

**OUTPATIENT SERVICES CONTRACT
CHILD/ADOLESCENT SERVICES
Tricia Hoffman, Psy.D., Licensed Psychologist**

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. When you sign this document, it will represent an agreement between us. Psychological evaluation and/or therapy involve a commitment of time, money, and energy, so you should be careful about the psychologist you select for your child or your family. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

PSYCHOLOGICAL ASSESSMENT / EVALUATION

Oftentimes children are referred to me for psychological assessment. Assessment may help you to better understand your child and the problems that s/he has been facing at home and/or school. This information helps plan effective treatment for your child by his/her physician, mental health worker, school, and/or parents.

The testing process varies from person to person, based on his/her needs. Some commonly tested areas include: learning, memory, attention, concentration, language skills, problem solving skills, academic skills, motor skills, emotional functioning (stress, depression, anxiety), personality functioning, and adaptive functioning.

Testing sessions are scheduled on a unit basis. Testing appointments vary in length and typically are scheduled in increments of 1 unit (45 minutes) to 2 units (90 minutes). Breaks, rest periods or multiple appointments will be provided.

Psychological assessment involves a number of steps:

1. Initial interview with you to gather all the needed information and to plan testing.
2. Testing with your child. You will also be asked to complete some paperwork.
3. Scoring and interpretation of tests by me.
4. Preparation of written evaluation report by me.
5. Feedback appointment in which assessment findings are reviewed and a treatment plan is developed with parents and the child. Ideally, the child is present at this appointment so he or she feels a part of the ongoing treatment plan and hears age appropriate feedback about his or her performance.

Most children enjoy their testing experience. However, some children occasionally report frustration, confusion, anger, or embarrassment. If these reactions occur, every effort will be made to make your child as comfortable as possible.

Charges are billed on a unit basis. One unit of service is 45 minutes in length. These charges reflect reviewing your old records and interviewing school staff or other important persons, completing the test battery, scoring test data, interpreting test data, and preparing a written report.

Any information that you provide either orally (phone contact, interviews, etc.) or in writing (intake forms, questionnaires, etc.) may be included in your report. This information will reflect your reported concerns, social history, family history (like psychiatric, medical, and trauma history), developmental history, and family stressors (like divorce, conflict, deaths, etc.). This information may be potentially sensitive in nature. Also typically included in the report is information from your child's teacher or school (based on interview and/or questionnaires), your child's test results

and behavior observations, your child's diagnosis, and recommendations for your child's care. If all of the necessary paperwork has been received from parents and teachers, your child's report will typically take one to two weeks following the last day of testing before it is completed. A full written report is typically given to parents at our feedback appointment. No reports are released, even when authorizations are on file to share information with others (such as physicians or teachers), until the results are discussed with parents and confirmation is received regarding the release of this information.

PSYCHOLOGICAL THERAPY SERVICES

Therapy is a partnership between you, your child, and your psychologist to find new ways of handling problems of daily living. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a typical 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.

The parent's role in therapy is essential. It will be important for you to attend all of your child's scheduled appointments, unless we have a different agreement. Your role in your child's therapy will vary, depending upon the issues presented, your family's dynamics, and the phase of therapy. You and I may share information, engage in mutual problem solving, discuss your child's diagnosis, discuss behavior management strategies, and/or discuss parenting strategies. Or, your work may be more therapeutic in nature: you may be engaged as a "therapist" for your child, be involved in joint or family sessions with your child, or be encouraged to become involved in individual or couples therapy paralleling the work being done with your child. You will be involved in developing goals for your child.

Psychotherapy can have benefits and risks. Since therapy often involves addressing difficulties in life, you and/or your child may experience uncomfortable feelings like sadness, frustration, and worry. However, therapy 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. There are no guarantees of what you or your child will experience. However, I will work with you as best I can to provide a positive therapy experience.

THERAPY SESSIONS

During the initial sessions, I will typically complete an intake interview and gather information about your child's symptoms and background. Oftentimes, formal psychological testing is involved in this process. If you decide to pursue psychotherapy, I will usually schedule a series of 45-minute unit sessions (one appointment = 45 minutes duration) for your child or your family, usually weekly or every-other week basis. Some sessions may be longer or more frequent. It will be important for you to come on time so you receive the benefit of a full-length session. If you are late for your appointment, it is likely that your session will be completed at the time it was scheduled to end. I make every effort to stay on time with my appointments. However, there are occasions when emergencies arise with other children and families during the day that can put me behind schedule. If I am running behind schedule, I will give you the option of a full-length session (although we will end later than originally scheduled) or having a half session (billed at a different rate and lasting 20 to 30 minutes).

Once an appointment is scheduled, you are allowed to cancel for any reason. However, you will be expected to attend unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. If you fail to attend a scheduled session or cancel a session with less than 24 hours notice, you may receive a \$75 late fee per scheduled unit. If this is a continuing pattern, your care may be discontinued in our clinic.

It is important for you to understand that my practice is busy. As a result, you may not always have the ability to reschedule easily for the same week in which you cancelled or missed an appointment. You may not always be able to secure times for your child for after school

appointments. However, I will do the best that I can to work with you on any scheduling concerns that you may have.

