

Psychologist-Client Services Agreement

This document (the Agreement) is intended to give you a better sense of your rights and responsibilities as a client as well as important information about 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 you are provided with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, available with this Agreement, explains HIPAA and its application to your PHI in greater detail.

This Agreement represents a contract for services and, when signed, indicates you agree to the conditions herein. Please read it carefully and ask any questions you have with me when we meet in person. You may revoke this Agreement in writing at any time. That revocation will be binding unless action is taken in reliance on it, if there are obligations imposed on me by your health insurer, or if you have not satisfied any financial obligations you have incurred.

Clinical Services Provided

I provide individual and group psychotherapy services to adult clients 18 years of age and older.

Fees/Payment

My fees are \$250 for 60-minute individual counseling sessions, \$375 for 90-minute individual counseling sessions, and \$80 for 90-minute group counseling sessions. I accept cash, checks, and most major credit cards. Payment for individual sessions is collected at the time of the initial consultation session as well as the start of each session. Payment for group counseling is made on monthly basis at the end of each month.

If you plan to use your health insurance coverage for your treatment, please contact your insurance company before our initial meeting to determine your coverage benefits for behavioral health providers. I am considered an out-of-network provider for health insurance plans. Your insurance carrier will be able to inform you about whether or not your sessions will be covered, what percentage will be covered, and their procedures for reimbursement. If you plan to file a claim for reimbursement with your insurance company, I can provide you with a copy of an itemized statement and receipt for services provided.

My fee for additional services requiring more than 15 minutes, including phone consultations and the completion of forms or letters, is \$250/hour, billed in 15-minute increments. My fee for legal services (e.g., record review, subpoena response, report writing, submission of records, “standby time,” court appearance, deposition, travel time) is \$350/hour.

Cancellation Policy

I do not charge for cancelled or rescheduled sessions provided I am notified at least 24 hours before the scheduled time. However, cancellations or reschedules within 24 hours of our appointment time, including if you do not show up for an appointment, will be billed to the you at the full session rate.

If, after a period of one month, you have not rescheduled an appointment and I have not heard from you regarding needing additional services, I will no longer consider you an active client and will close your client file.

Delinquent Accounts

Accounts are considered delinquent after 90 days of non-payment. Delinquent accounts may be turned over to a collection agency. If payment for services is not received within 90 days, or if a delinquent personal account reaches \$500, routine visits may cease unless payment is made in full.

Contact

I check my voicemail throughout the day on weekdays and will respond to messages in a timely manner, typically by the end of the next business day. I cannot guarantee that I will receive and be able to return your call immediately. If you ever need urgent assistance for a mental health concern, call the Travis County 24-hour crisis hotline at 512-472-HELP. Outside of Travis County, call the National Suicide Prevention Line at 1-800-273-8255. If you are at any risk of harming yourself or someone else (or you believe your life is at risk) please call 911 or proceed to the nearest hospital emergency room.

Due to confidentiality concerns, I do not use email or text messaging to communicate with clients.

Limits of Confidentiality

Your communication and identity as a client is kept in the strictest of confidence. In most situations, information about your treatment may only be released 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, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

Case consultation with other professionals to ensure you are receiving the best care. In these circumstances, all identifiable information will be omitted to protect your confidentiality.

Disclosures required to collect overdue fees or by health insurers to file a claim on your behalf, including a diagnosis.

For the vast majority of clients, no additional exceptions to confidentiality are made. However, the law requires therapists to make exceptions in the following circumstances:

If there is evidence that a client poses a clear and imminent danger of physical harm to themselves or another individual, I may need to involve others (e.g., police, EMS) to ensure the client's safety or the safety of others.

If I learn of, or have strong suspicions of, ongoing abuse or neglect to a minor under the age of 18, an individual with a disability, or an elder adult, I am required to report this to authorities to ensure the safety of vulnerable individuals.

If a client reports a history of abuse perpetrated by a mental health professional or clergy member, I am required to report this to licensing agencies and authorities.

If a judge orders client records released, I need to comply with that request. If I receive a subpoena for client records from a lawyer or another party, rather than an order from a judge, I am not obligated to respond or release information and will attempt to contact my client regarding the request. In such instances, I only release information with a client's written permission.

If I am required, under the Patriot Act, to disclose your personal health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. Under this law, I cannot reveal to you when we have disclosed such information to the government.

Records

Your records are maintained electronically on a secure server. If you have reason to request a copy of your records, I require that you sign a consent form for release of information. If you are requesting that I release records directly to you, typically I will request that you schedule an appointment with me to review your records and to answer any questions you have about their contents.

A copy of this Agreement will be provided to you upon request. Please feel free to discuss any of these policies with me before or during your time in therapy. Your signature below indicates that you have read, understood, and agree to abide by this Agreement.

Name (please print): _____

Signature: _____ Date: _____

*This document will go into effect on January 27, 2022