

OFFICE POLICIES & THERAPY AGREEMENT

Welcome to the practice of Emily Frazier, LCSW. 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 privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI). Although these documents are long and sometimes complex, it is very important that you understand them. We can discuss any questions you have now or at any time in the future.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order 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 risks. Since 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. But there are no guarantees of what you will experience.

The first session will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we can discuss them whenever they arise. I will also be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, at a frequency we agree on based on your situation. Your appointment time scheduled for you and you alone. If you are late, we will end on time and not run into the next person's session. If you need to cancel or reschedule a session, I ask that you provide me with 24-business-hours notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect a \$35 missed session. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the fee as described above.

PROFESSIONAL FEES

The standard fee for the initial intake is \$150.00 and each subsequent session is \$120.00. You will be expected to pay for each session at the time it is held. Any checks returned to my office are subject to an additional fee of up to \$35.00 to cover the bank fees that I incur.

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. [If such legal action is necessary, its costs will be included in the claim.] 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.

In addition to appointments, I charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may

request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

INSURANCE

If you have insurance, you are responsible for providing me with the information I need for billing. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V). Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies are required to keep such information confidential, 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 I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Any co-insurance or co-payment required under your policy is to be paid at the time of the visit by check, cash, or credit card. In addition, if you have a deductible payment it is expected on the day of service.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Because these are professional treatment records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, if you want to review your medical record, it is my policy that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

With the exception of certain specific exceptions described herein, you have the absolute right to the confidentiality of your therapy. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Please be aware that email and cell phone communication can be accessed by unauthorized people and the privacy and confidentiality of such communication can be compromised. Please notify me at the beginning of treatment if you decide to avoid or limit the use of various communication methods (emails, phone, texts, faxes). Due to

the fact that social networking sites, such as Facebook, can compromise a client's confidentiality and privacy, I do not accept friend requests or communicate via any interactive or social networking web site.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly or disabled person is being abused or neglected, I must file a report with the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Also, while not a legal exception to your confidentiality, it is a policy of mine if you are in couples or family therapy with me that if individual sessions are held as part of couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy. I will use my clinical judgment when revealing such information. I will remind you of this policy before beginning such individual sessions.

I may occasionally find it helpful to consult other professionals about a case; however the client's name and other identifying information is never mentioned. The client's identity remains completely anonymous and confidentiality is fully maintained.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my voice mail and your call will be returned as soon as possible. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are unable to reach me and feel that you can't wait for me to return your call or feel unable to keep yourself safe, 1) contact the Crisis Response Team at 615-893-0770 2) go to the nearest hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care. You have the right to ask questions about any aspects of therapy and about my specific training and experience.