Outpatient Services Contract

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document it will represent an agreement between us.

**PROVIDERS**

**Amanda Hardwick** – I am a Licensed Clinical Social Worker (LCSW) (VA). I hold a Masters in Social Work from Radford University, I am licensed by the VA Board of Social Work as a Licensed Clinical Social Worker and certified as a Registered Play Therapist by the Association for Play Therapy and as a Certified Advanced Child, Youth and Family Social Worker by the NASW.

**Connie Hopkins** – I am a Licensed Clinical Social Worker (LCSW)(VA). I hold a Masters of Science in Social Work from Radford University

**Sarah Clark** – I am a Licensed Clinical Social Worker (LCSW)(VA). I hold a Masters of Science in Social Work from Radford University

**Lauren McGill** – I am a Licensed Professional Counselor (LPC)(VA). I hold a M.A.Ed. in Counselor Education from Virginia Tech.

**Consuella Hoston** – I am a Supervisee in Social Work working towards licensure in Virginia, (LCSW)(VA). I hold a Masters of Science in Social Work from Radford University

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. There are many different methods we 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.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. 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 will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist 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 your therapist. 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, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

**MEETINGS**

Your therapist will make an initial assessment during your first 1-2 visits, at this time you and your therapist will decide whether to move forward and you will develop a treatment plan. Your therapist will continue to monitor and evaluate your needs throughout your treatment and make changes and recommendations as needed. We welcome any feedback throughout your sessions to guide your treatment. Appointments will be scheduled in advance and will last 45-60 minutes (duration will be impacted by a variety of factors such as treatment modality) **Once an** **appointment hour is scheduled, you are responsible for the session’s billing unless you provide 24 hours advance notice of cancellation. You will be responsible for $40.00 if you do not show for the appointment and do not give 24 hour notification.** Exceptions to this policy are evaluated on a case by case basis and are at the discretion of your therapist depending on situational circumstances and previous attendance record. Medicaid/Medicare clients will not be billed this no-show fee, after 2 no-shows (sessions canceled with less than 24 hour notice) the client may be terminated from services.

**PROFESSIONAL FEES**

Our hourly fee is $170.00/hour (individual/couples/family). In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 30 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 us. If you become involved in legal proceedings that require participation of your clinician, you will be expected to pay for their professional time even if they are called to testify by another party.

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| **Clinical Services** | **Fee for Service** |
| Initial Assessment & Diagnosis | $190 (55-60 minute session) |
| Clinical Therapy Session | $170 (55-60 minute session) |
| Clinical Therapy Session | $150 (45 minute session) |
| Session by Telephone (local) | $150 (45 minute session) |
| Short Clinical Session | $90 (25-30 minute session) |
| Group Therapy Session |  $80 (90 minute session |
| Appearance in Court + travel time | $600 plus $170 per hour for travel, preparation and attendance at any legal proceedings.  |
| (Note: **There is a charge for any appearance even if your clinician does not testify**) | **Estimated half of court charges will be due before the court appearance.** |
| Records and Document Reviews | $170 per hour ($40 minimum charge) |
| Written Correspondence | $40 per page |

**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 which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, your therapist may be willing to negotiate a fee adjustment or payment installment plan. **Clients will not be permitted to schedule additional sessions if their balance is more the 2 sessions past due.** **Any balance more than 60 days past due will accrue a 9% interest rate to be added to each monthly invoice.** If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we 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 patient’s treatment is his/her name, the nature of services provided, and the amount due.

**INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If you have questions about your coverage, please contact your plan administrator. We will file claims and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you are ultimately responsible for full payment of fees.

If you do not have insurance coverage for mental health services, you will be expected to pay for each session at the time

it is held unless other arrangements are made.

**CONTACTING YOUR CLINICIAN**

Your clinician may not be immediately available by telephone as they are unable answer calls during sessions. Your clinician will make every effort to return your call as soon as possible. In regard to emergencies, we are not a 24-hour crisis intervention practice. If you have an emergency outside of regular business hours, you may call ACCESS at 888.717.3333, RESPOND at 800.541.9992 or call 911. If your clinician will be unavailable for an extended time, they will provide you with the name of a colleague to contact, if necessary.

**PROFESSIONAL RECORDS**

The laws and standards of my profession require that we keep treatment records. You are entitled to receive a copy of your records, or your clinician can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in your clinician’s presence so that you can discuss the contents. Patients will be charged $170/hour for any time spent in preparing information requests.

**MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless your therapist feels there is a high risk that you will seriously harm yourself or someone else. In this case, they will notify them of my concern. Your therapist will also provide them with a summary of your treatment when it is complete. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what they are prepared to discuss.

**TO PARENTS OF MINORS**

We strongly discourage any request to view the records of your minor child. We feel that as a parent you are an important part of the treatment team and will be happy to discuss general information about our work together. In order to build a positive therapeutic rapport with your child your child’s therapist has assured him/her that what they share with them is confidential with the limitations outlined above. They have also explained to your minor child that if they feel, based on their professional judgment, that a parent needs to be included for their help on a problem, they will discuss it with the client and get their approval before doing so. **If you insist on reviewing their records this could seriously damage therapeutic rapport and hinder any progress made in treatment. We require written and signed (no emails or texts) notice of any request for copies of records and will respond to your request within 10 working days.**

**RECORDING**

There may be occasions where videotaping a session may be preferred or required based on a variety of factors such as treatment modalities used, for clinical supervision or for review later in treatment. You will ALWAYS be made aware of any recording before it begins and will be given the opportunity to decline being recorded with no repercussions. Likewise, we require that any recording by a client during a session be discussed and approved of by all parties included in the session.

**CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a therapist is protected by law, and they can only release information about our work to others with your written permission. But there are a few exceptions.

* There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient’s treatment. For example, if your clinician believes that a child [elderly, or disabled person] is being abused, they must file a report with the appropriate state agency.
* If your clinician believes that a patient is threatening serious bodily harm to another, they are required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
* Your clinician may occasionally find it helpful to consult other professionals about a case. During a consultation, they will make every effort to avoid revealing identifying information. The consultant is also legally bound to keep the information confidential.
* While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that your discuss any questions or concerns that you may have at your next meeting with your therapist. They 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.

**ELECTRONIC HEALTH RECORDS**

* Your medical records may be maintained electronically through Advanced MD. This service may allow access via patient portal to view appointment times, complete practice documentation, and make payments. This service maintains HIPPA compliance for all PHI. Please feel free to inquire with your clinician regarding any questions or concerns you may have regarding this service.

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Revised 3/2020

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Client Name Authorized Signature

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Authorized Name (if different from client name) Date

**NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS:** I/We have reviewed and received a copy of the Notice of Privacy Practices, if requested. The Notice of Privacy Practices is available by request. Signing this acknowledgement does not mean you have agreed to any uses or disclosures of your protected health information outside the purposes outlined in the Notice of Privacy Practices.

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Authorized Signature Date