

Agreement for Psychological Services

Deborah S. Cole, Psy.D.

A clear understanding of the various arrangements for intakes, assessments, consultations, and psychotherapy can help you avoid any misunderstandings that might impede progress.

Please initial in the blanks before each section.

Structure of the session

___ A therapy or coaching session generally runs for 55 to 60 minutes.

Scheduling

___ You need to know that regular attendance at your therapy or coaching sessions is crucial to your progress. It is generally best if a mutually agreeable time can be arranged on a weekly or twice weekly basis. The regular time means that a particular hour is “yours,” and time need not be wasted on scheduling arrangements. If you cannot keep a scheduled appointment due to illness or another emergency event beyond your control, I will at-tempt to give you another appointment during the same week or so that there will be continuity of care, but that site and time may not be convenient, and it may be that there is no time available for you. If you are late for an appointment, you will have the remainder of the session time, and you will be charged for the entire session, because the time has been reserved for you. Rarely, I may be late for an appointment due to emergencies; and when that happens, I will make that time up to you. If you miss an appointment without notice, we may discuss termination, which could eventuate.

Cancellations and Changing Appointments

___ If you need to reschedule an appointment, please provide at least 48 business hours notice (which means 2 working days) so that I can schedule another patient in your time slot. (This means that a session for Monday at 1:00 p.m. would need to be canceled by the prior Thursday at 1:00 p.m.). Without 48 business hours advance notice, you will be charged the full fee for the missed session. Generally, insurance does not pay anything for missed sessions.

___ If I am able to schedule another patient/client in your timeslot, I will be happy to waive the fee. Also, if you have a medical emergency, I will consider waiving the fee. I will not waive the fee for oversleeping, car problems, other engagements, forgetting, etc.

___ I do not see people who have contagious diseases. If you have an upper respiratory virus, flu, etc., please call to reschedule, with as much notice as possible.

Fees

___ Fees are based on the amount of professional time used. The fee is \$180 for 55 to 60 minute session. Generally, the initial session is \$190 unless it is longer than 1 hour, and then the time can be prorated. Every 15 minutes extra is prorated at \$50. Sometimes double sessions are necessary or recommended and are billed for \$330. I give receipts *monthly if you request them*. They have the basic information most insurance companies want in order to give a partial reimbursement., based on your contract with them. No provider can guarantee reimbursement by insurance. If you need a treatment plan for insurance, please inform me. I also charge extra for travel time if a home visit is needed. This is probably not reimbursed by insurance.

___ Please have a check made out to *Dr. Cole* prior to each session, so that we can get on with the work at hand. The check should be given at the beginning of each session. If you have a problem paying the fees, please discuss arrangements for payment, including payment by credit card if I am accepting credit cards. Rarely, and with notice, I will discuss termination of sessions for patients who cannot pay fees on time. In these cases services can be resumed after the balance is paid in full, if there is an opening. When appropriate, I will attempt to find other sources of assistance for clients with serious financial need.

___ An unpaid balance can be referred to a collection agency if a balance is not paid, or if a payment plan has not been honored, or if there is an NSF check which is not “made good” within 3 weeks. Reasonable attorney’s fees for the collection will also be charged to the client. Checks which are dishonored for nonsufficient funds will have a \$20 returned check fee for each check, because of the cost of time for bookkeeping and phone calls. In some counties or jurisdictions, there are government services for bad checks, and clients with such checks can be referred to them, which could eventuate in court involvement, including through an attorney general’s office.

___ If I am a witness in court, I must be paid *prior* to the date of the court appearance, and at the rate of \$1000 per half day (4 hours), including travel time from my home even if the court case is postponed or dismissed, with the least payment being for a half day in court. These fees are more than my usual fees because of the disruption to my practice, and also because fees for psychologists in court are generally higher than our standard fees.

___ My fees include additional time on your behalf (except for legal cases) for routine tasks such as very brief phone conversations (up to 5 minutes). Due to the nature of my practice, additional time or services are often provided (e.g., extended phone conversations, extended sessions, test scoring and interpretation, record reviews, court appearances, calls to schools and other agencies, visits to schools, and consultations with other

professionals). The fee for these services is based on time used, at a rate of \$45 per 15 minutes, and in legal cases \$90 per 15 minutes. Home and school visits and telephone calls may not be reimbursed at all by your insurance. Fee increases may occur annually.

__ I recommend that you discuss ending therapy prior to doing so. Often working through issues can be difficult but less difficult if discussed openly.

