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OFFICE POLICIES AND PSYCHOLOGICAL TREATMENT CONTRACT

The Initial Consultation

An initial consultation allows us to talk about your reasons for seeking psychotherapy, and to discuss what treatment options might best help you. If scheduling does not allow us to work together, or if either you or I believe you will be better assisted by working with another therapist, I will be happy to offer you referrals.

Limits of Confidentiality

In accordance with Texas law and ethical standards for psychologists, information you share with me is confidential, with the exception of a few specific situations that include:

- A. Situations required by state law: Instances of actual or suspected child or elder abuse, abuse of the infirm, or neglect must be reported to the Protective Services division of the Department of Human Services. In cases of abuse that have already been reported, I may request a copy of the case dispensation from the caseworker. I must report patient abuse or neglect in any psychiatric hospital or chemical dependency treatment program for which I am an Allied Professional Staff member.
- B. Psychiatric or medical emergencies: If I believe someone is in imminent danger of suicide or homicide, I am required to take protective actions. This may include notifying the appropriate medical or law enforcement personnel and seeking hospitalization for the client.
- C. Court orders: These may occur in child custody or divorce litigation.
- D. If you are filing a complaint or are a plaintiff in a lawsuit: Where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality of your records in the context of the complaint or lawsuit. In spite of that, I will not release information without your signed consent or a court order. You may also discuss with your attorney obtaining a protective order to help maintain confidentiality of your records.
- E. Sexual exploitation by a health care provider: If you have been sexually abused or exploited by a physician, therapist, spiritual counselor, or other health care professional, I must report this to the appropriate licensing agency and to the District Attorney's office. You may request that your name be kept anonymous in such a reporting situation.
- F. When you sign a release of information of your records: This directs me to share that information with another party.
- G. Nonpayment for services: This would require that I give your name to a collection agency to seek payment for monies due.

Appointments

Individual therapy sessions are generally scheduled on a weekly basis and last 50 minutes. Successful therapy depends upon both your presence and promptness. Because your session time is reserved for you, I charge for missed sessions if not given 24 hours' notice of cancellation. ***To avoid being charged for broken or missed appointments, please give at least 24 hours' notice for cancellation.***

Professional Fees

To avoid misunderstandings, please understand that responsibility for payment of professional services is yours. My fee is \$125.00 per 50-minute session and \$145 per 80 minute session. A 3% administration fee is added to all credit card payments. I charge this amount for other professional services you may need, though I will 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 five minutes, attendance at meetings with other professionals that 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 charged for my professional time. Because of the difficulty of legal involvement, my fee for preparation and attendance at any meeting related to your legal proceeding is \$250.00 per hour.

Billing and Payments

I request payment at the time a session is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. In circumstances of unusual financial hardship, I may be willing to negotiate a temporary fee adjustment or payment installment plan. Cash or checks are accepted for payment.

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. Health insurance usually provides some coverage for mental health treatment. I will fill out billing forms and provide you with whatever assistance I can to help you receive the benefits to which you are entitled; however, you, not your insurance company, are responsible for full payment of my fees.

I recommend that you carefully read the section in your insurance coverage booklet that describes mental health services so that you are informed about your insurance plan's rules regarding deductibles, co-payments, limits of coverage, and what conditions and therapies are covered.

Managed Care Plans

If I am contracted with your managed care plan, I may be required to submit treatment plans and billing paperwork. If I am not contracted with your managed care plan, I will provide you with a receipt for services that includes date of service, service offered, and diagnosis, for you to submit to your insurance company for reimbursement. Most insurance companies require you to authorize me to provide them with a clinical diagnosis. I will charge you for claims denied by your managed care company or insurance company, unless my contract with that company stipulates otherwise.

You should be aware that diagnostic 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 confidential information 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 am required to submit, if you request it.

If you participate in a managed care plan, such as an HMO or PPO, please note that they often require pre-authorization before they provide reimbursement for mental health services. They may request that I appeal for more therapy after the initial number of authorized sessions. These plans are usually limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. If you decide you want more treatment than your managed care company supports, you have the option of using fee-for-services. Many people seek psychotherapy to help them make long-lasting changes in ineffective or counter-productive coping styles at work or in relationships; a typical course of psychotherapy for such life changes may cover a period of six months to a year or more. If you feel you would like this kind of assistance, fee-for-service may be necessary.

Maintaining Professional Service

In the interest of continued professional development and integrity of treatment, I engage in supervision and consultation as I see a need to; if I see a need to do so with your case, please know that I will change identifying details *to assure that your identity will stay confidential*.

Continued Sessions

I generally do not schedule appointments following the third session in which payment is not received, unless prior arrangements have been made. This policy is maintained so that I may remain fiscally sound and therefore able to provide consistent quality service, and to assist you in avoiding a burden of financial debt.

Emergencies

You may reach me in case of an emergency by calling 512-689-6595. I will return your call as soon as possible. If during an emergency you are unable to reach me quickly enough, you may call the mental health hotline (472-HELP) which provides around-the-clock telephone crisis counseling and information. If your situation is life threatening you should call 911, your family physician, or go to the nearest emergency room.

Your signature below indicates that you have read the information in this document and that you give informed consent to its terms during our professional relationship.

Signature of Client

Date

I, the undersigned, certify that I have insurance coverage with _____ and assign directly to my therapist all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize my therapist to release to my insurance company/managed care company the Protected Health Information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Client

Date

Signature of Therapist or Witness

Date

Form updated: 8/2011

HIPAA Consent Form
Consent to Use and Disclose Health Information

This consent form is required, according to Federal HIPAA regulations, for my therapist to provide services. I understand that as part of my healthcare, my therapist originates and maintains health records describing my health history, symptoms, evaluation, test results, diagnosis and treatment plans. I understand that this information serves as:

1. A basis for planning my care and treatment.
2. A means of communication among the health professionals who contribute to my care.
3. A source of information for applying my diagnosis and the services rendered to my bill.
4. A means by which a third-party payer can verify that services billed were actually provided.
5. A tool for routine healthcare operations such as assessing quality of care and reviewing the competence of healthcare professionals.

I understand and have been provided with, or have been provided access to, a Notice of Information Practices (NIP) that provides a more complete description of information uses and disclosures. I understand that I have the right to review the NIP prior to signing this consent form. I understand that My therapist reserves the right to change her NIP and prior to implementation will provide access to the new NIP. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that My therapist is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that My therapist has already taken action in reliance thereon.

I request the following restrictions to the use or disclosure of my health information:

Accepted _____ Declined _____

Client Signature

Date

Signature of personal representative of client (if applicable)

Date