OUTPATIENT SERVICES CONTRACT

Welcome to The Center, LLC. This document contains important information about the professional services and business policies offered at The Center. Please read it carefully and jot down any questions you might have so that we can discuss them together. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular struggles encouraging you to seek therapy. There are many different methods your therapist 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 many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees as to what you will experience.

The first session will involve an evaluation of your needs. By the end of the evaluation, your psychologist will be able to offer you some first impressions of what your work will include, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your psychologist. If you have questions about any procedures, you and your psychologist should discuss them whenever they arise. If you have doubts that persist, please contact the Center’s director, Dr. Kristine Boward, and she will be happy to provide you with a referral for another psychologist.

MEETINGS

The initial evaluation will typically last one or two sessions. During this time, you and your psychologist can both decide if your psychologist is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, 45-50 minute sessions are usually scheduled on a weekly basis. Once an appointment hour is scheduled, we ask that you provide **24 hours advance notice of cancellation.** When you miss an appointment, three people are hurt: you, because you miss out on services; your psychologist who has reserved the hour for you; and the person on the waitlist who would have liked the appointment you missed. **If you miss an appointment you will be charged a $75.00 fee** unless both you and your psychologist agree that you were unable to attend due to circumstances beyond your control.

I have read and understand all of the information provided on this page.

(initials)
PROFESSIONAL FEES
Session rates are $125 for individual & family therapy and $50 for group therapy. In addition to weekly appointments, this rate applies to other additional professional services you may request such as report writing, telephone conversations lasting longer than 20 minutes, attendance at meetings with other professionals you have authorized, or preparation of treatment summaries. The Center will break down the hourly cost for periods of less than one hour. Rates for psychological testing will be determined on a case by case basis based on the amount of time and number of tests required to answer the referral question. If you are using insurance to fund sessions, you will be responsible for the amount of your co-pay only. **However, if your insurance declines to pay for services, you will be held responsible for the balance owed.** If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $250.00 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS
You will be expected to pay for each session at the time it is held, unless we agree otherwise. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, The Center has the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information released is a client’s name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT
If you have a health insurance policy, it will usually provide some coverage for mental health treatment. The Center will fill out forms and provide you with assistance in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of Center 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 The Center will also provide assistance and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, The Center would be willing to call the company on your behalf. Please notify the Center immediately if you change insurance carriers or there is a change in your existing insurance policy.

You should also be aware that your insurance company will require me to provide a clinical diagnosis for you. 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 claim to keep such information confidential, I have no control over what they do with the information once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. Please initial below to indicate your permission to provide your insurance company with the information they request in order to bill for services rendered.

___________ I agree to the release of records to my insurance company and have been notified of (initials)
the Pennsylvania Notice of Privacy and use of Protected Health Information (PHI)
___________ I have read and understand all of the information provided on this page. (initials)
COURT TESTIMONY AND LEGAL CONCERNS
Psychologists at The Center DO NOT provide court mandated therapy or court testimony. This includes opinions on custody evaluations. This type of service is best provided by psychologists trained in a forensic specialty. If you are seeking therapy at the request of the court or your lawyer, The Center would be happy to provide you with a referral for a forensic psychologist. If the court subpoenas your psychologist to appear in person or turn over your therapy record, you will be charged at a rate of $250 per hour including time required to prepare material, transit time, or time waiting for a court appearance.

CONTACTING YOUR THERAPIST
The psychologists at The Center are often not immediately available by telephone. If you need to reach your therapist, leave a voice mail message at (610) 878-9330. Messages are checked frequently and your psychologist will make every effort to return your call within 24 hours with the exception of weekends and holidays. In emergencies, you can page the on-call psychologist at: 267-552-1046 and your call will be returned within 60 minutes. If you cannot wait for a return call, please call 911 or go to the nearest emergency room.

