



This document contains important 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 client 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 I provide you with a notice of privacy practices for use and disclosure of PHI for treatment, payment and health care operations. The notice (separate document) 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. It is important that you read both documents carefully and jot down any questions you might have so that we can discuss them during our first meeting. When you sign this document, it will represent an agreement between us.

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 you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

DISCLAIMER OF HEALTH CARE RELATED SERVICES

I practice an integrative approach to psychotherapy and may make recommendations regarding your lifestyle, exercise and nutrition. I encourage you to continue to visit and to be treated by

your healthcare professionals, including, without limitation, a physician. It is important that you understand that I am not acting in the capacity of a medical doctor or licensed dietician-nutritionist. Accordingly, you understand that I am not providing health care, medical or nutrition therapy services and will not diagnose, treat or cure in any manner whatsoever any disease, condition or other physical or mental ailment of the human body. The information received should not be seen as medical or nursing advice and is certainly not meant to take the place of your seeing licensed health professionals.

MEETINGS

I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. I reserve the right to charge my standard fee for late cancellations or missed appointments without advance notice. If it is possible, I will try to find another time to reschedule the appointment in the same week.

COMMUNICATION OUTSIDE OF TREATMENT

With your consent, I will keep in touch with you electronically via unencrypted email (i.e. sending you an electronic newsletter) and unencrypted text messages and may send PHI (Private Health Information). You understand that this is not completely secure and will not hold me responsible for unauthorized access to the PHI in transmission or when received by you. You can opt out to stop receiving my newsletter at any time. The nature of contact is strictly to discuss scheduling or to provide feedback on points discussed during treatment. My newsletter is educational in nature and/or to provide you with updates regarding my practice.

PROFESSIONAL FEES

My standard hourly fee is \$185. In addition to weekly appointments, I charge this amount for other professional services you may need, though 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 20 minutes, attendance at meetings with other professionals you have authorized, 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 my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.

CLINICAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your clinical record. Except in unusual circumstances that disclosure would physically endanger you and/or others or makes reference to another person (other than a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your clinical record, if you request it in writing. 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. [I am sometimes willing to conduct this review meeting without charge.] In most circumstances, I can charge a copying fee of \$.50 per page (and for certain other expenses). I may withhold copies of your records until payment of the copying fees has been made. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

HIPAA also provides you with expanded rights regarding your clinical records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the attached notice form, and my privacy policies and procedures.

INSURANCE AND FINANCIAL ARRANGEMENTS

My comprehensive approach and the integrative care that I provide is different and thus requires more time and attention than what you would receive in a more mainstream setting. Furthermore, most HMO's and PPO's only authorize a limited number of sessions, and even if you feel you may need more sessions, they may not authorize them, nor allow you to see me more often or past their cut-off date, and you may have to change to a different therapist/coach outside their network and pay full fee mid treatment. I also may be required to give detailed reports regarding your issues and progress to get more sessions authorized, and your treatment plans may be dictated to me by your managed care representative.

In addition, all your information, including diagnoses, goes into a central computer bank which can be accessed by any physician, college, law enforcement agency, military group, insurance company, etc. and can be used against you (or your children). I do not agree with these practices, believe that they violate my ethical principles and do not foster a therapeutic environment. Thus, I do not accept third party insurance payments. I realize that this may be frustrating; but it is difficult to get outstanding care at discounted insurance based pricing. To make the process easier I will provide you with bills that should be acceptable to your insurance carrier so you can be reimbursed directly if you are eligible.

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. If such legal action is necessary, its costs will be included in the claim. 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.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. However, there are a few situations in which I may be obligated to breach confidentiality, including life-threatening situations, cases in which I suspect that a child or an elderly person is being abused, or as mandated by HIPAA (see notice).

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult with 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.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Your signature also serves as an acknowledgement that you have received the HIPAA notice described above.

Signature of Client

Date