

## **AGREEMENT FOR PSYCHOLOGICAL SERVICES**

Welcome to my practice! I appreciate your trust and the opportunity to be of help to you.

This information is designed to inform you about my practice. As you read it, please feel free to mark any places which are not clear to you or write questions which come to your mind so we can discuss them during our first meeting.

I ask that you **read and sign** this information packet in order to indicate your understanding of office procedures and your willingness to abide by these policies.

### **PSYCHOLOGICAL TREATMENT**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, 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. 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. There are not guarantees, however, of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I 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 of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **MEETINGS**

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet

your treatment goals. If psychotherapy is begun, I will usually schedule one 45-50 minute session (one appointment hour of 45-50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. **I ask that you give me at least 24 hours' notice if you need to cancel an appointment. Right now most available appointment times are filled, and I do not want to turn new clients away unnecessarily. There will be a \$70.00 fee if I do not receive advance notice of your missed appointment. I am sorry to have to begin enforcing this rule and hope you will understand the necessity of doing so. However, I know that last minute emergencies arise, and if we can reschedule your appointment within the week, I will waive the fee. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.**

### **PROFESSIONAL FEES**

My hourly fee is \$120. I am a Preferred Provider for several insurance companies. For those clients, I will accept the copay and submit all forms for you. For those of you with other insurance, I will give you the standard HCFA 1500 form at each session for you to submit for your own reimbursement (unless we make other arrangements). I do ask for payment at the time we meet, and I accept cash, checks, and major credit/debit cards.

In addition to weekly appointment, I charge my hourly fee for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than five 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.

### **CONTACTING ME**

Due to my schedule, I am often not immediately available by telephone. While I am usually in my office between 8:30 and 7:00, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail. 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 difficult to reach, please inform me of some times when you will be available. In emergencies, you can try me on my cell number. 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 and ask for the psychologist (psychiatrist) on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.**

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Signature

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Date