Psychologist-Client Service Agreement

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies, including potential risks and benefits of therapy, appointment policies, fee schedule and payment policies, how/when to contact me, confidentiality and its limits, and policy regarding psychotherapy with a minor. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient 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 (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, an abbreviated version of which is included within this Agreement, explains HIPAA and its application to your personal health information in detail. An expanded version of the Notice is also available upon request.

Although I do not accept payment from insurance companies and I am not on any managed healthcare plans, my practice is in general accordance with HIPAA policies. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session.

Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the policies and procedures at that time. When you sign this document, it will also represent an agreement between us.

You have the right to withdraw your consent to therapy at any time, for any reason. However, I ask that you make every effort to discuss your concerns with me before ending therapy. Likewise, if I have concerns about your compliance with this agreement, I will bring the concerns to your attention and attempt to resolve any problems. I reserve the right to discontinue services if we are unable to resolve the problems in a satisfactory way. If services are discontinued, I will assist you in finding a new provider, if you wish to continue receiving therapeutic support.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of the clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to create change. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to know about. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. I have described these respective rights in the following sections of this Agreement.

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Psychotherapy has both benefits and risks. There are benefits to therapy that research has shown through well-designed studies. People who feel depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or they solve their problems. Clients' relationships, coping skills, social skills, and problem-solving skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

There are also risks in participating in this treatment. For a time clients may feel uncomfortable levels of negative feelings. Clients may recall some unpleasant and/or bothersome memories. Clients in therapy may have problems with people important to them. Family secrets may be told by members of the family, or by the practitioner/professional if legally mandated. Clients may temporarily appear to worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work for you/your child.

It is important to understand that there are no guarantees made about the outcome of this therapy process. Psychotherapy requires active effort on your part. In order to be most successful, you/your child will have to work on things that we discuss outside of sessions. Such work can be challenging, but also enjoyable. If you feel challenged to find the time to complete the work outside of sessions, please tell me and we can engage in a dialogue to better understand what is interfering with your work outside of sessions, and how we can address such issues.

The first one to two sessions will involve an assessment of your/your child's needs. This assessment process may include me obtaining information regarding your/your child's developmental, medical, and social history, family background, current stressors and symptoms, observations of your/your child's behavior, observations of the parent-child interaction, interview with your and if appropriate your child, and sometimes parent, teacher and/or child completed rating forms.

By the end of the assessment, I will be able to offer you some initial impressions of what our work may include. At that point, we will discuss treatment goals and create a personalized, initial treatment plan, if you decide to continue. You should evaluate this information as well as your own assessment about 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. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress. If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam, use of medication or a psychological evaluation. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If another professional treats you, I will coordinate my services with him or her and with your own medical doctor (provided that this is acceptable to you and you authorize me to do so in writing).

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to

treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed (again, with your written approval).

Initial here to indicate you understand the potential risks and benefits of psychotherapy:

APPOINTMENTS

I normally conduct an assessment that will last from one to two sessions as described above. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. I offer a several options for scheduling psychotherapy appointments. Traditionally psychotherapy appointments occur for one therapy hour (45-50 minutes) once per week at an agreed upon time. However, I have found that not all goals require this type of schedule, and therefore, half sessions (25 minutes duration) and e-sessions are available. E-sessions are sessions conducted via secure email, in which you email me your thoughts, concerns, questions and I respond via e-mail within 2 business days with feedback, insight, and recommendations. We will develop an appointment schedule as part of the treatment planning process. Together, you and I will consider factors such as the treatment goals, you and/or your child's availability and preferences, and cost in the planning process.

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, it is required that you provide at least 8 hours notice. If you miss a session without canceling, or cancel with less than 8 hours notice, you must pay for the missed session. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In addition, you are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time. If I am running late, either the session will end on time and the cost of the session prorated or we will extend the session depending on time and schedules.

Initial here to indicate you understand and agree to the appointment policy:

PROFESSIONAL FEES

The standard fee schedule for sessions is as follows:

Initial 25-minute consultation to determine if/how I may be able to help	FREE
One Hour Individual/Family Session (50-60 minutes duration)	$120
Half-hour Individual/Family Session (25-30 minutes duration)	$ 60
E-Sessions	$ 40 Or 3 for $100
Diagnostic Assessment (60-75 minutes face-to-face, includes report)	$180
Psychological Evaluation (per hour of face-to-face and scoring/ Interpretation time; report and feedback session is included)	$180/hour

Example:	3 hours of face to face =	180 * 3 = 540
	2 hours scoring/interpretation =	180 * 2 = 360

Total cost including report and feedback = $900.00

You are responsible for paying for your session at the time of service, with the exception of a psychological evaluation. Payments for psychological evaluations are due within 15 days of the feedback session. I will provide you with an estimate for the assessment at the time of intake, and then provide you the final bill at the feedback session. You also have the option of scheduling online and paying at the time you schedule. I accept cash, check, and credit card payments.

