



## **PATIENT-PSYCHOTHERAPIST AGREEMENT**

Thank you for selecting me as your counselor. This agreement contains important information about my professional services and business policies.

### **My Counseling Approach**

I believe that most people have the capacity to heal themselves and that the counselor serves as a guide to facilitate the process. My approach varies according to the issue and the individual. Some of the approaches I utilize are cognitive, psychodynamic, mind-body, eye movement and desensitization, energy and solution-oriented therapy. It is my responsibility to use whatever skills I can to guide you in resolving your issues. It is your responsibility to be open in bringing up your concerns. The more information you share, the easier and quicker the therapy will proceed.

Although our sessions may be very personal emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional.

### **Contacting Me**

If I am in between clients during office hours or at home after hours, I can be reached at 301-529-5413. If I am not immediately available, my office manager will answer the phone or you can leave a message on my answering machine and I will make every effort to call you back the same day. If you are difficult to reach, please inform me of some times when you will be reachable. Feel free to call when it truly is an emergency, but please save non-emergency contact (except for appointment changes) for your regular therapy session.

If you feel you cannot wait for a return call from me, call the crisis line from your insurance company or the Montgomery County Crisis Center (240-777-4000) if necessary. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in the event of an emergency.

### **Fees, Cancellations and Insurance Reimbursement**

You are responsible for your payment or copay by cash or personal check at the end of each session. If your account remains unpaid after 30 days, I have the right to suspend or discontinue treatment until the charges are paid in full or a suitable payment arrangement is agreed to in writing by both of us.

Occasionally, an emergency arises and you may find it necessary to contact me by telephone. Please feel free to call when it truly is an emergency, but save non-emergency contact (except for appointment changes) for your regular therapy session. If there are frequent telephone calls lasting more than 10 minutes, you will be billed proportionately.

In the event that you will not be able to keep an appointment, you must notify me 24 hours in advance or you, not the insurance company, will be responsible for paying the full fee for the session that you missed. Please do not notify me of appointment cancellations by e-mail as I do not check my email regularly. Only a cancellation by telephone or text will be considered notice of a cancellation. If Montgomery County Schools are closed due to inclement weather, you will not be billed for missed appointments, but please call to cancel.

Some health insurance companies will reimburse clients for my counseling services and some will not. Every effort will be made to try to procure insurance coverage, but please understand that you, not the insurance company, are responsible for full payment of your account.

In addition to appointments, I charge my hourly fee for most other professional services you may need, though I will charge proportionally for work that takes less than an hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries and time spent for other services you may request of me.

If payment is not made, there will be a brief time period devoted to the termination of the work where you will be given referral assistance. 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. If legal means are required to secure payment, you will be responsible for legal costs. Legal action may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I would release regarding a client's treatment is his/her name, the nature of services provided and the amount due.

If you become involved in legal proceedings that require my participation, you will be expected to pay, in advance per estimate, for all my professional time, including preparation and transportation costs, including if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

## **Professional Records**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Unless that disclosure is reasonably likely to endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical Record if you request it in writing 30 days in advance. Otherwise you have a right to a summary and to have your record sent to another mental health provider. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. The fee for copying is \$.25 per page (in most instances). If I refuse your request for access to your records, you have a right to appeal.

**Insurance Reimbursement**

My insurance billing is done by Liza Wilson of Advanced Billing Services in Vancouver, Washington. Ms. Wilson is bound by all HIPAA laws not to disclose patient information to anyone other than those necessary for billing purposes (i.e., insurance companies).

It is very important that you find out exactly what mental health services your insurance policy covers. Be sure to check if your plan requires an authorization before you begin therapy. Some insurance plans are limited to short-term treatment approaches. While much can be accomplished in short-term therapy, some patients feel that they need more services after their benefits end. It is possible to appeal to the insurance company for more sessions, if needed.

If the insurance company will not cover more sessions or you prefer more privacy, you always have the right to pay for my services yourself. You should be aware that your contract with your health insurance company requires that I provide it with information about the services provided. Maryland permits me to send some information without your consent in order to file appropriate claims. I am required to provide them with a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries. In such situations I will make every effort to release the minimum information about you that is necessary for the purpose requested. Maryland law prevents insurers from making unreasonable demands for information, but there are no specific guidelines about what unreasonable includes.

If I believe that your health insurance company is requesting an unreasonable amount of information, I will call it to your attention and we can discuss what to do. You can instruct me not to send requested information, but this could result in claims not being paid and an additional financial burden on you. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases they may share the information with a national medical information data bank. If you request it, I will give you a copy of any report I submit.

If you have any questions or concerns regarding the above, please feel free to discuss them with me. Your signature below indicates that you have read, understood and concur with this Patient-Psychotherapist Agreement.

**Please sign both copies of this form; keep one for your files and return the other to me.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date