

Psychotherapist-Client Agreement

Welcome to our practice. Thank you for allowing us the opportunity to serve your mental health needs. This document contains important information about our professional services and business policies. Even though it may seem long, please read it carefully. If you have any questions, please discuss them with your therapist/psychologist. When you sign this document, it will represent an agreement between you and Perkins CPS.

Mental Health Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist/psychologist and client and the particular problems being addressed. There are many different methods used in the process of therapy. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talked about during sessions and at home.

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.

The first session will involve an evaluation of your needs. During this time, you will have the opportunity to decide if your therapist/psychologist is the best person to help you meet your treatment goals. Therapy involves a large commitment of time, money, and energy, so you should feel comfortable with the therapist/psychologist you select. If you do not feel your therapist is a good fit for you, we would be happy to refer you to another therapist inside or outside the practice.

Psychological Testing

Psychological testing is determined by the "referral" question – what you are trying to figure out. The types of tests administered will be determined after your first session with the psychologist. Your psychologist will explain the process and how long you can expect for the assessment to take. The client will not be present for scoring of tests, analyzing data, or writing of the report. However, this is still part of the assessment and will be included in the time billed to insurance.

No Show/Late Cancellation Policy

Once psychotherapy has begun, your appointments will be set based on your treatment plan and what you have discussed with your counselor/psychologist. Your appointment time is reserved for you and no one else. Therefore, if you need to cancel a scheduled appointment it is expected that you **provide 48 hours advance notice to avoid a cancellation fee of \$55.**

Psychological Testing is handled a bit differently. In your first appointment, your psychologist will explain how testing works and will give you additional information on what to expect throughout the testing process. Once you set up your testing appointments, it is still expected that you provide **48 hour advance notice if you are unable to make your appointment in order to *avoid the cancellation fee of \$110.***

Our policy is fully outlined in a separate document, *The No Show/Late Cancellation Policy*, which your therapist/psychologist will review with you during your first session.

Professional Fees

The following rates will be billed for all services. However, for those using insurance, payment will be determined by the contracted rate we have with your insurance company as long as we are in network (see information under insurance). All fees are to be paid at time of service unless other arrangements have been made. Cash, checks, and major credit cards are accepted. Please make checks payable to “Perkins CPS.” In case of financial hardship, we may be able to negotiate a fee adjustment or other payment arrangements.

Fee Schedule

| | <u>Doctoral Rates</u> | <u>Master Rates</u> |
|--|-----------------------|---------------------|
| Initial Diagnostic Session (60 min) | \$150.00 | \$135.00 |
| Initial Testing Diagnostic Session (60 min) | \$175.00 | \$175.00 |
| Individual Therapy Session (45 min) | \$120.00 | \$105.00 |
| Individual Therapy Session (60 min) | \$140.00 | \$125.00 |
| Couples/Family Session (45 min) | \$145.00 | \$130.00 |
| Psychological Testing Session (45 min) | \$150.00 | \$130.00 |
| Video/Phone Session (45 min)* | \$ 120.00 | \$105.00 |
| Telephone Consult longer than 10 min. per quarter hour or any portion thereof. | \$ 40.00 | \$ 40.00 |
| No Show/Late cancellation fee | \$ 55.00/\$110.00 | \$ 55.00/\$110.00 |
| Other services such as providing documentation for third parties. | \$150/hour | \$135/hour |
| Court Preparation and/or Testimony per hour ** port to port | \$150.00 | \$135.00 |

* most insurance companies will **not** cover Phone sessions – call your insurance to verify

**a retainer of \$1500.00 is required in advance, of which \$500.00 minimum is charged for preparation and is non-refundable.

Health Insurance Policy

More and more insurance plans are now requiring a deductible (i.e. amount you yourself must pay before your insurance takes effect). Determining the existence, amount, and status of a deductible as well as any copay/coinsurance ***is your responsibility.*** Before your first appointment,

you should contact your insurance company and find out the following:

- Do I have a deductible?
- How much is my deductible? E.g. \$100 or \$2500/year
- How much of my deductible has been met for the *current* year?
- Is there a copay or coinsurance for therapy? For testing?
- Are there a limited number of sessions allowed per year?
- Do services need to be preauthorized for therapy? For testing?

Information regarding deductibles, copays, and insurance authorization requirements is for your benefit as well as ours since you will want to know approximate costs for therapy/testing before you are seen for the first time. However, insurance companies make it clear that *verification of benefits does not guarantee payment of services*.

It is your responsibility to understand your benefits and the requirements for reimbursement. For clients paying out of pocket, please refer to the fees listed previously, or in the case of psychological testing you will be given a written estimate.

Clients are responsible for informing us if their insurance changes. Evaluations may occur over several weeks, and unlike most doctors' offices, we do not check the status of insurance coverage at each visit. Insurance is helpful in making therapy affordable, but it can also be confusing to understand. We do the best we can to determine your benefits ahead of time, but ultimately you are the one responsible for charges incurred.

Contacting Us

Office hours are 8:30 AM – 5:00 PM, and you may contact us by phone at 919-263-9592 or email at info@perkinscps.com. Once you see a therapist/psychologist, you will have his/her direct phone number and email. Please keep in mind that email is *not a secure form of communication* and should not be used to discuss treatment issues. These should be handled directly during your sessions. In light of this, please keep email limited to scheduling and administrative purposes.

We are not available to answer the phone when with a client. You may leave a voice mail message, and your therapist/psychologist 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 leave available times for a return call. *We do not provide emergency services*; however we will do everything possible to see you as soon as possible in the event a crisis should occur.