Prepaid packages are also available as a money saving option. The following packages are available:

Start-up Package *$600 (save $120)*
6 one-hour or 12 half-hour sessions in any combination.

Start-up ePackage *$550 (save $80)*
4 one-hour session or up to 8 half-hour sessions in any combination.
3 e-sessions

Maintenance Package *$400 (save $80)*
4 one-hour or up to 8 half-hour sessions

Maintenance ePackage *$450 (save $60)*
3 one-hour or up to 6 half-hour session
3 E-sessions

It is my practice to charge $120 per hour on a prorated basis for other professional services that you may require such as report writing (above and beyond that included with a diagnostic assessment or psychological evaluation), telephone conversations that last 10 minutes or more, attendance at meetings or consultations with other professionals which you have requested, or the time required to perform any other service which you may request of me.

If you become involved in a legal matter that requires my participation (although it is recommended that we discuss this fully before you waive your right to confidentiality), you will be expected to pay for the professional time required, including any travel time, even if I am compelled to testify by another party.

If you refuse to pay your debt, I reserve the right to use an attorney or collection agency in order to secure payment.

Initial here to indicate you understand the fee structure and agree to the payment policy:

INSURANCE

My payment policy is fee-for-service only. Regretfully, I do not accept payment directly from insurance companies and therefore I am not on any managed care or preferred provider plans. However, my services are typically reimbursable and I will provide you with a statement at the end of each session that you may submit to your insurance to obtain out-of-network reimbursement.

Insurance companies typically require a formal diagnosis with their claims. Diagnoses are technical terms that describe the nature of your/your child's problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-IV. There is a copy in my office and I will be glad to let you see it to learn more about your/your child's diagnosis, if applicable. Please note that diagnoses submitted to insurance companies may become part of your/your child's health record.

Initial here to indicate you understand and agree to the insurance reimbursement practices:

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Although psychotherapy often includes discussions of sensitive and private information, I normally keep very brief records noting that you have/your child has been here, the activities completed during the session, and a general mention of the topics discussed. You have the right to a copy of your file at any time. You have the right to request that I provide a copy of your file to any other health care provider at your written request. I maintain your/your child's records in a secure location in the office.

Initial here to indicate you understand and agree to the records policy:

PRIVACY PRACTICES

Blossom Behavioral Health is committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal information I collect and how/when I use or disclose that information. It also describes your rights as they relate to your protected health information.

Understanding Your Health Record/Information

Each time you visit Blossom Behavioral Health, I make a record of your visit. Typically, this record contains your/your child's symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as the following:

- Basis for planning your/your child's care and treatment,
- Means of communication among the many health professionals who contribute to your/your child's care,
- Legal document describing the care you/your child received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which I can assess and continually work to improve the services rendered and the outcomes achieved.

Your Health Information Rights

Although your health record is the physical property of Blossom Behavioral Health, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record,
- Amend your health record,
- Obtain an accounting of disclosures of your health information,
- Request communications of your health information by alternative means or at alternative locations as well as request a restriction on certain uses and disclosures of your information, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Responsibilities of My Practice

Blossom Behavioral Health is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Blossom Behavioral Health reserves the right to change its practices and to make the new provisions effective for all protected health information it maintains. Should my information practices change, I will send you a revised notice to the address you have supplied.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue using or disclosing your health information after I have received a written revocation of the authorization according to the procedures included in the authorization.

Initial here to indicate you understand and agree to the privacy practices:

BILL OF RIGHTS

Consumers of services offered by Psychologists licensed by the State of Minnesota have the right:

1. To expect that the practitioner has met the minimal qualifications of training and experience required by state law.
2. To examine the public records maintained by the MN Board of Psychology, which contain the credentials of the practitioner.
3. To obtain a copy of the rules of conduct from the State Register and Public Documents Division, Department of Administration, 177 University Avenue, St. Paul, MN 55155
4. To report complaints to the practitioner, and if not satisfactorily resolved, to file a complaint with the Minnesota Board of Psychology, 2700 University Avenue, West, Suite 101, St. Paul, MN55114.
5. To be informed of the cost of professional services before receiving the services.

