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AGREEMENT FOR MENTAL HEALTH SERVICES

This document contains important information about my professional services and policies. An additional important document that you will receive includes my privacy policies and requirements under the Health Insurance Portability and Accountability Act (HIPAA). Although these documents are long and sometimes complex, it is important that you read them carefully. We can discuss any questions you may have. When you sign this document, it represents an agreement between us, and, although it may be changed at any time, it is something we should discuss should either of us wish to make changes.

PSYCHOTHERAPY SERVICES

Psychotherapy has been shown to have many benefits; it can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. At the same time, it is often uncomfortable to discuss unpleasant aspects of your life and difficult feelings like sadness, guilt, anger, frustration, shame, loneliness, and helplessness. It is important, however, to talk about these feelings for psychotherapy to be effective. Treatment research clearly shows that most people benefit from effectively delivered psychotherapy. But there are no guarantees; some people do not find therapy helpful and in some rare cases therapy can be detrimental. What is evident from the treatment research literature is that psychotherapy is most effective when the clinical alliance is strong and when the client is highly motivated.

Therapy often involves a significant commitment of time, money and energy, so you should be careful about the therapist you select and be sure you feel comfortable in our work. If you have questions, we should discuss them whenever they arise.

The first couple of sessions typically involve an evaluation of your needs and the start of a therapeutic relationship. We may talk about my impressions of what our work will include and a treatment plan at any time. How long you remain in therapy is best discussed and decided upon by you and your therapist, relative to the accomplishment of your goals. Ending therapy is an important part of the treatment process and is important for us to talk about in the context of your therapy.

Privacy and confidentiality are important to the success of psychotherapy. At the same time, there are legal requirements and limits around confidentiality and privacy that are spelled out in our Privacy Notice.

CONTACTING ME

While I am frequently not immediately available by telephone, you may leave messages for me on my phone or email me at mhendricksphd@gmail.com. I routinely check for messages during regular business hours and periodically on weekends and holidays. If I will be unavailable unexpectedly or for an extended time, I will leave information on my email message to assist you and other callers. **If you experience a life-threatening emergency, go to the nearest hospital emergency room and request to be seen by the mental health professional on duty.** If this occurs, please contact me when you are able to do so.

MEETINGS, FEES AND PAYMENT

The frequency of our sessions will be discussed and determined by mutual agreement. **Once an appointment is scheduled, you will be expected to give me 24 hours' advance notice of any cancellation. It is important to note that insurance companies do not provide reimbursement for sessions that you did not attend.**

Your initial fee has been set at \$_____ per 50-minute session. I reserve the right to make periodic adjustments in your fee schedule and will give you at least 30 days' notice of any changes to your fees. If other services are required (e.g., report writing, treatment summaries, extended phone calls), there may be additional fees. Occasionally, longer sessions may be desirable. In these cases, the fee will be pro-rated. Invoices will be generated at the end of each month. Payment may be made by check or Zelle.

Please note that I do not participate in any insurance plans. You (not your insurance company) are responsible for full payment of my 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 documents that describes mental health services. It is also important to receive preauthorization of services if your insurer requires it. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and would be willing to assist you in understanding the information you receive from your insurance company.

“Managed Health Care” plans such as PPOs often require authorization before they provide reimbursement for mental health services. Some plans limit reimbursement to “in-network providers.”

You should also be aware that your contract with your health insurance company may require that I provide it with information relevant to the services that I provide to you, for which you seek coverage. Under the laws of the District of Columbia, the information that I can provide is limited to diagnostic information, including a treatment plan, the reasons for continuing treatment and the prognosis of how long the treatment will need to continue. If the insurance company determines that more information is necessary, the insurance company must appoint an independent reviewer and the additional information can only be disclosed to the reviewer. You should also be aware that some self-insured employee benefit plans are not subject to this law. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and becomes subject to their use as for any medical record information.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

Charges for psychological assessment are always discussed in advance of testing, and include a copy of any assessment report that has been requested at the time testing was arranged.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep “Protected Health Information” (PHI) about you in your clinical record (Progress Notes) as required by federal law. Details about what is contained in the Clinical Record and your rights regarding this record are detailed in my Privacy Notice document. While trust and confidentiality are important to the success of psychotherapy, there are some limits to confidentiality which are established by state law and professional ethics. For example, legal statutes in the District of Columbia require that confidentiality may need to be broken in certain emergency situations where there is imminent danger to self and/or others, or where there is abuse of a vulnerable party such as a minor child, an elderly individual, or persons with serious developmental disabilities or serious mental illness.

MINORS AND PARENTS

Psychologists can provide psychological services to minors without parental consent if the psychologist determines that the minor is knowingly and voluntarily seeking the services and provision of the services is clinically indicated for the minor’s well-being. These services can be provided for up to 90 days, but can be continued if the psychologist determines that the services are still clinically indicated. Parents do not have access to records of this treatment. Patients under 18 years of age but who are over 14 and who are not emancipated and whose parents have consented to treatment should be aware that parents can only review the child’s records with the written authorization of the child. Children under 14, whose parents have consented to the treatment, should be aware that their parents can examine their child’s treatment records unless I decide that such access is likely to injure the child, or we all agree otherwise.

I, _____, have read, understand and accept the policies described in this agreement, including the addendum. The fee for which I agree to assume responsibility is \$_____ per 50-minute session.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Signature of patient or authorized representative

Date signed

Signature of patient or authorized representative

Date signed

Signature of parent of a minor child

Date signed

Signature of assent by a minor child

Date signed

Michael L. Hendricks, Ph.D., ABPP

Date signed