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PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

Welcome to my practice. I am honored that you choose to work with me and sincerely look forward to assisting you. This document explains my policies on business, confidentiality, emergencies, and other details. It is my commitment to keep you fully informed of every part of your therapeutic experience. Our relationship is a collaborative one. I welcome questions, comments, or suggestions regarding your course of therapy at any time.

PSYCHOLOGICAL SERVICES: Psychotherapy is not easily described and varies depending on the personalities of psychologist and patient, and the particular goals being addressed. Psychotherapy can have benefits and risks. Discussing unpleasant aspects of your life, may result in uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Processing challenging emotions and sensitive topics often leads to therapeutic progress: better relationships, solutions to specific problems, and significant reductions in feelings of distress. Psychotherapy is not a service that can guarantee your outcome. Psychotherapy calls for a very active effort on your part. The more you put into this journey (more frequent sessions, risk taking in self disclosure, allowing mental flexibility/curiosity, applying new ways outside of sessions, etc) the more you will likely benefit and grow.

My approach to treatment utilizes many different therapeutic methods and incorporates your input. I prioritize having my patients feel respected and in control of their therapy tempo and intensity. I welcome on-going feedback. The therapeutic relationship is unique and the most powerful source of change. It requires that you feel comfortable, understood, hopeful, secure and safe in the therapy relationship.

After evaluating your needs and strengths, I will offer some first impressions of what our work will include. Please consider this information and decide whether you feel comfortable with this approach. We can discuss your questions about my procedures whenever they arise. If ever requested by you, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS: Evaluations to mutually determine our possible therapeutic fit typically last 3 to 4 sessions. During this time, we 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 usually schedule one 55-minute appointment per week. Longer appointments and extra sessions per week can be requested.

CANCELLATION POLICY: You will be expected to pay the full session fee unless you provide 24 hour advance notice to cancel an appointment. Since unexpected life events occur, if I can fill your time slot, you will not be charged for the late cancellation. The nature of a psychotherapy practice makes these accommodations unlikely: they are extended as a courtesy rather than guarantee. Two missed appointments without cancellation require payment before additional sessions are scheduled. We will begin and end appointments on time. If you run late, please do still attend even though we will end the appointment on time.

TERMINATION OF TREATMENT: Your best interest guides my recommendations, including referrals to specialists or second opinions, if needed. I encourage you to let me know if you want to take an extended break from therapy, end treatment, or be transferred to another therapist. I will respect your autonomy and will strive to role model healthy goodbyes in-person. If at any point you are unable to keep your appointments or I don't hear from you for an extended time, I will make an effort to contact you by phone or letter and will close your chart. As long as I still have space in my schedule, reopening your chart and resuming treatment typically is an option. After conjoint therapy for a couple terminates, I will not work with either partner individually unless both parties process this request and we all find it acceptable.

PROFESSIONAL FEES: My hourly fee for an initial patient appointment is \$210. My fee for on-going psychotherapy sessions is \$175. My fee for conjoint therapy sessions (couples therapy) is \$225. I charge the weekly appointment amount for other professional services, breaking down the hourly cost for work periods of less than one hour. Other services include: telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries. Please note that there is a \$30 fee for any returned checks. Infrequently, I may increase my fees, but I will provide advance notice before doing so.

FORENSIC POLICY: As a patient of mine you agree that you, or others acting on your behalf, will not call on me for any legal proceedings (including subpoena records, depositions, or testimony). Should you need a psychological assessment for legal purposes, I will refer you to a different mental health professional. 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, time I have to be out of my practice for possible court dates, and transportation costs. I will have to charge you even if I am called to testify by another party, unless your lawyer can arrange for the other party to pay me.

CONTACTING ME: I prefer to be contacted directly by phone. I have found that communication through any other medium can hinder the message that is being conveyed. When I am unavailable, my telephone accepts voice mail. I make an effort to return calls within 24 hours, with the exception of weekends, holidays, or vacations. Occasionally messages get lost or are not received. Please feel free to leave additional messages.

EMERGENCIES: Due to the part-time nature of my independent private practice, I accommodate individuals who are reasonably safe and resourceful. I am not ordinarily available for crisis appointments or crisis telephone calls. Repeated need for such calls likely indicates a need for referrals to other helpful resources. If you feel you can't wait for me to respond, call your physician or ask for the psychologist/psychiatrist on call at the nearest emergency room. Another option is to call 911, the quickest & most efficient way for you to achieve safety. If you are suicidal call the **Dallas Suicide & Crisis Center (214) 828-1000** or the **Suicide Prevention Lifeline 1800-273-TALK (8255)**.

