

CLIENT SERVICES CONTRACT

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

I. PSYCHOLOGICAL SERVICES

The purpose of our initial session is to evaluate your needs. Occasionally this takes more than one session. By the end of the evaluation period, I will offer you some idea of what our therapy will include and what treatment plan I recommend based on the issues presented. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Since therapy involves a commitment of time, money, and energy, you should select your therapist thoughtfully. At the end of our first session, based on the information gathered to that point, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

If you wish or if indicated, I can help you set up a meeting with another mental health professional for a second opinion or consultation.

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. Learning to identify and manage thoughts, beliefs and uncomfortable feelings 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.

Cognitive Therapy is a type of psychotherapy that involves a collaborative relationship between the client and therapist. We will work together to help you identify the problems you are having and set goals for change. Cognitive Therapists use many different methods to deal with problems that clients present. We attempt wherever possible to use empirically supported treatment plans and approaches. Cognitive Therapy calls for a very active effort on your part. In order for the therapy to be most successful, you are asked to work on things we talk about both during and between our sessions.

II. MEETINGS

If psychotherapy is begun, I generally recommend we schedule one 50-minute session per week at a time we agree on. As clients make progress toward their therapy goals and learn cognitive therapy skills, I generally recommend less frequent sessions. If you would like a more or less frequent session schedule, please discuss it with me.

III. PROFESSIONAL FEES

My fee is \$150 for a 50 minute therapy session for individual, couple or family appointments. Once an appointment is scheduled, you are expected to pay for it unless you provide 24 hour advance notice of cancellation. The initial session (intake) is \$175 and lasts 90 minutes.

In addition to weekly appointments, I charge this amount for other professional services you may need, though I 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 10 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 \$300 per hour for preparation and attendance at any legal proceeding.

IV. BILLING AND PAYMENTS

Payment is due at the time services are rendered unless special arrangements are made in advance. Payment schedules for professional services other than our therapy session are to be agreed upon when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

Even if you have a health insurance policy, you (not your insurance company) are responsible for full payment of my fees. If requested, a billing form can be provided for you to submit to your insurance company or benefit program for possible reimbursement.

We are pleased to accept payment via local check or with a Visa or MasterCard. There is a \$15 fee for a returned check.

If you do not allow 24 hours notice for a canceled appointment, you will be charged the regular appointment fee and are responsible for the full payment of the missed session. Please note that insurance companies do not pay for missed appointments.

Any uncollected bills for services and/or missed appointments may result in the use of a collection agency or small claims court. 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 these collection situations, your confidentiality is limited and your name and address can be given to a collection agency or small claims court along with the nature of services provided and the amount due.

V. INSURANCE REIMBURSEMENT

Even if you have a health insurance policy, you (not your insurance company) are responsible for full payment of my fees. If requested, a billing form can be provided for you to submit to your insurance company or benefit program for possible reimbursement.

We recommend you find out exactly what mental health services your insurance policy covers. It is sometimes difficult to determine exactly how much mental health coverage is available. If you have questions about the coverage, call your plan administrator. I am happy to pro-

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vide you with whatever information I can based on my experience.

- If you choose to use your insurance coverage, they may 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). This information will become part of the insurance company files and will probably be stored in 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.
- Please note that insurance companies do not pay for missed appointments.

VI. CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office Monday through Friday between 10 AM and 5 PM, I cannot answer the phone when I am with a client or otherwise engaged. I do have confidential voice mail that I monitor frequently weekdays. I make every effort to return your call on the same day it is received with the exception of weekends and holidays. Please inform me of the times you are available for a return call. If you have not heard from me within 24 hours, please call again in case there was some difficulty retrieving your message or reaching you. If I am unavailable for an extended period, I will advise you ahead of time and discuss alternative contacts for you.

If you feel that you cannot wait for my return call, contact your physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

VII. PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. During the course of your therapy, we frequently look at your record together. Anytime you wish to see your records, I recommend you review them in my presence so that we can discuss the contents. I am sometimes willing to conduct a review meeting without charge. Upon request, you are entitled to receive a copy of your records, or I can prepare a summary instead. If I think the record may be misinterpreted or emotionally damaging, I have the authority to ask that your record be released to another mental health professional of your choice. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

VIII. CONFIDENTIALITY

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

In most legal proceedings, you hold confidentiality privileges which prevent me from providing any information about your treatment. However, in some proceedings a judge may order my testimony if he/she determines that the issues demand it. For example: child custody cases and/or those in which your

emotional condition is an important issue.

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. Here are some examples: If I believe that a child or elderly person is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

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

If legal costs and expenses including attorney fees are reasonable incurred by the Center for Cognitive Therapy on your behalf (e.g., asserting your privilege to confidentiality), you are responsible to reimburse the Center for Cognitive Therapy for these costs and expenses.

I occasionally find it helpful to consult other professionals about a case. Consultation can assist me in providing the best treatment plan and implementation of that treatment plan. Although a consultant is legally bound to keep any and all information confidential I make every effort to disguise information that could reveal the identity of my client.

While this written summary of exceptions to confidentiality should prove helpful in informing you about limits to confidentiality, it is important that we discuss any questions or concerns that you have at our next meeting. If you need specific advice, formal legal counsel may be indicated because the laws governing confidentiality are quite complex. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

IX. NOTICE OF PSYCHOLOGICAL SERVICES

I am Kathleen A. Mooney, Ph.D., a licensed psychologist in the state of California. My license number is PSY11811.

If you have any questions or complaints regarding the practice of psychology, you can contact the Board of Psychology which is part of the California Department of Consumer Affairs.

Board of Psychology
1422 Howe Ave Ste 22
Sacramento CA 95825
Tele: 800-633-2322
website: www.psychboard.ca.gov

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

I have read the information in this document and agree to abide by its terms during our professional relationship.

Signature

Date