



# SOUTH COUNTY PSYCHOLOGICAL, INC.

Finding solutions and feeling better.

## TREATMENT CONSENT CONTRACT

### Outpatient Services Contract

Welcome to South County Psychological, Inc. This document contains important information about the professional services and business policies of Dr. Susan Novak and South County Psychological, Inc. Please read it carefully. Please feel free to ask about anything that raises questions for you. When you sign this document, it will represent an agreement between yourself and Dr. Novak.

### Psychological Services

Psychotherapy is not easily described in specific terms, as it will vary depending on the personalities of the psychologist and the client as well as by the particular problems you bring forward. Different treatment methods will fit best with your problems or be a more comfortable fit with your personality.

Psychotherapy may have benefits such as a significant reduction in distress, improved social relationships, resolution of specific problems, and clearer understanding of yourself, your values, and your goals. However, there are no guarantees about what will happen in therapy. For therapy to be most successful, you will have to be able to talk openly and honestly, be completely honest with your therapist, address any difficulties that arise, and attend regularly. To fully benefit from therapy, you will have to take an active role, both in session and outside of session. Working on your problem must extend outside of our session time to produce lasting changes.

Psychotherapy may also have risks. Therapy often requires discussing unpleasant aspects of your history and current life. Therefore, in the initial stages of treatment, psychotherapy may lead to uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness and could impact your relationship with others. While unpleasant experiences are usually temporary, please let me know if they occur.

Psychotherapy differs from medical doctor visits. With therapy, improvement is not usually completed in one or two sessions; psychological problems require much more treatment than curing a simple medical issue. Most problems people bring to therapy did not start overnight, so it is reasonable to expect that solutions may also take longer to achieve.

Our first few sessions will involve an evaluation of your problem, your situation, and your needs. By the end of the evaluation, we will go over you some initial impressions and discuss an initial treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. During this time, we can both decide whether I am the best person to

provide the services you need in order to meet your treatment goals. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions as our treatment progresses, please discuss them with me as they arise. If your doubts persist, I can provide you with referrals to other mental health professionals if you would like second opinion or wish to change therapists. Sometimes, I may feel that the fit between us it not right. I reserve the right to refer you to other mental health professionals at any time if I feel it is clinically indicated.

### **Sessions**

For **ALL** therapy sessions (individual, couple's, family, or group), you must provide **at least 24 hours notice of cancellation**. If you provide less than 24 hours notice of cancellation or fail to show for an appointment, you will still be held financially responsible for the full payment amount.

All therapy sessions are assumed to occur at the South County Psychological, Inc. office unless both parties agree to another location. No group therapy sessions are available at an alternate location at this time. Additional fees may be charged for sessions occurring at a location different than the South County Psychological, Inc. office.

During the first few sessions I will try to get to understand your view of your problem and learn its context in your life. As treatment progresses, we will likely continually explore more details of your concerns, your personality, your history, and your current situation as we seek to help you find your solutions and/or to seek to feel better. From time to time, we may discuss your treatment goals, revising them as you make progress or encounter new difficulties. When you are ready to end treatment, I request that we have a final session to wrap up any loose ends and to have an opportunity to say goodbye.

One "therapy hour" consists of a 50 minute therapy session. I usually schedule one therapy hour per week at a time we agree on, although sometimes sessions may be longer or may need to be scheduled more frequently. If you arrive late to a session, the appointment still ends at the same time as scheduled; the session will simply be shortened by the same amount of time you are late. Regular attendance has been found to be correlated with successfully benefiting from treatment.

If you are participating in couple's or family therapy, all members of the couple or family are expected to attend all sessions unless a different configuration is agreed to in advance for a specified number of sessions. (Sometimes, I will meet with couples individually for one or two sessions. Similarly, sometimes I will meet with just the parents of a family for a session or two.) Certainly, illness or other short-term, unforeseen events may be valid reasons for someone to miss a couple or family session.

Group therapy lasts 90 minutes per session. You are expected to attend groups weekly. Once you begin attending a group, you will automatically be scheduled to attend weekly until you notify me that you wish to stop attending the group. All information shared in group therapy must be kept confidential by you and all group members so that the group is truly a safe place to share your issues.

You are expected to be on time for group therapy. If you are going to be late, you are expected to call me and indicate when you expect to arrive. If you are more than 10 minutes late to any session, you may be denied admittance to the session (at my discretion), as lateness causes disruption to the group process and breaks the feeling of safety. If you are habitually late to group therapy, you may be asked to discontinue your participation, as chronic disruptions to the group are not therapeutic. If you have attended more than 4 sessions and wish to discontinue a therapy group, you are encouraged but not required to attend one final group session to say goodbye and address any loose ends, as learning to provide ourselves with closure in relationships is a valuable tool for you and all of the other group members.

