

Today's Date: _____

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type (please circle): Home / Cell / Other _____

Is it Ok to leave voice message at this number? (please circle): Yes / No

Is it Ok to exchange text messages with this number? (please circle): Yes / No

Email Address: _____

Is it ok to contact you at this email address? (please circle): Yes / No

Emergency contact Name: _____ Phone: _____

Relationship to you: _____

Are you employed? (please circle): Yes / No

If yes, where _____ Work Phone: _____

Gender: _____ Race/Ethnicity: _____

Marital Status (please circle): Single / Married / Divorced / Widowed/ Domestic Partnership

How did you find out about my services? _____

Have you been or are your currently seeing a psychotherapist/psychiatrist? (please circle): Yes / No

If yes, when: _____

Name of Agency, Therapist or Psychiatrist: _____

Are you currently taking any medication? (please circle): Yes / No

If yes, please specify: _____

Who is prescribing the medication? (please circle): Primary Care Doctor / Psychiatrist / Other

Name: _____

Why are you seeking our services at this particular time?

What are you hoping to accomplish from coming to counseling OR, in other words, how are you hoping things will be different at the end of counseling?

Outpatient Services Contract

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

ASSESSMENT and TREATMENT

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist 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 in between them.

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.

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 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.

Your initial appointment with me will be 75 minutes in length and will consist of a general discussion about your interest in psychotherapy and the reasons for which you are currently seeking a therapist. In addition to this you will be asked a wide variety of questions about your background, family history and other experiences currently going on in your life at the moment. This information is gathered to help form a more complete picture of your current needs and how they have been impacted by your past and other areas of your life. After the initial meeting, clients typically meet with me on weekly basis for 50 minutes. The first two to three meetings are used to build the relationship and further explore your reason for attending therapy and to develop goals and a timeframe for treatment. These goals will be reevaluated periodically and you may decide to adjust these goals and the timeframe. This is a collaborative process between the two of us. Your participation in psychotherapy is voluntary and you may elect to end treatment at any time. However, most people find it useful to discuss in advance the decision to end psychotherapy. At any time during treatment, or at the ending of therapy, I may make recommendations and referrals about other resources of professionals who may be of benefit to you. This may include a referral for a psychiatric consultation if I believe that medication may be helpful or needed. Additionally, if I have reason to believe that I will not be able to provide effective treatment for you, I will discuss it with you and, if indicated, terminate treatment after providing you with an appropriate referral to another professional.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions: 1) You may authorize release of information in written form. 2) If I determine that you are a very probable threat to yourself or to someone else, I may share that information with the person threatened, the police department, the Court, or a hospital. 3) I may consult with another counseling professional to discuss your treatment. Counselors periodically do this to ensure that their clients are receiving the best possible care. Specific identifying information (such as your name) is not shared. 4) If I am court-ordered to provide information about your disclosure, assessment or evaluation 5) In the event you indicate abuse or neglect of a child under 18 years of age. 6) In the event you indicate abuse, neglect, or exploitation of an individual age 60 or older who is unable to adequately care for her/himself.

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 may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

FEES and PAYMENT

The fee for service is due at the end of each session and is payable by cash, check or credit card. The fee for a 75 minute intake assessment is \$200 and the fee for a 50 minute individual therapy session is \$150. I am currently an in-network provider for Blue Cross Blue Shield (BCBS) PPO and will bill them directly if you have this insurance. If you have a different private insurance plan, you will be expected to pay up front, and I will provide you with a receipt that you may submit to your insurance company for reimbursement.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, 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 booklet that describes mental health services. 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 will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

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.

APPOINTMENTS and CANCELLATIONS

If you need to re-schedule an appointment, please let me know as soon as possible. A fee will not be charged for cancellation as long as you notify me with 24 hours in advance of your scheduled appointment. Under normal circumstances, if a session is cancelled with less than 24 hours' notice or if you do not show for a scheduled appointment, you will be responsible for the full session fee. Missed appointments or those cancelled with less than 24 hours' notice will be discussed in the next session.

CONTACTING ME

My practice is part-time and I currently only have availabilities on Tuesdays. I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. 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. If you are unable to reach me and feel that you can't 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, if necessary.

Please note that emails and text are not secure forms of communication. If you choose to email or text me, please be aware of this risk. If you choose to email or text, please limit communications to scheduling appointments. Please do not send or discuss any confidential information in order to protect your privacy.

CONSENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship, as stated above

Client Signature

Date