

## PROFESSIONAL SERVICES AGREEMENT

Welcome to my practice. My mission is to help individuals and families utilize their strengths to become more competent and confident. Please read this information carefully and note any questions you may have, so that we can discuss them at our next meeting.

### PSYCHOLOGICAL SERVICES AND FEES

#### Therapy

When I work with individuals and families, I employ a number of treatment methods, including individual psychotherapy, family therapy, and parent counseling. Our first one to three sessions will involve an evaluation of the needs and goals of you and your child. During this time, I will obtain background information and learn about your concerns. If you have any relevant written information, such as school records or previous psychological evaluations please bring them with you. By the end of the evaluation, I will be able to offer you some first impressions about what our work will include. I often utilize cognitive (thinking) and behavioral (action) treatment strategies, but always take a flexible, eclectic approach. Therefore, specific treatment modalities will vary based on the individual needs and goals of each client and family.

Therapy involves a large commitment of time, money, and energy on the part of you and your family. Although there is no guarantee that treatment goals will be met, I will apply my resources in good faith to help you and your child reach them. If you have questions about my recommendations or approach, we should discuss them whenever they arise. If you feel that our sessions have not been as helpful as you had hoped, it is important that we develop a plan to better meet your needs. If our work together reveals problems that are not within my area of expertise, I will refer you to an appropriate specialist.

Appointments are generally scheduled once per week and last between 45 and 60 minutes. My standard fees are \$220 for the initial evaluation (first appointment), and between \$200 and \$225 for subsequent sessions, depending on the length of time, participants, and nature of the visit. Actual charges will be somewhat lower based on specific contracts with your insurer.

#### Psychological Testing

Psychological testing includes the use of standardized assessment instruments to evaluate various psychological and learning problems. If psychological testing is recommended or requested, we will have a detailed discussion regarding the goals of the assessment, as well as the methods that will be employed.

My fee for psychological testing is \$250 per hour. Insurance companies often do not reimburse for this service. The length of a psychological evaluation varies based on the nature of the referral question. I will provide an *estimated* length of the evaluation process prior to the initial testing session; however, testing time can vary significantly and cannot be predicted with certainty. Following the evaluation, I will conduct a feedback session to review testing results and recommendations. You will also be provided with a written report of findings at no additional fee. Brief telephone consultation with schools or other providers will be conducted upon your request at no additional fee. I am also able to conduct more in-depth consultation with school personnel, including providing assistance in implementing behavioral and/or academic interventions. This service is not reimbursable by insurance companies, and is billed according to regular session rates (as described above).

### Consultation / Other Professional Services

In addition to fees for office visits, hourly fees for other professional services, such as attending meetings at your child's school or providing consultation to teachers or other professionals range from \$150-225 as described above. These services are not covered by health insurance, so you will be responsible for the full amount.

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 time and transportation costs, even if I am called to testify by another party. These rates begin at \$300/ hour but may vary depending on the nature of my involvement. In addition, as a good-faith deposit, half of the anticipated cost of my time will be required prior to any legal involvement.

### PAYMENT

Payment or co-payment is due at the time of each session unless other arrangements have been specifically agreed upon. I am able to bill most insurance companies directly for the remainder of the charge. It is important that you familiarize yourself with the behavioral health coverage and co-payments for your insurance plan. I accept cash and check. At your request, I will provide you with a receipt to be submitted to your FSA or insurer for reimbursement. There is a \$25 charge for checks returned for insufficient funds. When fees are not paid for services rendered, a collection agency may be used and given appropriate billing and financial information. Please speak with me if you are having difficulty paying for treatment and we can arrange a payment plan. Should six (6) or more consecutive months lapse in your treatment, you will be considered a "new client" and new client procedures / fees may apply.

### HEALTH INSURANCE

If you plan to utilize health insurance, it is very important that you familiarize yourself with your policy's requirements, limitations, and benefits. Please obtain information regarding the charges you will be required to pay at each visit (co-payment or deductible amount), how many Behavioral Health visits per year are covered under your policy, and whether there are any limitations on the types of services covered. Of course, I will provide you with whatever information I have based on my experience and if necessary, will also call your insurance company on your behalf to clarify any confusion that may arise. However, it is ultimately your responsibility to have accurate information regarding your insurance coverage.

Please be aware that if they are paying for services, your health insurance company requires that I provide them with information relevant to the services I provide. I am always required to provide a clinical diagnosis and the dates of services provided. I am occasionally required to provide additional clinical information, such as a description of the problem, treatment plans, or treatment summaries. I will make every effort to release only the minimum amount of information that is necessary. If you have specific questions regarding the type of information your insurer requires, or the manner in which they protect such information, I encourage you to contact their customer service department directly.

### CONTACTING ME

#### Non-Emergency Communication

If you need to reach me between sessions, you may leave a message in my confidential voice mailbox. I will make every effort to return your call promptly.