You reserve the right to terminate treatment at any time for any reason. If you would like at that time, I would be happy to provide you with names and phone numbers of other mental health professionals. I also reserve the right to terminate our treatment and refer you to someone else if I feel it is clinically indicated. If you threaten, stalk, harass, or harm me, anyone close to me, my office, or anything belonging to me, I will terminate our treatment contract.

### **Professional Fees**

All session fees are due no later than when the service is provided.

If you are using insurance, you are responsible for paying your co-pay at each session. I will bill your insurance for the remainder of the fee. If your insurance limits the number of sessions allowed, once those sessions have occurred the fee will be as noted below unless we negotiate a different arrangement.

My hourly fee for individual (adult or child), couple's, and family sessions occurring in the South County Psychological, Inc. office is \$150 per session. If you leave a credit card on file with me so I can bill in the event that you fail to show or cancel less than 24 hours in advance, I will offer you a discounted rate of \$130 per session.

My fee for each group therapy is \$50 per person. If you pay for a session at least 24 hours in advance, I will offer you a discounted rate of \$40 per group therapy session. Sometimes I run advertised specials; I will honor the special rate for the number of sessions specified in the advertisement. Once the number of sessions in the special is completed, my rate will be \$50 per hour (or \$40 discounted rate for pre-paid sessions as explained above). If there are any future changes to this policy, you will be provided a copy of these changes in a separate document.

For an additional fee, individual sessions may be schedule at an alternate location, as some individuals have mental health needs where therapy occurring at their home may be clinically indicated. Sessions occurring at a location other than the South County Psychological, Inc. office are for 50 minutes and cost \$150 plus a \$75 travel fee. It is always up to my discretion whether or not to allow sessions outside of the South County Psychological, Inc. office. Normally, sessions occurring outside the therapy office have an eventual goal of being able to occur in the professional office setting. The most common alternate location is at your home in a room close to external doors. Uninterrupted privacy is required

for the duration of each the session, except in extreme medical situations when life preserving care may be required at any time. If your alternate location has frequent interruptions or distracting noises, we may not be able to continue treatment at that location. If we have agreed to sessions at an alternate location, I reserve the right to stop treatment in the alternate location and offer continued treatment only at the South County Psychological, Inc. office if I feel it is clinically indicated or needed for safety reasons. I also solely reserve the right to waive the travel fee if I feel meeting at an alternate location is the most appropriate clinical decision at that time.

Once an appointment is scheduled, you will be expected to pay for it unless you provide at least 24 hours advanced notice of cancellation. If you pre-paid and failed to show or failed to give the full 24 hours cancellation notice, your pre-paid amount will be applied in full to the missed session. If you did not pre-pay and you miss or fail to give 24 hours cancellation notice, you will be billed the full \$150 per individual/couple's/family session or \$50 per group session. If I feel your cancellation was due to exceptional circumstances beyond your control, I solely reserve the right to waive the charges for a missed or cancelled session; however, I am under no obligation to waive those fees.

In addition to therapy sessions, I charge for other professional services you may need. I charge \$150 per hour for these services, which can be broken down into 15-minute intervals for services requiring less than or more than one hour. Other therapy services include telephone conversations lasting more than 10 minutes, attendance at meetings with other professionals you have authorized, preparing documents or writing reports, or time spent performing any other service you may request of me.

You are allowed a free crisis call not to exceed 15 minutes once every three months. You will be charged for crisis calls lasting more than 15 minutes or occurring more frequently than one every three months. Crisis calls will be billed in 15-minute increments, rounding up after each increment is exceeded, at \$40 per 15-minute increment. I reserve the right to waive these fees if I feel the calls are clinically appropriate for safety and treatment reasons and occur during a brief period of time.

### **Legal Fees**

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party. My professional time in legal cases includes all preparation time, report writing time, time spent meeting or speaking with attorneys prior to court dates, attendance at court even if only waiting to be called into the courtroom, time on the stand, time spent in conference with judges or attorneys, and any other time spent related to the legal proceedings. All time spent for legally related charges will be billed at \$150 per hour.

### **Billing and Payments**

You will be expected to pay for each session no later than the time it is held. Payment schedules for other professional services will be due by the end of the month after they occur, unless another arrangement is agreed to when the services 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 payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I release regarding a client's treatment is his or her name, billing address, the dates and nature of services provided, and the amount due.

