



Therapeutic Time, Inc.

Outpatient Services Contract

Dr. Trisha Rich-Thurm

Licensed as a Clinical Psychologist PSY 24976,

Marriage & Family Therapist MFC 42603, & National Certified Counselor NCC 264935

Client's Name (Please Print): _____ Date of Birth: _____

Phone: _____ Address: _____

Welcome to my practice. 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 during our meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is the interactive exchange between you and the therapist to identify, express and resolve significant issues causing distress for you or others. This process is different than visiting a medical doctor in that it requires an active participation by the client. For the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Therapy varies depending on the personalities of the psychologist and patient, and the problems you bring forward. There are many different methods I may use to deal with the problems and as the client you are encouraged to ask questions and discuss approaches with the therapist.

Our first few sessions will involve an evaluation or diagnostic assessment is conducted initially to gain an overall perspective of your emotional, cognitive, behavioral, somatic, and relational functioning. Some psychological testing may be used in this process to examine your reasons for seeking psychological services, your current situation, past experiences, and any referral information. A treatment plan will be developed for you to identify goals and methods of therapy that will be used in helping you achieve these goals. A diagnosis is developed which is a means of describing symptoms and is useful in communicating your emotional, cognitive, behavioral state to other professionals, planning treatment options and for you to obtain financial reimbursement from third party payers should you choose to submit your costs for reimbursement. 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 careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If necessary, I can assist in a referral to another professional if that is your desire. If you are already seeing another mental health professional, please inform your therapist so services can be coordinated. If you decide to discontinue therapy, please inform your therapist. The period of time for which informed consent is effective shall not exceed 15 months from the time the consent is given and signed. The client has the right to withdraw the informed consent at any given time by submitting a written request.

Psychotherapy has both benefits and risks. But there are no guarantees of what you will experience. Risks sometimes include experiencing uncomfortable levels of feelings, such as, sadness, guilt, anxiety, anger, grief, frustration, loneliness, or helplessness. Psychotherapy often requires recalling and focusing on unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it; this often leads to significant reduction in feelings of distress, improved relationships and more effect problem solving skills. Every effort will be made to obtain goals set forth in the treatment plan. It is often important to draw upon support from your family, friends, and community resources. In some cases, especially with children, an increase in disruptive behaviors may develop while confronting this distress. Safety is important, especially when confronting issues of relationships. It may be necessary to address this safety before beginning therapy; this is especially true for domestic violence, child neglect and sexual, physical, or emotional abuse situations.

CONTACT AT HOME

You authorize contact at your home address by telephone or letter unless you have requested not to in writing. It is sometimes necessary for the therapist to reschedule an appointment. **Billing and other correspondence will be sent to your home.** In some cases, where safety is an issue, it is best not to contact you at your home. Please let your therapist know your preference.

MEETINGS

I normally conduct an evaluation that will last from 1 to 3 sessions. 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. If psychotherapy is begun, I will usually schedule sessions for one hour with **50 minutes of face-to-face contact and ten minutes of clinical documentation per session** on a weekly, bi-weekly, or monthly basis depending on your needs and ability to attend at a time we agree on. Although, in some situations (to be discussed with client if the need arises) sessions may need to be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of a cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. **If you fail to cancel an appointment within the required 24 hours you will be charged the full fee. Payment for cancellations will be expected before or at the same time of your next visit.**

PROFESSIONAL FEES

My hourly fee is \$150.00 for Individual session and \$200.00 for a Family or Couple session. In addition to weekly appointments, 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 10 minutes, attendance at meetings with other professionals 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 expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$ 250.00 per hour for preparation and \$500.00 per hour (with a minimum of 4 hours pay) for attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. For all balances outstanding 30 days after billing date, interest will be charged on the outstanding amount at the rate of 30% APR. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be able to see you under my sliding scale slots (if available at time services are needed) or you could go on the waitlist. The patient or the person responsible for paying for services has the right to access information regarding charges for care.

If your account has not been paid for more than 60 days and arrangements for 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 costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. In the case of LEAN cases the fees will be required to be paid in full at the time the legal proceedings are complete. **By signing this Informed Consent, you are agreeing to pay for services at the end of each session or as agreed upon.**

INSURANCE REIMBURSEMENT

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. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek

approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I also have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in some cases). This 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 it 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 submit, if you request it. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

CONTACTING YOUR THERAPIST

I am often not immediately available by telephone. While I am usually working between 7 AM and 6 PM, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by a voice mail system that I monitor frequently. 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 will be available. You may prefer to text me to set or reschedule appointments or share something with me but please be aware this is not a confidential means of communication and it would be better to leave a message or email me. If you are unable to reach me and feel that you can't wait for me to return your call because of a safety issue, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for any extended period, I will provide you with the name of a colleague to contact, if necessary. **In the event we speak by phone not at a set session time for more than 20 minutes you will be billed for a 30-minute session.**

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records to plan and describe treatment. Records will be maintained in a secure location (locked) to maintain confidentiality. Information will be shared as necessary for review of treatment plans, assess quality of care and to file third party reimbursement claims. Contact with other professionals, family members or individuals require your written consent or an order from the court to release any information. 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. The law mandates reporting any suspected child or vulnerable adult abuse to the proper authorities. In the case of clear and substantial risk, imminent serious harm to the client or another individual disclosure of this information to others without consent is permitted. Patients will be charged an appropriate fee for any time spent in preparing information requests.

MINORS

Your signing of the informed consent gives full permission for the therapist to see your child or adolescent for therapeutic services. All parents and legal guardians of the child or adolescent will have full access to records as according to the California state statutes and HIPPA regulations unless there is information regarding pregnancy, birth control, abortion, STD's or chemical dependency. These issues are protected and private information for adolescents; their rights to privacy are protected unless they give written consent identifying who they want this information to go to. Parents and guardians otherwise have access to mental health records. Parents and guardians will be advised, as is congruent with research, that children and adolescents be allowed their privacy to information. Clients and parents or guardians will always be advised that information important to the improvement of relationships will be shared in a therapy session. The only times confidentiality will be superseded is if there is a court order for records, abuse is currently occurring or if there is a plan for self-harm or for the harm of another person. In cases of shared custody, I will require the consent of both parents of the minor. In cases where one parent has full custody of the minor a copy of the custody order must be provided.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist 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 issues demand it. There are some situations in which I am legally obligated to take action to protect others from

drtrishpsyd@tsecuremail.com PHONE (661) 430-6173 Fax (661) 206-8824 44349 Lowtree Ave Suite 101 Lancaster CA 93534