### Clinical Emergencies

In the case of an emergency, please call my voice mail and follow the directions for how to reach me. If I am unavailable to respond to emergencies, a professional clinician will be covering for me. Your signature on this form indicates that you give permission for me to communicate with the professional clinician covering for me about your care in an emergency. If at any time you feel that you cannot safely wait for a response or are faced with a situation that requires emergency medical attention, call 911 or go to the nearest hospital Emergency Department. In the event of a non-life threatening emergency, you can also reach the Mobile Crisis Unit (716) 834-3131.

### CONFIDENTIALITY

I am required by New York State law and professional ethical standards to keep anything you tell me confidential. In most situations, I can only release information about your child's treatment to others if you sign a written authorization form. However, there are some limitations of confidentiality:

- (1) I am required by law to report suspected maltreatment, abuse, or neglect of a child or older adult to appropriate authorities.
- (2) If I learn that a client intends to harm themselves or others, I may be required to break confidentiality and take protective action to ensure safety.

If such situations arise, I will make every effort to fully discuss it with you before taking any action, and will limit my disclosure to what is necessary.

As described above, many insurance carriers require periodic updates about your progress in treatment. When I am required to share information, I will provide the minimum necessary information in order to ensure safety and proper treatment.

### Minors & Parents

Confidentiality and privacy issues in the treatment of children and adolescents are very complex. I believe that in nearly all circumstances, parental involvement is essential to ensure the success of treatment. Throughout the course of our work together, I will encourage your child to share or allow me to share with you any information that seems important for you to know or is likely to be helpful. With younger children, parents are always involved in each session, though I often meet individually with the child for a portion of the session. However, older children and adolescents are often reluctant to talk about their concerns unless they are confident that the details of what is discussed will not be shared with others without their permission. Violation of the trust of a child or adolescent in the therapeutic relationship can undermine their progress and make them very reluctant to seek help or share sensitive information with health professionals in the future.

When providing treatment to children, I request an agreement between myself and the child that I can share whatever information I consider necessary with his/her parent(s). For adolescents, I request an agreement between myself, the adolescent, and their parent(s) allowing me to share general information about the progress of his/her treatment, his/her attendance at scheduled sessions (if coming alone), and any serious safety concerns. Communication regarding any other information the adolescent shares with me will require the adolescent's authorization, unless I feel he/she is in danger or is a danger to someone else, in which case I will notify the parents of my concern. Before giving parents information, I will discuss the matter with the adolescent, if at all possible. I recognize that agreeing to allow a child or adolescent to have such confidential communication with a professional requires a high degree of trust on the part of the parent(s). I am always happy to begin treatment by meeting with the parent(s) alone first, to discuss any concerns you may have. We will also meet

together with your child to discuss what types of information will be shared so that you both feel comfortable and confident about treatment.

#### Your Privacy in the Community

Occasionally, I encounter a client or client's family member in public places. Because of your right to confidentiality, I will not approach or acknowledge you in such a situation unless you do so first, and will leave the decision on how to handle the situation up to you. Some clients feel comfortable saying hello, while others do not want to create a situation in which someone else may ask how we know each other. Should such a situation occur, it is particularly important to explain this to your child, as they may mistakenly believe I was ignoring them or not happy to see them.

#### Informed Consent for Telephone, Electronic, & Mail Contacts

Ordinary privacy precautions such as pin codes, voice mail boxes, and fax, mail, and secured computers are not foolproof; your confidentiality is potentially compromised by communicating by electronic devices or by mail. Neither deletion nor shredding of private material are totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication is used for private information. Your use of such communication constitutes implied consent for reciprocal use of electronic and mail communication as well. By signing this consent, you understand and agree to the following:

- Sent and received emails are stored both on my computer and your computer until deleted. I may or may not delete such emails. Any saved emails will be kept in a password-protected account. Emails may also be printed and placed in client's file.
- Whenever you send an email, it is stored in cyberspace. It is possible for authorities and system administrators to locate and read such emails under various circumstances. For more information regarding these circumstances, please contact your Internet Service Provider or email service.
- With your permission, I often use email as a way to communicate with teachers or other collateral contacts. If you elect to check the "email" option on my Release of Information form for each collateral contact, you understand and agree to the limits of electronic confidentiality described in this section.
- By providing your contact information (phone, fax, email, home address), you understand and agree with the disclosures listed above regarding communicating with me via email, phone, fax, and/or mail.
- You also agree that if you send an email to me and request a response via email, that you are willing to accept the above stated risks.
- You understand that I cannot guarantee an email response due to time constraints in my practice. Appointment scheduling, non-urgent issues and follow-up, and billing / insurance questions are appropriate for email communication. You agree that email will not be used for emergencies and urgent problems.

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Signature of Client (over 18 years) or Parent

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Date