

Anderson, Arnold and Partners, L.L.P.
Psychological and Counseling Services
PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

INTRODUCTION

Welcome to Anderson, Arnold & Partners, L.L.P. We are pleased that you chose our practice for services for yourself or your child. As we welcome you to our office, we would like to share with you some information about our professional services and business policies. *Although this document is long and sometimes complex, it is very important to review this information carefully so you may be fully informed about the nature of mental health services and business practices provided at our office.* We are happy to discuss any questions you have about this information as we get started and as treatment progresses. At the end of this document, we will ask for your signature to verify that you have reviewed the information that follows and given consent.

PSYCHOTHERAPY SERVICES

The nature and course of psychotherapy depends on a number of factors, to include the specific concerns a client presents with, client readiness for change, external stressors/supports, and client-therapist fit variables. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy calls for a very active effort on your part as the client. In order for the therapy to be most successful, you may be advised to work on issues talked about both during the sessions and at home.

Psychotherapy can have risks as well as benefits. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. However, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will include an evaluation of your needs. Your therapist will be able to offer some first impressions of what the work will include 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. You should feel free to ask questions about therapy procedures whenever they arise. You can ask about referrals to another mental health professional and your therapist can offer those referrals if it becomes apparent that this would be beneficial to your progress.

PROFESSIONAL FEES

Therapy Services:

- Initial Interview - \$200.00 per hour
- 60 Minute Session - \$165.00
- 45 Minute Session - \$120.00
- 30 Minute Session - \$85.00
- Client Session with Family Present - \$140.00
- Interactive Add On - \$20.00

Testing Services:

These fees may not be reimbursable by the insurance carrier.

- Initial Interview - \$200.00 per hour
- Testing/Consultation - \$165.00/hour Psychological Testing, \$190.00/hour Neuropsychological Testing
- Scoring and Written Report - \$165.00/hour Psychological, \$190.00/ hour Neuropsychological

Other Services:

These fees are not billable to your insurance carrier and a retainer may be requested in advance of court-related services.

- Telephone calls, summary or referral letters pertaining to treatment, school and hospital visits, and outside consultations are billed at \$120.00 per hour.
- Court testimony and depositions - \$200.00 per hour
- Court-related work, including travel and preparation - \$150.00 per hour.

BILLING AND PAYMENTS

Payment is due at the time of services. You should come prepared to pay any deductible or co-payment at the time of each session. Services include the preparation and submission of most health insurance claims. If the insurer does not pay as anticipated, you are ultimately responsible for payment of fees.

Clients over the age of 18 who are covered by their parent's insurance policy are responsible for fees not covered by insurance (including co-payment, deductible, no-show and late cancel charges). This office will submit claims to the insurance company, but will not bill parents/guardians for unpaid fees. Any arrangement you have made for your parents/guardians to assist with payment of fees is between you and your parents/guardians.

A 15% discount is offered to those clients who do not intend to submit a claim to a third party payee and who pay the full fee at the time of service (cash or check). This discount can be offered because of the savings to the practice in administrative and clerical costs. This discount is NOT available to you if your therapist is a contracted provider with your insurance company (e.g., Wellmark BC/BS, Mercy PHO, Midlands, etc.) or to clients who will be submitting their own claims to their insurance carrier. In all cases where charges will be submitted to insurance, your therapist is obligated to charge and collect the regular fee.

It is important to remember that you always have the option to pay directly for therapy services. Direct payment avoids the creation of a record outside this practice. However, by Medicare rules, you may not opt out if you are on Medicare and your provider is a Medicare provider.

Anderson, Arnold & Partners, L.L.P. offers a 60-day grace period from the filing date for insurance processing. At that time, you will be responsible for paying the balance of the bill and doing any necessary follow-up with your insurance plan. If you are unable to pay the balance, you are requested to make payment arrangements with your therapist. Anderson, Arnold & Partners, L.L.P. reserves the right to submit seriously overdue accounts to a collection agency.

Any variation from this payment plan will require a separate written agreement.

INSURANCE REIMBURSEMENT

It is very important for you to find out exactly what mental health services your insurance policy covers. You should carefully read the section in the insurance coverage booklet that describes mental health services. If there are questions about the coverage, the need for pre-authorization for services, or the deductible and co-pay amounts, you should call the plan administrator.

Contracts with a health insurance company require that you authorize the therapist to provide information relevant to the services that are provided. Clients who are seeking health insurance reimbursement will be required to sign an Authorization Form that allows the therapist to provide such information. Your therapist is required to provide a clinical diagnosis and may be asked for additional clinical information such as treatment plans or summaries. This may require an additional authorization. If you refuse such authorization, the insurance company can deny claims and you will be responsible for paying for services. Your therapist will make every effort to release only the minimum information that is necessary for the purpose requested. This information will become part of the insurance company. Though all insurance companies claim to keep such information confidential, we 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.

CANCELLATIONS/NO SHOWS

Each appointment is a special time reserved for you. If you are unable to keep your appointment, we ask that you notify us at least 24 hours in advance of your schedule time. You will be charged for sessions you miss without contacting the office to cancel, and charged for sessions canceled less than 24 hours in advance. Those fees are not reimbursable through insurance.

