

*Okemos Psychological Services, LLC*  
*Office Address: 2172 Commons Parkway, Suite C,*  
*Okemos, MI 48864*

**THERAPEUTIC SERVICES CONTRACT**

This document contains important information about **Okemos Psychological Services (OPS)** and business policies. Please read it carefully. When you sign this document, it will represent an agreement between us.

**1. PSYCHOLOGICAL SERVICES**

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. \_\_\_\_\_ (Initial)

**2. MISSED APPOINTMENTS**

Once an appointment hour is missed, a fee of \$100.00 is charged. This can be avoided by providing 24 hour advance notice of cancellation. **Note: your insurance will NOT pay for missed sessions.** \_\_\_\_\_ (Initial)

**3. PROFESSIONAL FEES**

**OPS** hourly fee is \$200 for the first session, \$185 for each individual 60 minute session and \$150 for each individual 45-minute session thereafter. Rates for other types of clinical units are available upon request. Most insurance companies have a deductible and a copayment (non negotiable), which the client is responsible to pay at the time services are rendered. Using insurance requires providing the insurance company with information relevant to the services rendered. This includes a clinical diagnosis and other protected health information. Insurance amounts, which are not paid within 60 days of the filing, are due by the client. **I understand that I, not my insurance company, am ultimately responsible for payment of all fees.**

**OPS** charges the usual hourly rate for other professional services **OPS** provides (including, but not limited to, legal proceedings, report-writing, phone calls, school visits and so forth), whether these services are provided at your request, at the request of your lawyer, or at the request of any other individual who is acting on your behalf. Legal proceedings that require your therapist's participation incur additional charges that are not typically covered by insurance. These include all professional time, including preparation and transportation costs, even if your therapist is called to testify by another party. Due to the difficulties of legal involvements, the charge for preparation of and attendance at any legal proceeding is \$240.00 per hour. \_\_\_\_\_ (Initial).

#### **4. BILLING AND PAYMENTS**

Payment is expected at the time of service, including co-pays and co-insurance costs. If you do not know the amount of your co-pay or co-insurance, you will be expected to pay \$30 at the time of your session, which will be applied toward the payment of fees for that session. \_\_\_\_\_ (Initial)

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, **OPS** has the option of using legal means to secure the payment. This may involve hiring a collection agency. If such action is necessary, its costs will be included in the claim. Currently, the charge for involving a collection agency is approximately **\$30**, which will be applied toward the total amount you owe. Costs for filing in small claims court is a minimum of **\$45-90**. Additional fees apply if **OPS** needs to procure an attorney and for the time in court. In most collection situations, the only treatment information **OPS** releases is the client's name, the nature of services provided, and the amount due. \_\_\_\_\_ (Initial)

#### **5. INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. **OPS** will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. \_\_\_\_\_ (Initial)

#### **6. CONTACTING YOUR THERAPIST**

When your therapist is unavailable, their telephone is answered by voice mail that they monitor frequently. They will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform your therapist of some times when you will be available and alternative numbers to call. If you are unable to reach your therapist and feel that you cannot wait for a return call, please contact **911 or Ingham County Emergency Services at (517) 346-8460** (24 hours/day) or proceed to the nearest emergency room. If your therapist will be unavailable for an extended time, they will provide you with the name of a colleague to contact, if necessary. \_\_\_\_\_ (Initial)

#### **7. MINORS**

- a. Confidentiality in psychotherapy is often crucial to successful progress; therefore parents and guardians will be provided only general information about the child's treatment and attendance at sessions.
- b. The therapist may request written consent from parents or guardians to obtain information from other significant individuals (e.g., teachers, pediatricians) that might be useful in diagnosis and treatment.
- c. Parents and guardians are asked to share with the therapist their concerns and observations of the child and participate in the child's treatment as requested by the therapist. Information brought to the therapist's attention by either parent regarding the child's welfare will not be regarded as confidential, and will be shared with the other parent. Information that is brought to the therapist's attention that is irrelevant to the child's welfare will be kept in confidence.
- d. In cases of parental separation or divorce, all parents and guardians are requested to affirm to the child that the therapist is the child's helper, and is not allied with either parent.
- e. The caregivers are requested to affirm to the child that the therapist has their permission to maintain confidentiality with regard to the child with limits in the following circumstances: i.

The therapist's written records of all therapy contacts are confidential unless a judge requires (through court order) that the records be shared with attorneys or the court. ii. Both parents understand that the therapist is legally and ethically obligated to protect the safety and health of all parties by describing any and all such concerns to relevant authorities. This obligation requires that the therapist has no discretion to discern the validity of the concern, and must report suspicion of abuse or potential abuse to social services. Whenever possible, when this necessity arises, the therapist will advise all parties of the concern, and of his/her intention to notify only relevant authorities as mandated by state laws.

f. In cases of divorce or separation, the therapist will not provide recommendations regarding child custody. The therapist strongly recommends that issues of child custody be addressed in mediation, or through an objective custody evaluation conducted by other professionals.

Your signature below signifies that you have read the requisites described above related to Minors, understand the importance of each, and agree to accept and abide by all points in order to enhance your child's psychotherapy. \_\_\_\_\_ (Initial)

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 that your parents agree to give up access to your records. If they agree, **OPS** 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, your therapist will notify them of the concern. 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 your therapist is prepared to discuss. \_\_\_\_\_ (Initial)

## 8. CONFIDENTIALITY

The laws governing confidentiality can be quite complex. In situations where specific advice is required, your therapist reserves the right to seek legal advice.

**Consultations** – Your therapist may occasionally find it helpful to consult other health and mental health professionals about your case. During a consultation, your therapist will make every effort to avoid revealing your identity. Other professionals are legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless they believe that it is important to your work together. All consultations will be noted as Protected Health Information.

**Okemos Psychological Services** – Contracts with a billing professional to assist with insurance needs. Protected Health information is shared for administrative purposes. Business Associates will be bound by Contract to provide the same level of protection as required by HIPAA.

The following are situations where your therapist is permitted or required to disclose information without either your consent or authorization:

**Protection** – *First*, your therapist is legally mandated to report to the state any suspected child and elder abuse and neglect. *Second*, according to the ethical standards of our profession, a therapist has a duty to warn any person of intended harm. *Third*, your therapist reserves the right to take any step necessary in prevention of suicide.

**Lawsuits** – If a client files a lawsuit against their therapist, relevant information may be disclosed regarding the client in order to defend.

Professional Records: Professional records, including Protected Health Information and psychotherapy notes, are handled in accord with HIPAA requirements, as detailed in your HIPAA notice.

**Client's Rights:** HIPAA provides you with several rights with regard to your professional records and disclosure of protected health information. These rights included amendments to records, restrictions or disclosures, requests for accounting, and registering complaints. The rights are detailed in the HIPAA Notice.

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

- If your therapist believes that a child, psychologically or physically compromised adult, or an elderly person is being abused, they must file a report with the appropriate state agency. \_\_\_\_\_ (Initial)
- If a client threatens to harm himself/herself, your therapist may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. \_\_\_\_\_ (Initial)
- If your therapist believes that a client is threatening serious bodily harm to another person, they may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. \_\_\_\_\_ (Initial)

These situations have rarely occurred in practice with **OPS**. If a similar situation occurs, your therapist will make every effort to fully discuss it with you before taking any action. \_\_\_\_\_ (Initial)

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

Client Name: (please Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature  
(If client is under 18 years): \_\_\_\_\_

Date: \_\_\_\_\_