Insurance

__ I do not accept insurance as payment. I cannot guarantee reimbursement by your insurance company. You are personally responsible for your fees, and the contract you have with your insurance company is between you and them. Your statement includes all the information which is generally needed for reimbursement purposes. If you have any questions concerning your benefits, or ramifications of submitting health care claims, please ask your insurance carrier. If you have kept your payments to me up to date, then any insurance payments are a reimbursement made directly to you.

Messages

__ Please leave messages on my voice mail at 410-381-7551 after 9:30 a.m. The best time to reach me is between 9:30 a.m. and 10:30 a.m. each day. If you call, be sure to leave a phone number where you can be reached. If your call is *urgent*, please say so. Please know that as a solo practitioner I cannot be available 24 hours a day. If there is a life-threatening emergency, then go to the nearest emergency room and I will be notified from there, and I will respond as soon as possible. If you are in Howard County, you can also call GrassRoots for emergencies.

My Methods

__ I use a variety of methods to try to help clients, based on the symptoms and the client's strengths and weaknesses. I may suggest psychological testing in order to give a more clear road map for our sessions. You may be encouraged to do homework or to write down thoughts and/or dreams or to go to support groups so that we can make the most of your time in therapy. I only work with patients whom I believe I can help in some way with the resources and training I have. I may give advice and I may suggest reading materials, or I may not, depending on what I perceive to be your needs. At other times, I may have a more passive stance, in an effort to help you come to your own conclusions. I may challenge your ideas or confront your defenses in order to help you.

__ I sometimes use less traditional methods which are difficult to explain but which I often find effective. These include hypnosis and eye movement desensitization and re-processing (EMDR). I often use ISTDP (Intensive Short Term Dynamic Psychotherapy) which helps resolve underlying issues that get in the way of relationships and self-aware-

ness. I only use these methods with your permission, and when I think your symptoms would be helped by them.

___ With children, I often use play therapy. This allows me to enter into the child's world and help with personality issues as well as symptoms. I emphasize to the child that play therapy is work on feelings, not just play. I also help parents to understand their children, which can be very helpful to the child. I sometimes call and/or visit the child's school. This can help to get everyone working together for the child. I often give children psychological testing, which can yield a better understanding of frustrations, anxiety, and sadness related to school. With children and adolescents, it is important that the child be able to have confidentiality or they will not be able to feel safe in being open in therapy.

Confidentiality

___ By law your therapist is bound to keep what you have said confidential. There are, however, special circumstances when the therapist is required to report information about you. These involve primarily: (a) when a patient is potentially dangerous to himself/herself or others, or (b) when child abuse or neglect is suspected, or (c) when an insurance company requests information regarding services rendered or proposed, or (d) when there is reason to believe a vulnerable adult is being mistreated, or (e) legal situations.

___ If you use third party reimbursement, I am required to provide the insurer with a clinical diagnosis and treatment code, and sometimes with a treatment plan or summary. I may be required to give psychological records to the insurance company or managed care company. I may also be required to answer questions asked by an insurance company or a managed care company about your treatment.

___ If you are under eighteen years of age, please be aware that while the specific content of our communication is confidential, your parents have a right to receive general information on the progress of your treatment.

___ In child custody proceedings, adoption proceedings, and proceedings in which your emotional condition is an important element, a judge may require my testimony. If you are involved in litigation or are anticipating litigation, and you choose to include your mental or emotional state as part of the litigation, I may have to reveal part or all of your treatment or evaluation records.

___ If you are called as a witness in criminal proceedings, opposing counsel may have some limited access to your treatment records. Testimony may also be ordered in (a) legal proceedings related to psychiatric hospitalization; (b) malpractice and disciplinary proceedings brought against a psychologist or therapist; (c) court-ordered psychological evaluations; and (d) certain legal cases where the client has died.

____ Under Maryland law, in group and family therapy and in marital therapy, all participants are required to consent to the release of information. One marital partner may not waive privilege for another. In cases of marital therapy, therefore, the record may be released only if both parties waive privilege, or if release of the record is ordered by the court.

I have read the above and understand the above information. I have had the opportunity to ask questions and have had any questions answered. Upon these conditions, I agree to enter into therapy and I realize that the outcome of therapy cannot be guaranteed.

Signature of Patient/ Client

Date

If patient is a minor:

I affirm that I have the legal authority to give permission and do so:

Signature of Parent/Guardian

Date