



## **OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOLOGICAL SERVICES**

Welcome to Summit Center. 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.

**THE PROCESS OF THERAPY:** Psychotherapy can have benefits and risks. Since psychotherapy often involves discussing unpleasant or difficult 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 what you (or your child) may experience.

**THE PROCESS OF ASSESSMENT/EVALUATION:** The goal of an evaluation is to provide a better understanding of an individual's strengths and challenges at several levels – cognitive, intellectual, academic, social, emotional, and behavioral. The assessment process includes interviews, testing, behavioral measures, feedback, and a written report with recommendations. If you are interested in an assessment for you or your child, the process will be discussed in detail, and the assessment process will be tailored to meet your questions and goals. The costs associated with the assessment will be discussed and agreed upon before proceeding.

**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, we will discuss our working understanding of the problem, treatment plan, therapeutic objectives and our view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, our expertise in employing them, or about the treatment plan, please ask and you will be answered fully. If you could benefit from any treatment that we do not provide, we have an ethical obligation to assist you in obtaining those treatments.

**Termination:** If at any point during psychotherapy we assess that we are not effective in helping you reach the therapeutic goals we are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, we will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, we will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, we will assist you in finding someone qualified. You have the right to terminate therapy at any time. If you choose to do so, we will offer to provide you with names of other qualified professionals whose services you might prefer.

**PROFESSIONAL FEES:** Initial consultation appointments with doctoral level practitioners are \$225. Additional appointments/services are \$175 for 45 minute sessions. Initial consultations with licensed master's level practitioners are \$175 for initial appointments and \$140 for 45 minute sessions. Psychoeducational/Neuropsychological/Psychological testing is \$225 per hour. Non-direct testing services such as scoring and report writing is \$200 per hour. In addition to the above, we charge \$200 for other services you may need or request, though we will break down the cost based on the amount of time spent. Other services include telephone conversations lasting longer than 10 minutes, lengthy e-mail communications, attendance at meetings you have authorized, preparation of treatment summaries, and other requested services.

**CANCELLATION POLICY:** We require 24 hours notice if you need to change or cancel a previously scheduled appointment. Otherwise, we will have to charge you the full amount of the appointment. We are holding this time for you and will be unable to fill it in less than 24 hours.

**BILLING AND PAYMENTS:** You will be requested to complete a credit card authorization form prior to beginning services. Your credit card will be charged after each service. 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. In most situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

**INSURANCE REIMBURSEMENT:** Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. Upon request, we will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes additional clinical information such as treatment plans or summaries are needed. This information will become part of the insurance company files and will probably be stored in a computer. Though insurance companies claim to keep such information confidential, we have no control over what they do with in once it is in their hands. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**CONTACTING US:** We are often not immediately available by telephone. While we are usually in the office between 9AM and 6PM, we probably will not answer the phone, as we are often with a client. When unavailable, our telephone is answered by voicemail. Please note that our office manager often screens phone calls. We will make every effort to return your call within 24 hours. If you are unable to reach us and feel you cannot wait for a returned call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

**MINORS:** If you are under 18 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 your 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 we feel there is high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or our testimony. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. We will use our clinical judgment when revealing such information. We will not release records to any outside party unless we are authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination where we become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, we will do whatever we can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc...), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on us to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If you become involved in a legal proceeding that requires our participation, however, you will be expected to pay for our professional time even if we are called to testify by another party. Due to the particularly demanding requirements of the legal system, we charge \$350 per hour for these services, regardless of which "side" of a legal conflict calls on us to participate.

**Confidentiality of E-mail, Cell Phone and Faxes Communication:** It is very important to be aware that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify us at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes in emergency situations.

**Consultation:** Summit Center professional staff consult with one another in order to provide the highest and most effective level of care and treatment. I give Summit Center professional staff permission to consult about my/my child's needs when they feel it will be helpful to my/my child's treatment goals.

**E-Newsletter:**

I would like to receive Summit Center's e-newsletter. I understand that I may cancel at any time.

I do not wish to receive Summit Center's e-newsletter.

**I have read the above Agreement and Office Policies and General Information carefully, I understand them and agree to comply with them:**

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Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Daniel B. Peters, Ph.D.	Date	Signature
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