If you are unable to reach someone and feel you cannot wait for a return call, contact your family physician, call Holly Hill RESPOND at 919.250.7000, call 911 or go to the nearest emergency room and ask for the psychiatrist on call. If your therapist will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if necessary.

Social Media

We do not accept friend or contact requests from current or former clients on any social networking sites. We believe adding clients as friends or contacts on these sites can compromise your confidentiality and our privacy. In addition, it may also blur the boundaries of the therapeutic relationship. Feel free to discuss this with your therapist/psychologist.

Video/Phone Sessions

There may be a time when you will be out of town for an extended period of time, yet still want to maintain contact with your therapist/psychologist. In this case, it may be possible to continue care via video conference for a limited time. We use a secure app for these sessions, and it is our preferred method of communication. More and more insurances are covering video conferencing while still not covering phone sessions. If you are interested in this, please discuss it with your therapist/psychologist and contact your insurance company to see if it is covered.

For Separated/Divorced Parents

For parents who are separated, pending separation, divorced, or engaged in litigation, we do require additional paperwork (The Divorced/Separated Agreement). Services will not be started until the agreement is signed by both parents. In the case of separated or divorced families **the person who initiated services** with us is held financially responsible. We will not bill another party or an estranged spouse. If another party is willing to assume financial responsibility, they will need to sign the *Financial Policy and Agreement* form.

Forensic Evaluations

At this time, we do not provide evaluations for custody or visitation arrangements and will not make recommendations or render opinions regarding such. If you need this type of evaluation, we will be happy to provide you with a referral to several excellent forensic psychologists in the area. Also, once treatment has begun, our therapists/psychologists *do not* notify or write letters about custody or visitation arrangements. We do not generally participate in court proceedings; however, if we are mandated to appear by a judge, parents must pay the retainer fee as outlined in the fees section of this document.

Couple's/Family Therapy

Couple's and family therapy have some unique confidentiality concerns because the client in this therapeutic relationship includes more than one person. In the case of couple's therapy, there are two individuals that make up the "client," and in family therapy the amount of persons can range from two on up. The family or couple as a unit is considered the client. So, if a therapist/psychologist sees one part of the unit, this individual work should still be considered part of the work being done with the whole unit. There is no guarantee of confidentiality from others in the "treatment unit." Therefore, if you feel the need to share information you do not want anyone else to know, you may want to consider consulting with an individual therapist apart from couples or family therapy.

Limits of Confidentiality

In general, the law protects the privacy of all communications between a client and a therapist/psychologist, and we can only release information about your treatment to others with your written permission. But there are a few exceptions:

- Insurance companies may request your information to pay for or continue treatment.
- 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 work with parents and children to resolve any issues regarding confidentiality. However, we reserve the right to discuss issues with parents that are deemed necessary for proper treatment.
- If your treatment involves couple's or family therapy, your information may be shared within the couple or family unit.

There are some situations in which we are legally obligated to take action to protect you and others from harm, even if we have to reveal some information about your treatment. They are:

- If we feel you are in danger of harming yourself, we will intervene to protect you by calling a family member or 911.
- If we have reason to suspect that a child, an elderly person, or a disabled person is being abused or neglected, we are legally obligated to file a report with the appropriate state agency.
- If we believe you are threatening serious bodily harm to another person, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.
- If there are legal proceedings, your therapist/psychologist may be compelled to provide certain records of your treatment.

Psychotherapist-Client Agreement – Signature Page

Please initial and sign below:

NOTICE OF PRIVACY PRACTICES RECEIPT

_____ I acknowledge that I have had the opportunity to review a copy of Perkins CPS's Notice of Privacy Practices (HIPAA).

NOTICE OF PSYCHOTHERAPIST-CLIENT AGREEMENT RECEIPT

_____ I understand that the provision of psychological treatment depends on consistent contact with my therapist. If I have not attended an appointment in 60 days and have no future appointments scheduled, Perkins CPS will consider my file closed. (You are always welcome to re-initiate services in the future.)

I have read and understand the *Psychotherapist-Client Agreement* document and agree to abide by its terms.

Signature of Patient or Parent/Guardian of Patient

Date

Consent for Treatment

I hereby voluntarily consent to evaluation and/or treatment of myself or child by Perkins Counseling & Psychological Services, PLLC. I understand evaluation/treatment may include the use of psychiatric interviews, psychological tests, individual, family, or group counseling and/or therapy. I further understand my therapist/psychologist may consult with other professionals at Perkins CPS in order to provide the best care possible for me or my family. At all times my privacy and care will be treated with the highest regard.

I have read, understand, and agree to the foregoing.

⇒⇒ _____
Signature of Patient or Parent/Guardian of Patient

Date

Name (printed) _____



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Wake Forest, NC 27587

Telephone: 919.263.9592
Fax: 919.263.9670

Adult Information Sheet

Please answer all questions. Information will remain strictly confidential.

Name: _____ Date: _____
Last Name First Name MI

Address: _____
Street City State Zip Code

Date of Birth: _____ Age: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Primary care physician: _____ Phone _____

Current Medications _____

Past psychotropic medications _____

Person Financially Responsible: _____ Relationship: _____

1st Insurance Co. _____ ID# _____ Group# _____

Policy Holder: _____ Policy Holder-Date of Birth: _____

Policy Holder SSN: _____

Policy Holder Address if different: _____

(If Applicable)

2nd Insurance Co. _____ ID# _____ Group# _____

Policy Holder: _____ Policy Holder-Date of Birth: _____

Policy Holder SSN: _____

Policy Holder Address if different: _____

What is your preferred method of contact? Home Phone Cell Phone Email Mail

Who referred you/How did you hear about our practice? _____

May we send you information about groups and programs? ____ Yes ____ No