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Welcome to my practice. This document (the Agreement) 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 with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is posted in my waiting room, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred. In this Agreement, the terms “patient” and “client” are used interchangeably.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. My primary guiding principles are Gestalt theory and practice, but I also use other methods depending on what you are interested in addressing, including CBT, Behavioral, DBT, energy psychology, Systems theory and others. Although I do keep apprised of some of the current research of best practices, most of psychotherapy can be described as more art than science.

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, fear and helplessness. On the other hand psychotherapy has also been shown to have many benefits. Psychotherapy often leads to better relationships,

solutions to specific problems and significant reductions in feelings of distress. However, there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation period I will be able to offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Psychotherapy involves a substantial commitment of time, money and energy, so you should be careful about the psychotherapist you select. If you have questions about my procedures you should discuss them whenever they arise. If your doubts persist I will provide names of other psychotherapists that you may feel more comfortable with.

MEETINGS

If after the evaluation period we decide to work together, I usually recommend we begin with weekly sessions of 50 minutes in duration. This is certainly negotiable and it is important that we develop a plan that we are both comfortable with. For example, some clients find that a double session (100 minutes) less often provides more benefit for them. Whatever we decide, once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. I will give a one time reprieve from this rule, a first time get-out-of-jail card so to speak. After that, you will be charged my full session rate regardless your reason for canceling within 24 hours. Because of this, I make myself available by phone at the phone number above for you to use any portion of our scheduled session. Please be aware that you assume certain risks using our sessions by phone, including but not limited to: unsecure communication; the possibility that either of us misperceive communications due to inability to see one another; distractions not present for an in-office visit, etc.

PROFESSIONAL FEES

My fee for each 50-minute session is \$110. In addition to weekly appointments I charge this amount for other professional services you may need, though I will prorate the cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. 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 and transportation costs, even if I am called to testify by another party. Due to the complexity of legal involvement I charge \$200 per hour for any activity (preparation, travel, attendance, etc) involved in any legal proceeding.

Regarding your insurance, I am an out-of-network provider. I can provide you with a comprehensive statement with all the necessary information for you to seek reimbursement at the level of your health insurance out-of-network policy's limits. In any case, I expect you to pay me directly and receive any reimbursement you are due directly from your insurance company. I am willing to work with you to assist you in getting reimbursement, including filling out my portion of any claim forms and talking with representatives.

CONTACTING ME

Due to my work schedule I am often not immediately available by telephone. When I am unavailable my telephone is answered by voice mail, which I monitor frequently. Other means of contacting me are email:

hvd@heidivandoeren.com
Talk or text: 412.720.2123.

I have found that texting and email are quick and convenient ways to share practical information such as appointment times, etc., which is my preferred mode of communicating under these circumstances. Please read and sign the consent for digital/electronic communication.

I make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you don't receive a return communication from me within 24 hours, please contact me by another means, as I may not have received your attempt to reach me. If you are difficult to reach please leave times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or 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 in the case of an emergency.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychotherapist. In most situations I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advanced consent. Your signature on this Agreement provides consent for those activities as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. I will note all consultations in your Clinical Record (which is called "PHI" in my notice of Psychologist's Policies and Practices to Protect the Privacy of You Health Information).
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided to you, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation you should consult with your attorney to determine whether a court would be likely to order me to disclose information. If a government agency is requesting the information for health oversight activities I may be required to provide it for them.
- If a client files a complaint or lawsuit against me I may disclose relevant information regarding that patient in order to defend myself.
- If I am treating a client who files a worker's compensation claim I may, upon appropriate request, be required to provide otherwise confidential information to your employer.

There are some situations in which I am legally obligated to take actions that I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice, but they are as follows:

- If I have reason to believe that a child is an abused child the law requires that I file a report with the appropriate government agency, usually the Department of Public Welfare. Once such a report is filed I may be required to provide additional information.
- If I have reason to believe that an elderly person or other adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), the law allows and in some

cases requires me to report this to appropriate authorities, usually the Department of Aging, in the case of an elderly person. Once such a report is filed I may be required to provide additional information.

- If I believe that one of my clients presents a serious, specific and immediate threat of serious bodily injury regarding a specifically identified or a reasonably identifiable victim and he/she is likely to carry out the threat or intent, I may be required to take protective actions, such as warning the potential victim, contacting the police or initiating proceedings for hospitalization.
- If a client seriously threatens to harm him/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

If such a situation arises I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure only to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems it is important that we discuss any questions or concerns that you have now or in the future. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on you life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your psychotherapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. The Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of PHI. These rights include requesting health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS AND PARENTS

During treatment I will provide parents only with general information about the progress of the child's treatment. I will also provide parents with a summary of their child's treatment when it is complete. 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 of my concerns. Before giving parents any information I will discuss the matter with the child if possible, and do my best to handle any objections he/she may have.

Working with minors (and sometimes older teens) often requires regular sessions with one or both guardians responsible for their care. This is something I will request from time to time, but you may also initiate such sessions. During these sessions I will discuss clinical impressions and make recommendations, and all parties must agree to this if I am to see an individual under 18 years old. If you would like to discuss any concerns about your child's care, I would be happy to invite you into a session with myself &/or your child to discuss in detail.

BILLING AND PAYMENTS

Unless we agree otherwise you are expected to pay for each session at the time it is held. When working with a minor or teen, I will bill the parent/guardian who contacted me for services and will not bill any third parties (i.e. the other parent, etc). Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not be agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, going through small claims court &/or filing a claim in Magistrates court, all of which may require me to disclose otherwise confidential information. In most collection situations the only information I release regarding a patient's treatment is his/her name, the nature of the services provided and the amount due. If such legal action is necessary all costs will be included in the claim.