PROFESSIONAL RECORDS
The laws and standards of the psychological profession require that treatment records be kept. You are entitled to receive a copy of the records unless it is believed that seeing them would be emotionally damaging, in which case The Center will be happy to send your records to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. It is recommended that you review them in the presence of your therapist so that you can discuss the contents. Clients will be charged an appropriate fee for any time spent in preparing information requests.

MINORS
If you are under 18, please be aware that the law may provide your parents the right to examine your treatment records. It is The Center’s policy to request an agreement from parents that they agree to give up access to your records. If they agree, your psychologist will provide your parents with general information about your work, unless your psychologist feels there is a high risk that you will seriously harm yourself or someone else. In this case, your therapist will notify your parents of the concern. Your psychologist will also provide your parents or guardian with a summary of your treatment when it is complete. Before giving your parents any information, your psychologist will discuss the matter with you, if possible, and address any objections you may have.

CONFIDENTIALITY
In general, the privacy of all communications between a client and a therapist is protected by law, and The Center can only release information about your work to others with your written permission. However, there are a few exceptions.

I have read and understand all of the information provided on this page.

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In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order psychological testimony if he/she determines that the issues demand it.

There are some situations in which your psychologist is legally obligated to take action to protect others from harm, even if this means revealing some information about a client’s treatment. For example, if a psychologist believes that a child, elderly person, or disabled person is being abused, the psychologist may be required to file a report with the appropriate state agency.

If a psychologist believes that a client is threatening serious bodily harm to another, the psychologist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If a client threatens to harm himself/herself, the psychologist may be obligated to seek hospitalization for the client or to contact family members or others who can help provide protection.

These situations have rarely occurred at The Center. If a similar situation occurs, your psychologist will make every effort to fully discuss it with you before taking any action.

Your psychologist may occasionally find it helpful to consult other professionals about a case. During a consultation, every effort is made to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you and your psychologist discuss any questions or concerns that you may have at your next meeting.

A WORD FROM YOUR INSURANCE COMPANY:
If you are using Personal Choice or Keystone Health Plan East, your insurance plan has asked that we inform you of your rights and responsibilities as indicated in your insurance plan. The rights and responsibilities below are dictated by your insurance company and not your psychologist or any other member of the Center.

Your rights are as follow: You have the right to be treated with dignity and respect, as well as the right to fair treatment regardless of your race, religion, gender, ethnicity, age, disability, or source of payment. You have the right to privacy regarding your treatment information. Only where permitted by law, may records be released without member permission. You have the right to easily access timely care in a timely fashion and to know about your treatment choices. This is regardless of cost or coverage by the member’s benefit plan. You have the right to share in developing their plan of care. You have the right to information in a language you can understand. You have the right to have a clear explanation of your condition and treatment options. You have the right to information about Magellan, its practitioners, services and role in the treatment process. You have the right to information about clinical guidelines used in providing and managing their care. You also have the right to ask your psychologist about his or her work history and training. You have a right to freely file a complaint or appeal and to learn how to do so. You have the right to know of their rights and responsibilities in the treatment process. Finally, you have the right to list certain preferences in a provider.

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**Your responsibilities are as follows:** You have the responsibility to treat those giving them care with dignity and respect and to give your psychologist the information they need in order to deliver the best possible care. You have the responsibility to ask questions about your care to help you understand your care. You have the responsibility to follow the treatment plan. The plan of care is to be agreed upon by you and your psychologist. You have the responsibility to tell your psychologist and primary care physician about medication changes. You have the responsibility to keep your appointments and should call your psychologist as soon as possible if you need to cancel a visit. You have the responsibility to let your psychologist know if the treatment plan isn’t working. You have the responsibility to report abuse and fraud and to openly report concerns about the quality of care you receive.

Your signature below indicates that you have read the Outpatient Services Contract and agree to abide by its terms during our professional relationship.

Client Name:_____________________________  Client Date of Birth: ________

Client Signature:_________________________  Date: _______________________

Father’s Signature:_________________________  Date: _______________________
(if client is a minor)

Mother’s Signature:_________________________  Date: _______________________
(if client is a minor)

Psychologist Signature:_______________________  Date:______________________