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PSYCHOTHERAPY SERVICES AGREEMENT

This document (the Agreement) contains information about my 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). HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems that the client is experiencing. There are many different methods that I may use to deal with the problems that you or your child hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on the client's part. In order for the therapy to be most successful, the client will have to work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, the client may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. 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 or your child will experience.

Our first few sessions will involve an evaluation of your child's needs, after which I will be able to offer you some first impressions of what our work will include and a treatment outline, if you decide to continue with therapy for your child. You should evaluate this information and your own opinions of whether you feel comfortable having your child work with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select for your child. If you have questions about my procedures, we should discuss them when they arise. If your doubts persist, I will be happy to discuss with you the option of setting up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 1 to 4 sessions. During this time, we can both decide if I am the best person to provide the services your child needs in order to meet your child's treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session per week at a time that we agree on, although some sessions may be longer or more or less frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless we both agree that you or your child were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for missed sessions.

PROFESSIONAL FEES

My hourly fee is \$240.00. In addition to weekly appointments, I charge this amount for other professional services you or your child may need, although I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. 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 and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$360.00 per hour for preparation and attendance at any legal proceeding.

CONTACTING ME

I am usually not immediately available by telephone. While I am typically in my office during weekdays, I usually do not answer the telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will try to return your call within 24 hours, 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 prefer to communicate regarding scheduling by email, you may request my email address. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your child's treatment 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 the child's legal guardian provide written, advance consent. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will try to limit my disclosure to what is necessary. Your signature on this Agreement provides consent for those activities, as follows:

- I sometimes find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.
- You should be aware that I practice with other mental health professionals. In most cases, I do not need to share protected information with these individuals; however, if these professionals become aware of this information, they are bound by the same rules of confidentiality.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you or your child are involved in a court proceeding and a request is made for information concerning your child's diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without a child's legal guardian's written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I am required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment.

- If I have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, the law requires that I file a report with the appropriate governmental agency, usually the Alaska Department of Health and Social Services. Once such a report is filed, I may be required to provide additional information.

- If I have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect; or that a disabled person has been abused, the law requires that I file a report with the Alaska Department of Administration. Once such a report is filed, I may be required to provide additional information.
- If a client communicates an immediate threat of serious physical harm to an identifiable victim, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about your child in a Clinical Record. If the child's legal guardian provides me with an appropriate written request, the guardian may have the right to examine and/or receive a copy of the child's records. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that they be reviewed in my presence, or in the presence of another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee.

PATIENT RIGHTS

HIPAA provides several new or expanded rights with regard to your child's Clinical Record and disclosures of protected health information. These rights include requesting that I amend your child's record; requesting restrictions on what information from your child's Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that the child's guardian has neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you or your child make about my policies and procedures recorded in your child's records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records unless I decide that such access is likely to injure the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with adolescents, it is often my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a general summary of their child's treatment when it is complete if the parent requests this summary. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. 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 which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE 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 child's 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 important that you find out exactly

what mental health services your insurance policy covers. You should read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans often require authorization before they provide reimbursement for mental health services. These plans may be limited to short-term treatment approaches designed for specific problems. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. In this case, I will assist you in finding a provider who will help you continue your psychotherapy.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to your child. I am required to provide 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 only the minimum information about your child that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Although 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 databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your child's sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by contract.

Your signature below indicates that you have read this Agreement and agree to its terms and also serves as an acknowledgment that you have received the HIPPA Notice form described above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Child

Date