CONTACTING YOUR THERAPIST

Your therapist is often not immediately available by telephone. If you wish to speak to them during office hours you may leave a message with one of our office manager; your therapist will return your call when

possible. If you have a pressing concern or feel you need to speak to your therapist before your next appointment, but it is not an emergency, then it is usually best to wait until the office is open to call. Our staff will either schedule an appointment for you or take a message regarding your concern and see that your therapist gets your message. Should you need a same day return phone call, please make that clear when you leave your message. If you are calling after hours to cancel an appointment or schedule/reschedule, please leave a message on the answering machine and our staff will get back to you on the next work day. **We are not a comprehensive 24-hour service.**

If there is a **life-threatening emergency** or **if you are concerned about an immediate safety issue**, you should call 911, go to the emergency service at your nearest hospital, or call your physician. An additional option is to call The Crisis Center at 319-351-0140; they operate a twenty-four-hour crisis line with trained volunteers and they also offer a Chat Service (<http://www.jccrisiscenter.org/24-hour-crisis-line/>).

At times when neither office manager is available and during non-office hours, an answering machine will pick up your calls. We check the answering machine each weekday evening until 6:30 p.m. and at approximately 8 a.m., 1 p.m., and 6:30 p.m. on weekends and holidays. In certain circumstances, you and your therapist may make different arrangements for out-of-session contact when appropriate.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of communications between a client and a therapist. In most situations, your therapist can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Iowa law. In the following situations, no authorization is required:

- Your therapist may occasionally find it helpful to consult other health and mental health professionals about your case. During a consultation, s/he will not reveal your identity. The other professionals are also legally bound to keep the information confidential. Your therapist will note all consultations in your Clinical Record (PHI).
- The therapists in the office of Anderson, Arnold & Partners, L.L.P. may from time to time exchange information about a client's treatment with each other for the purpose of assuring the quality and continuity of client care and services. For example, your therapist might share some information about your therapy in order to provide coverage in the event of their absence or to obtain consultation about a specific clinical issue.
- You should be aware that your therapist employs administrative staff. In most cases, your therapist needs to share protected information with these individuals for administrative purposes, such as scheduling, billing and quality assurance. All of the staff members are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice.
- Anderson, Arnold & Partners, L.L.P. also has a contract with a collection agency. As required by HIPAA, the group practice has a formal business associate contract with this business, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law.
- If you threaten to harm yourself, your therapist may be obligated to seek hospitalization for you or to contact family members or others who can help ensure your safety.
- If you are involved in a court proceeding and a request is made for information concerning the professional services your therapist provided, such information is protected by the therapist-client privilege law. Your therapist cannot provide any information without your written authorization or a court order.
- If a government agency is requesting the information for health oversight activities, your therapist may be required to provide it for them.
- If you file a complaint or lawsuit against your therapist, s/he may disclose relevant information about you in order to defend him/herself.
- If you file a worker's compensation claim, your therapist must, upon appropriate request, provide any information concerning your physical or mental condition relative to the claim.

- There are some situations in which the therapist is legally obligated to take actions, which s/he believes is necessary to attempt to protect others from harm and the therapist may have to reveal some information about a client's treatment. These situations are unusual in practice.
- If the therapist has reasonable cause to believe that a child who has been provided professional services has been abused or if the therapist suspects that a dependent adult has been abused, the law requires that s/he file a report with the appropriate government agency, usually the Department of Human Services. Once such a report is filed, the therapist may be required to provide additional information.
- If you (the client) communicate an imminent threat of serious physical harm to an identifiable victim, your therapist may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.
- If you communicate an imminent threat of serious physical harm to yourself, your therapist may be required to disclose information in order to take protective actions. These actions may include initiating hospitalization or contacting family members or others who can assist in providing protection. If such a situation arises, the therapist will make every effort to discuss it with you before taking any action and will limit disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have with your therapist, either now or in the future. The laws governing confidentiality can be quite complex, as such, in situations where specific advice is required, it may be necessary for you to obtain formal legal advice.

FAX AND E-MAIL

Information about clients may be sent to others (including insurance companies and other health care providers) by fax or e-mail, or other electronic means. A confidentiality warning is part of the fax cover sheet in the unfortunate event of an error in transmission. A copy of the fax cover sheet and warning is available to you. Some therapists in this practice may agree to exchange communication with their clients and other authorized individuals or agencies by e-mail. Prior to e-mail exchange, confidentiality of the address will be discussed, and permission to use email will be documented in the Clinical Record.

MINORS & PARENTS

Clients under 18 years of age who are not emancipated from their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, we ask for an agreement from parents that they allow for confidentiality between their child and the therapist. If parents agree, the therapist will provide only general information about their child's progress, and his/her attendance at scheduled sessions. If the therapist believes that the child is in danger or is a danger to someone else, the therapist will notify the parents of that concern. Before giving parents any information, the therapist will discuss the matter with the child client, if possible, and do his/her best to handle any objections the child client may have.

As each case is different, parents are encouraged to ask their child's therapist for more specific information at the beginning of treatment. If a step-parent is involved, we ask that a parent with legal rights sign an Authorization Form before information regarding the minor child is discussed with a step-parent, even if the child's primary residence is with that step-parent.

TERMINATION AGREEMENT

Clients who have not had a session in over 30 days (or within a mutually agreed upon time) will be considered inactive. It is always preferable to have a final session before ending therapy in order to review and evaluate the sessions and assess overall progress. Please be fully assured that anyone wishing to return to active therapy can do so by contacting their therapist and making arrangements to resume the therapeutic relationship.

SAFETY WITHIN THE PRACTICE

The possession or use of dangerous weapons within the practice suites is prohibited. Dangerous weapons include firearms, explosives, knives, or any other weapon or implement that might be considered dangerous or that could cause harm.