6. To privacy as defined by rule and law. This means that no information will be released from the facility in which the practitioner works without the client's informed, written consent, except for the following:
   <u>Limits of Confidentiality</u>
   a. *Duty to Warn and Protect:* When a client discloses intentions or a plan to harm another person, the health care practitioner/professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care practitioner/professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
   b. *Abuse of Children and Vulnerable Adults:* If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the health care practitioner/professional is required to report this information to the appropriate social service and/or legal authorities. Likewise, if a child reports he/she has been abused or is in danger of abuse, the health care professional is required to report this information.
   c. *Prenatal Exposure to Controlled Substances:* Health care practitioner/professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
   d. *Professional Misconduct:* Other health care practitioner/professionals must report professional misconduct by a health care practitioner/professional. In cases in which a practitioner/professional or legal disciplinary meeting is being held regarding the health care practitioner/professional's actions, related records may be released in order to substantiate disciplinary concerns.
   e. *Court Orders:* Health care practitioner/professionals are required to release records of clients when a court order has been placed.
   f. *Minors/Guardianship:* Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
   g. *Other Provisions:* Information about clients may be disclosed in consultations with other practitioners/professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.
   h. *Client Death:* In the event of a client's death, the spouse or parents of the deceased have a right to access the client's records.
7. To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychological services.
8. To respectful, considerate, appropriate, and professional treatment.
9. To see information in his/her record upon request.
10. To be involved in the formulation of the treatment plan, the periodic review of plans and progress, and the formulation of the discharge plan.
11. To be informed of treatment options, expected outcome of treatment, expected length of treatment, and cost in language that he/she can understand.
12. To discuss needs, wants, concerns, and suggestions with the practitioner.
13. To be advised as quickly as possible if a scheduled appointment time could not be kept due to illness or emergency.

Initial here to indicate you understand your rights as a client and the limits to confidentiality:

AGREEMENT REGARDING MINORS

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes, they are best seen alone. I will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

The general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, I will evaluate and discuss these goals with you.

Because my role is that of the child's helper, *I will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law.* Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

The following circumstances override the general policy that children are entitled to privacy while parents or guardians have a legal right to information.

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In such cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.
- Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the child.
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that I do not have control over information once it is released to a third party.

Initial here to indicate you understand the importance of your child's privacy and agree to allow this privacy except in extreme situations, which you will discuss with Dr. Lewis-Snyder. You also agree that if your child prefers not to volunteer information about the session, you will respect his/her right not to disclose details. You understand and agree that unless your child has been abused or is a clear danger to self or others, Dr. Lewis-Snyder will disclose only (1) whether sessions are attended, (2) whether or not your child is generally participating, (3) whether or not progress is generally being made. You further understand that the procedure for discussing issues that are in your child's therapy will be joint sessions including the child, Dr. Lewis-Snyder, and at least one parent. Furthermore, you understand that if information becomes known to Dr. Lewis-Snyder and has a significant bearing on the child's well-being, she will work with the person providing the information to ensure that both parents are aware of it. In other words, Dr. Lewis-Snyder will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively. Initial here:

CONTACTING ME

I am often not immediately available by telephone. While I am usually in the office during normal business hours, I do not answer the phone when I am with a client. If you need to reach me between sessions, or in an emergency, you have the right to a timely response. You may leave a message on my confidential voicemail at any time and your call will be returned as soon as possible or by the next business day under normal circumstances. Monday through Thursday, I check my voicemail for messages as early as 8:00 am and for the last time at 7:00 PM. On Friday and Saturdays, I typically check for messages in the morning and at midday. I do not check voicemail on Sundays. I will only return a call on a weekend or after 7:00 PM if the matter is urgent and cannot wait until the next business morning. If you require an immediate response and it is before 7:00 PM, please be sure to say so and leave a phone number where I can reach you and I will make every attempt to get in touch with you as soon as possible. However, for any number of unseen reasons, if you do not hear from me or I am unable to reach you, it remains your responsibility to take care of yourself/your child until we can talk. If you feel unable to keep yourself/your child safe, go to your nearest emergency room and ask to speak to the psychiatrist or psychologist on call. I will make every attempt to inform you in advance of any planned absences, and provide you with a name and phone number of the therapist covering the practice.

Initial here to indicate you understand how/when to contact me:

CONSENT TO PSYCHOTHERAPY

I have read this "Psychologist-Client Service Agreement" and it has been fully explained to me. I am of sound mind and am fully competent to understand and to give informed and willing consent for treatment, either for myself and /or a minor child(ren) listed below. Therefore, I hereby understand fully and agree to the terms laid out in this document. I authorize Gretchen Lewis-Snyder, PhD, LP to administer services and to treat myself or a person or persons for who I am guardian.

My signature below means that I understand and agree with all of the points above.

____________________________________ ________________
Client Signature (if over 18) Date

____
Print Name

____________________________________ ________________
Name of minor client Date of birth

____________________________________ ________________
Parent/Guardian Signature if client is a minor Date

____
Print Name

____________________________________ ________________
Parent/Guardian Signature if client is a minor Date

____
Print Name

Check below to indicate custody status if client is a minor:

- ❑ Parents are married to each other and both are legal parents of the child/children.
- ❑ I am a single parent, with legal and physical custody of the child/children. I will bring a copy of the divorce decree to the initial session.
- ❑ The child's/children's other parent and I share legal custody. (It is preferred that both parents provide consent to treatment, because Dr. Lewis-Snyder can be most helpful to the child under this circumstance.)
- ❑ The child is in custody of the State of Minnesota. County: ________________________
- ❑ Printed name and capacity of person/s authorized to consent to services:
  ____
- ❑ Other