### **Insurance Reimbursement**

South County Psychological, Inc. accepts some insurances. New contracts are continually being sought, so ask if your plan is accepted. You will be notified if South County Psychological, Inc. is placed on an insurance panel while you are in treatment.

However, some health insurance policies do allow you to see a professional who is not in their pre-approved network; this is often referred to as seeing an "out of network provider". I will provide you with a receipt called a "Super Bill", which some insurance policies will accept to reimburse you for some or all of your therapy expenses. However, you (not your insurance company) are responsible for full payment of my fees.

If your insurance will allow you to see an Out of Network Provider, it is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage or if they will reimburse you for therapy expenses with a Super Bill, call your plan administrator. If you are eligible for this arrangement and your insurance company requires more information about your treatment, we will discuss the information they want. If you agree to have me provide that information to the insurance company, I will need you to sign a Release of Information to allow me to share your information with the insurance company.

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. Many managed health care plans require authorization before the service is provided in order for the insurance company to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot 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. If this is the case, I will offer you referrals to facilitate your finding another provider with whom you may choose to continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). With your authorization, I will provide treatment plans and summaries, but I will not provide copies of your entire treatment record to an insurance company, as I feel it grossly violates your right to confidential treatment, as all of that information becomes a part of the insurance company files and may be stored on a computer.

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 databank. I will provide you with a copy of any report I submit if you request it.

If your insurance policy will accept a Super Bill and you wish to use your insurance benefits, once you have all the information about your insurance coverage, we can 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 our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **Contacting Me**

I am often not immediately available by telephone. During many days and Saturdays, I am often with a client and will not answer the phone when I am in session. When I am unavailable, you are free to leave a message on my voice mail. I will make every effort to return your calls within 24 hours, with the exception of Sundays, holidays, and when I am on vacation. If I will be unavailable for an extended period of time, I will provide you with information or leave instructions on my voice mail for you to reach a trusted colleague for assistance if necessary.

**If you have a life threatening emergency, you must call 911** or go to your nearest emergency room and ask for the psychologist/psychiatrist on call to obtain immediate assistance. My voice mail does **NOT** provide immediate assistance during a life threatening emergency.

### **Professional Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I feel disclosing them may pose a safety threat or cause emotional damage, in which case I will prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charge an appropriate fee for any professional time spent copying and/or responding to information requests.

### **Minors**

If you are under 18 years of age, please be aware that California law may require your parents to consent to your treatment. If your situation does not require parental consent, I will let you know. Otherwise, if parental consent is required, the law allows your parents the right to examine your treatment records. It is my policy to explain your need for privacy to your parents and to ask them to agree to not access your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else, or are engaging in illegal or highly risky behaviors that may result in harm. In this case, I will notify them of my concern. Usually, I meet with parents every few sessions to check in with them about their

concerns for you and their perceptions of progress. During these meetings, I will provide them with a summary of your treatment. I will make every effort to review with you the information I plan to share with your parents before I meet with them. I will do my best to handle any objections you may have about what I am preparing to discuss.

### **Confidentiality**

In general, the law protects the privacy of all communications between a client and a psychologist, and I can release information about our work to others only with your written permission. But, there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, if ordered by a court to appear with records, I am required to do so. I will release those records or testify only if ordered by a judge unless you give me written permission to comply with the court order. In some legal proceedings involving child custody or anything in which your emotional condition is an important issue, a judge may order my testimony if he or she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I may be required to contact the appropriate County authorities and file a written report. If I learn of a child witnessing domestic violence, I may be required by law to make a similar contact and file a written report to the County authorities.

If I believe that a client is threatening serious bodily harm to another, I may be required to take protective actions. These actions include notifying the potential victim, contacting the police, and seeking hospitalization for the client.

If a client threatens to harm himself or herself, or I assess a client to be at imminent risk of harming themselves, I may be obligated to seek hospitalization for him or her, which may include obtaining police/911/paramedic assistance and/or contacting family members or others who can help provide protection for my client.

These situations have rarely occurred in my private practice. If a situation like those noted above does occur, I will make every effort to fully discuss it with you before taking any action. However, our discussion may not change my legal requirements to act under certain circumstances.

Psychologists are encouraged by the American Psychological Association's Ethical Code to consult with other mental health professionals from time to time. So, I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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 at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex. I am not an attorney and cannot provide formal legal advice.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_