

Outpatient Services Contract
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Florida Pathways to Health

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

COUNSELING AND PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. 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 talk about both during our 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.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of 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. Treatment usually consists of weekly therapy to address whatever presenting problem you may be facing. By reviewing and signing this document you agree to this treatment plan unless otherwise specified between the two of us to be discussed in session. If you have any questions about my procedures, we should discuss them whenever they arise.

MEETINGS

Therapy sessions are scheduled, as much as possible, for your convenience. Therefore, cancellations should be made at least 24 hours in advance or you will be billed for the session. Therapy sessions will be 50 minutes in length unless otherwise agreed upon by you and your therapist.

PROFESSIONAL FEES

My hourly fee is \$130.00. In addition to weekly appointments, I charge this amount for other professional services that you may need. However, I will break down the hourly cost if I work for periods less than one hour. Other services include report writing, telephone conversations lasting more than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and 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 or legal involvement, I charge \$140 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

Payments for services are due at the time they are rendered unless prior arrangements are agreed upon with your therapist. This is a fee for service practice. Therefore, should you choose to file out of network benefits with your insurance company, it is your responsibility to manage that process. I will provide all necessary information to

help you complete filing. You should be aware that most insurance companies 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). I do my best to protect your confidentiality. However, if you choose to use insurance, I may be required to provide some of the above information.

If your account has not been paid for more than 60 days and arrangements for the 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 cost will be included in the claim.)

CONTACTING ME

I am often not immediately available by telephone. While I am often in my office between 9 AM and 7 PM, I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail, office manager, or one of my colleagues. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you are available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. (I am sometimes willing to conduct a review meeting without charge.) Client will be charged an appropriate fee for any time spent in preparing information requests.

Some of the records I keep are in electronic form in a password-protected, HIPPA-compliant database secured by an online medical records company contracted specifically for this purpose. I use extreme caution to avoid disclosing unnecessary details in the records; I have sole access to the records. I back up the records to a secured drive using industry-standard security measures regularly to avoid loss of information. In the event that the company suffers a breach of security it is their responsibility to do everything within their power to notify their customers. I, in turn, will inform you of the extent of the breach. Any records, notes, payment information or appointments kept in my office are secured under double locks. I also use a confidential voicemail that is password protected. If you have any questions regarding the measures I take to maintain confidentiality, please bring it to my attention in the first session. Should a breach in confidentiality occur, we will discuss the matter and work together toward a plan to remedy the situation.

MINORS

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 my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychotherapist 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 have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issue demands it.

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. For example, if I believe that a child, elderly person, or disabled 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 the 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. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Due to the new HIPPA laws and regulations, it is now necessary to have an expiration date on this contract. This contract will expire on December 31, 2017. Should you desire more information regarding HIPPA laws, such information can be discussed with and provided by your therapist.

Printed Name

Signature

Date

Printed Name of Parent/Guardian (If Client is a Minor)

Signature Parent/Guardian (If Client is a Minor)

Date

Melissa Coats, PLMHC

Date