

## CLIENT AGREEMENT

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 at our next meeting. When you sign this document, it will represent an agreement between us.

**PSYCHOLOGICAL SERVICES:** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different ways 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 and engagement on your part.

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 reductions in feelings of distress. But there are no guarantees of what you will experience.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions or concerns about the course or progress of our work together, we should discuss them whenever they arise. If your doubts persist, I will be happy to work with you to determine what is best for you, including giving you referrals to other mental health professionals who might be better suited for you.

**MEETINGS:** During our first few sessions, 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, we will usually meet for 50-minute sessions, although sometimes we may negotiate and arrange for longer sessions, or additional sessions, when we both agree that they are needed. According to our mutual understanding, we will meet \_\_\_\_\_ time(s) per week, although the frequency of visits can be renegotiated throughout the course of the treatment. If you miss a scheduled appointment, you will be expected to pay a \$50 cancellation fee unless you provide 24 hours advance notice of the cancellation. Cancellation fees cannot be included in a statement used for insurance reimbursement.

**PROFESSIONAL FEES AND PAYMENT:** My hourly fee is \_\_\_\_\_. In situations where clients face financial limitations or hardship, I may be willing to negotiate a fee adjustment based on your income and ability to pay. 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.

You will be expected to pay for each session by cash or check at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

**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. 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.

You should also 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). 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. Sometimes, 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 ME:** I am often not immediately available by telephone. When you call my office phone number, you will reach my voice mail. If you have a regular message that does not require an immediate response, you can record your message there and I will respond as soon as I am able. During the week, I monitor my voice mail frequently, and I will make every effort to return your call on the same day you make it. If you leave a message after 5 p.m. or on weekends or holidays, I will most likely not respond until the next working day. Please leave your number, even if you think that I have it, and inform me of some times when you will be available. If you have a message that is urgent or timely, you can call the emergency number that I give out on my voice mail outgoing message. 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 [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.

I prefer to communicate with my clients through the phone and voice mail, because I cannot guarantee the confidentiality of email and text messages. If you choose to email or text me, you can expect that I will respond using the phone.

**PROFESSIONAL RECORDS:** The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

**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 honor your confidentiality. 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 are seriously harming 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 periodically and when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to determine how we can work together to include your parents in your treatment.

**CONFIDENTIALITY:** In general, the privacy of all communications between a client/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 harm, even if I have to reveal some information about a patient'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 patient 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.

There may be times when treatment will benefit from collaboration with other professional persons or persons who can substantially assist in the treatment. For example, it is usually very helpful for me to be able to speak with a medical doctor about medical conditions that may affect a client's psychological functioning or a psychiatrist about any psychotropic medications he/she is taking. However, unless I am mandated by law to disclose confidential information or permitted to do so in order to prevent harm to yourself or others, I will seek your prior written authorization before discussing any confidential information about your treatment.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I do not reveal the identity of my clients unless I have prior written authorization to do so or unless it cannot be avoided. 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.

**NO SECRET'S POLICY:** In couples or family therapy, I will not be the holder of secrets between parties in therapy together. If information is revealed to me privately, I will use my discretion to either help the party disclose the information safely within the therapy environment or to share the information myself. If the secret persists, discussion of being able to continue treatment together will be necessary.

**EMERGENCY PHONE NUMBERS:** Emergencies are rare, but we do need to prepare for them. In emergencies situations where I have good reason to believe that my clients threaten to seriously harm themselves or others, I may need to contact family members or others in order to prevent harm from happening. In the unlikely event of an emergency such as these, I will only disclose the minimum amount of information necessary to prevent the emergency from occurring.

**VACATION:** When I go on vacation, I will attempt to provide you with at least 2-3 weeks advance notice. During those times when I am away, I will arrange for another licensed professional to provide emergency coverage. Normally, I take 4-5 weeks off during the year, and rarely more than two weeks at a time.

**MAINTAINING THERAPEUTIC BOUNDARIES:** It is my ethical responsibility to maintain the integrity of our therapeutic relationship by enforcing important therapeutic boundaries. This means that I do not engage in social, personal or business relationships with my clients. Unless it will significantly advance our therapeutic goals, I normally do not reveal personal information about myself. Except for small tokens of appreciation, I do not receive gifts from my clients. I do not receive goods or services from clients as substitutes for payment.

**AUDIO- OR VIDEOTAPING SESSIONS:** As a part of my ongoing education and training, I may ask you to audio- or videotape a session. I will always seek written authorization in advance. You have the right to refuse.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gregory Schaefer, Psy.D.  
CA License PSY20972

\_\_\_\_\_  
Date