LIMITS OF THERAPY RELATIONSHIP: I follow the American Psychological Association (APA) standards. In your best interests, the APA puts limits on the relationship between therapists and patients. Let me explain the limits, so you will not think they are personal responses to you. First, I am trained to practice psychology only—not law, medicine, or any other profession, including forensic psychology. I encourage you to seek professionals trained in these areas. Second, in order to offer all of my clients the best care, your relationship with me must remain professional in nature even after treatment ends.

CONFIDENTIALITY: Confidentiality is an important element of therapy, and is typically protected by laws and professional code of ethics. The laws governing confidentiality can be quite complex, and in situations where specific advice is required, formal legal advice may be needed. In most situations, I can only release information about your treatment to others if you sign a HIPPA compliant written authorization form.

There are situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for the following situations:

- Professional Consultation. Occasionally it is helpful to consult other health/mental health providers about a specific case. During such consultations, patient identity is not revealed. The other professionals are also legally bound to keep information confidential. I will note any consultations in your Clinical Record.
- I contract with Advanced Billing Solutions, Inc. under an agreement requiring the company to follow HIPAA rules regarding confidentiality of data.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- Should you make threat of harm to self or others, I may take appropriate action to protect you and any others, including, but not limited to: seeking your hospitalization, warning any identified victims, devising a crisis response plan by contacting your family/friends, or advising law enforcement.
- Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

There are some situations where I am permitted or required to disclose information without either your consent or authorization and these are outlined in the HIPPA notice (e.g., court order, health oversight, workers compensation, etc).

There are some situations in which Texas law obligates me to take actions and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- **Protecting Vulnerable Populations:** If I have reason to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the Texas law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such a report is filed, I may be required to provide additional information.
- If I learn of previous sexual exploitation by a mental health provider I am required by Texas law to report it to the district attorney in the county of the alleged exploitation and the appropriate licensing board of the provider.

PROFESSIONAL RECORDS: The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record and maintain those records for a specific length of time. These professional records can be misinterpreted and/or upsetting to untrained readers. I recommend that you initially review them in my presence, or have them forwarded to another mental health professional to discuss the contents. Texas law requires that all requests to review or obtain copies of your records must be made in writing. Couples/Conjoint therapy involves the need for both parties to authorize release of records. If one party from the conjoint therapy insists on their right to review and copy the record, the record would have to be redacted to protect information about the other partner.

MINORS & PARENTS: Because privacy in psychotherapy is often crucial to successful progress with teenagers, it is my policy to request that parents consent to give up access to their child's records. I request limiting information shared to general information about the progress of the child's treatment and attendance at scheduled sessions. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents or authorities of my concern.

BILLING AND PAYMENTS: You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan. 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 or going through small claims

court which will require me to disclose otherwise confidential information which I will attempt to keep to a minimum. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT: Upon request, I will provide receipts to help you pursue out-of-network reimbursement from your insurance. Please review these receipts closely to determine whether the information included is acceptable to you (e.g., type of service, diagnosis). Sometimes insurance companies ask for additional information before they will reimburse you. The information you authorize me to release will become part of the insurance company files and 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. By signing this Agreement, you agree that you, not your insurance company, are responsible for full payment of my fees.

TECHNOLOGY: In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. Therefore, I've developed technology policies which are explained in greater detail for you to review ("TeleMental Health Notice").

Please check the technology services you are authorizing me to utilize for your treatment or administrative purposes. Together, we will ultimately determine which modes of communication are a best fit. You may withdraw your authorization to any of these services at any time by notifying me in writing.

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| <input type="checkbox"/> Cell Phone/Land Line Phone | <input type="checkbox"/> Phone/Video Conferencing |
| <input type="checkbox"/> Texting for appointment scheduling only | <input type="checkbox"/> Recommendations to Websites or Apps |

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

YOUR SIGNATURE BELOW ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED: (1) Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information and (2) Telemental Health (Technology) Notice

_____ Patient Name (Please Print)	_____ Signature	_____ Date
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_____ (If applicable) Legal Guardian Name (Please Print)	_____ Signature	_____ Date
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Therapist signature indicates she has discussed this Agreement with you and answered your questions:

_____ Rebecca B. Lapidus Ph.D.	_____ Date
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