



OUTPATIENT SERVICES AGREEMENT

Welcome to our practice. This document (the Agreement) contains important information about our professional services and policies. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL, COUNSELING SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the problems you are experiencing. There are many different methods therapists may use to deal with those problems you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. For the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and some discomfort. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

The first session will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with us.

If you have questions about our procedures, we should discuss them whenever they arise. You have the right to withdraw from treatment at any time.



SESSIONS

The therapist will conduct an initial evaluation (intake), during this time we can both decide if we are the right fit to provide the services you need to meet your treatment goals. If we agree to begin psychotherapy, sessions are typically conducted on a once-a-week basis and last for 48 to 53 minutes each, though the initial consultation is scheduled for a full hour. More or less frequent sessions are sometimes scheduled, depending on the needs of the client.

Appointment Cancellation Policy

Inspire Therapeutic Services has a 24-hour cancellation policy. Please call or email the office to cancel or reschedule within 24 hours of your appointment or you may be charged a **\$50.00 fee**.

No Show Policy

No shows are an inconvenience to patients who need access to mental health care in a timely manner. Therefore, we charge **\$50.00** for missed appointments.

After three (3) missed sessions or consecutive cancellations the practice will discharge you from therapy services.

NEUROPSYCHOLOGICAL & PSYCHOLOGICAL ASSESSMENTS

Psychological assessment is often helpful in understanding the strengths and challenges someone may have in their cognitive, behavioral, and emotional functioning. The psychological assessment process allows for diagnostic clarity and individualized recommendations.

The assessment process includes an initial intake, during which pertinent historical and familiar information is gathered. This is followed by the testing, during which the assessment takes place, and finally a feedback session where results and recommendations will be discussed.

Psychological testing involves administration, scoring, and interpretation of tests; it also requires the psychologist to prepare a written report. The cost for a full assessment is determined by the total number of hours required by the psychologist(s) to complete the full evaluation process from testing time, to results review session with you. The cost of testing varies depending on the battery of tests required and will be determined during your intake evaluation.



If paying out-of-network or privately, a partial payment of 50% is required on the day of testing, with the balance due at your results review appointment. If we will be billing your insurance, the "patient portion" (copay, coinsurance, or an applicable deductible) will be due at the start of your appointments.

PROFESSIONAL FEES

Our hourly therapy fee is between \$125 - \$200. If we meet more than the usual time, we will charge accordingly.

Our hourly Assessments Fees are between \$150 - \$200.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, we might refuse ongoing treatment and have the option of using legal means to secure the payment. This may involve hiring a collection agency. Returned Checks will be charge \$35.00

We require a Credit/Debit account on file (Payment Authorization Form Completed) before the intake appointment.

INSURANCE REINBURSERMENT

For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however,



you (not your insurance company) are responsible for full payment of our 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. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, we are willing to call the insurance company on your behalf to obtain clarification.

Some services could require pre-authorization before they provide reimbursement for mental health services.

If your insurance carrier denies part or all of your claim, you will be responsible for any balance remaining.

CONTACTING YOUR THERAPIST, OFFICE AND ELECTRONIC COMMUNICATIONS

Since we work by appointment, your therapist is often not immediately available by telephone. When we are unavailable, our telephone is answered by an answering service (machine, voice mail, or by our office personnel). We will make every effort to return your call within the next 24 hours, except for weekends and holidays. If you are difficult to reach, please inform us when you will be available. **We do not offer 24 Hour Emergency Services.** If you are unable to reach us and feel that you cannot wait for us to return your call because it is an Emergency, **call 911** or contact the nearest emergency room and ask for the psychologist [psychiatrist] on call.

Email Communications

We use email communication only with your permission and only for administrative purposes unless we have made another arrangement. That means that email exchanges with our office should be limited to things like setting and changing appointments, billing matters and other related issues. ***Please do not email us about clinical matters.*** If you need to discuss a clinical matter with us, please feel free to call us so we can discuss it on the phone or wait so we can discuss it during your therapy session.



Text Messaging

Because text messaging is a very unsecure, we do not text message to nor do we respond to text messages from anyone in treatment with us. So, please do not text message us unless we have made other arrangements.

CONFIDENTIALITY

Please refer to HIPAA Notice of Privacy Practices on our website

<https://inspiretherapeuticservices.com/hipaa>

or ask for a brochure.

Your signature below indicates:

- That you have read this Agreement, agree to its terms, and are giving informed consent for services which could include myself, spouse, children, and/or other family members.
- That you accept responsibility for payment of fees in accordance with these terms and conditions without exception.

I hereby authorize Inspire Therapeutic Services, LLC to provide evaluation and treatment services.

Patient Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____