all communications between a patient and a psychologist, and I can only release information about our work to others with your written permission. But there are a few exceptions:

1. Instances of active or suspected abuse (physical, emotional, or sexual) or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services.
2. 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 patient.
3. If a client reveals a serious intent to harm himself/herself, I am ethically bound to take steps to help maintain his/her safety. I may be obligated to seek hospitalization for the client or to contact family members or others who can help provide protection.
4. If a judge orders my testimony/records or, in the context of a legal proceeding, a client raises his/her own psychological state as an issue, I may be required to release the client's confidential information to the court.
5. When a client reports that a previous counselor or therapist has sexually abused the client, the current psychologist has a legal duty to report that abuse to the proper authorities. Such a report need not include the client's name.
6. 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. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Professional Records

The laws and standards of my profession require that I keep treatment records. These records include information about your reasons for seeking treatment, relevant diagnoses, treatment goals, progress towards those goals, medical and social history, treatment history, any past treatment records I receive from other treatment providers, documentation of any professional consultations, billing records, and copies of any professional documents generated during the course of treatment (e.g., informed consent forms, release of information forms, letters sent at your request). Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents or that you have them forwarded to another mental health professional. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

Minors and Parents

Patients under 18 years of age who are not emancipated should be aware that the law may allow parents to examine their child's treatment records. Privacy in psychotherapy is often critical to building rapport with the therapist, and this therapist-client rapport is crucial for successful progress. Because of this, when working with adolescents, I will discuss beforehand with the client and his/her parents the nature of our communication and how confidentiality will work in our relationship. Typically, I will provide parents with general information about treatment progress, and I wholeheartedly welcome parents' feedback and insight regarding their adolescent. I immediately inform parents of serious safety issues (if the adolescent is in imminent danger of harming himself/herself or someone else) or issues related to abuse. Other than the above-stated topics, I protect the confidentiality of the adolescent with whom I am working. *Please see the Parent Agreement for Therapy with Children and Adolescents for additional information about my guidelines in working with minors.*

Consent for Services

Please initial by each item below.

_____ I understand the nature of the proposed treatment, and I give my informed consent for psychological treatment by Lucy Smith, PhD.

_____ I understand that the fee for service is \$195 per 45-50 minute therapy hour.

_____ I understand that the counseling session is 45-50 minutes in length.

_____ I agree to pay for any missed appointments or late cancellations. To avoid a fee, please give at least 48 hours advanced notice if you need to cancel or reschedule an appointment.

_____ I agree to pay for any phone conversations that exceed 10 minutes. I understand that the fee will be prorated based on my normal session fee.

_____ I understand that if I am experiencing a medical or psychiatric emergency, I have been advised to dial 911 or go to the nearest emergency room, and I agree to abide by these instructions.

I have read and understand the contents of this Psychological Services Agreement. My questions about these policies have been answered. I agree to the professional and financial terms described above, as indicated by my signature below.

Signature of Client or Authorized Representative

Date Signed

Printed Name of Client or Authorized Representative

Signature of Therapist

Date Signed