PROFESSIONAL FEES

My professional fees vary according to the service provided. Office staff can give you specific information about fees for different insurance billing codes and services. In addition to weekly appointments, I may charge for other professional services you may need (e.g., telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized). Any legal proceedings with your child/family will need to be discussed prior to my participation, and a separate legal service fee contract will need to be discussed and signed.

BILLING AND PAYMENTS

The parent who brings the child is responsible for payment or co-payment of each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. If the child attends a session without a parent, payment will need to be sent with the child. In the case of separated or divorced parents where one parent is court-ordered to pay for services, a copy of this document (in its entirety) is required before this information can be used. Also in cases of separation/divorce where both parents have legal custody, both parents are required to sign financial paperwork and the consent for treatment.

If your child's account has not been paid for more than 90 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.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important for you 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. Our office will provide you with assistance 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. 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. 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.

You should also be aware that 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. 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. 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. While I am usually in my office between 8 AM and 5 PM on Tuesday, Wednesday and Thursday, I typically cannot answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call during the same week you make it, with the exception of holidays or vacations. If you are difficult to reach, please inform me of some times when you will be available. In emergencies, you can try me at my cell phone (the number is on

my after hours voicemail). 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 psychiatrist on call.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. Legally, you are entitled to receive a copy of your child's records, or I can prepare a summary for you instead. However, for therapeutic reasons, it is my policy to request an agreement from parents that they agree to give up access to their child's progress notes. If you agree, I will provide you only with a copy of an intake assessment report, psychological evaluation, and/or general information about your child's work in therapy, unless I feel there is a risk that your child will seriously harm himself/herself, engage in high risk activities, or harm someone else. In this case, I will notify parents of my concern. Before giving parents information, I will discuss the matter with the child, if possible, and do my best to handle any objections s/he may have with what I am prepared to discuss.

COURT TESTIMONY

In some proceedings involving child custody, a judge may order my testimony if he/she determines that the issues demand it. As your child's psychologist, it is my ethical duty to provide your child the best care possible. If I am asked to provide records or testimony about treatment to the court, this can contribute to a "dual-role" relationship between your child and me. A dual-role relationship means that I am providing services for conflicting roles (i.e., parent's witness and child's therapist), and can be potentially damaging to your child and his/her present or future therapy experiences due to possible violations of therapeutic trust. In addition, I have an ethical responsibility to only release records and/or test data to persons who are qualified and trained to interpret the information. Most court personnel have not received sufficient mental health training to meet these criteria, and providing records and/or test data can also be damaging for patients. Finally, legislation and ethical standards mandate that the psychologist protect privacy of mental health records. Because the psychologist cannot control the number of people that have access to the mental health records in the court setting, concerns for the patient's privacy may exist.

For these reasons, unless pre-arranged with me prior to initiating services, I will not provide therapy notes, test data, or testimony to the court as a part of litigation. If I am required to provide test data, testimony, or records to the court (under court order), I reserve the right to terminate services.

CONFIDENTIALITY

In general, laws protect the privacy of all communications between a patient and a psychologist, and I can only release information about our work to others with your written permission. Typically, I will ask you to sign a release to share information with your child's physician for care coordination. Often other family members are involved with your child's daily life. These may include stepparents, partners, or grandparents. When other adults will be bringing your child for treatment or are involved in supporting treatment, parents will be asked to sign a release of information giving the psychologist permission to talk with those individuals about your child.

There are a few exceptions to confidentiality, and they include the examples listed below. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you and your child before taking any action.

1. 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 learn of suspected or alleged abuse /neglect of a child, elderly person, or disabled person, I must file a report with the appropriate state agency. If a minor witnesses domestic abuse or drug abuse in the home, these are also reportable concerns.

2. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient 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.

3. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. 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.

4. If a minor reveals to me that s/he is at risk for self-harm through high-risk behaviors or suicidality, these issues will be discussed with parents.

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.

GROUNDINGS FOR TERMINATION

Services are provided at my discretion. I reserve the right to terminate therapy services if either parent behaves inappropriately towards me or my staff, if I am court-ordered to testify (thus causing a dual-role relationship with your child), if there is consistent failure to attend scheduled appointments, if there is failure to complete payment for services, or if either parent does not consent for services.

Your relationship with me is also at your discretion. You have the right to seek mental health treatment from any provider with whom you feel comfortable. It is critical for the success of your child's treatment that both parents and your child feel that you have a good working relationship with me. If you have concerns about the quality or nature of the services provided, concerns about our staff, building, or billing procedures, please let me know. Discussing these issues will strengthen our working relationship and in no way harm the quality of services you will receive at our clinic.

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

Name of Parent and date

Name of parent and date

The remainder of this document pertains to parents who are not married, separated or divorced. If these conditions do not apply to you, you are finished with this document.

INFORMATION FOR SEPARATED, DIVORCED, OR NEVER MARRIED PARENTS

Entering into a helping relationship for your child is a big step for your child and your family. We want to make this process as easy as possible, regardless of your family circumstances. From our experience, there are often special issues that arise when parents do not reside together. We hope this information will clarify our policies and procedures.

CONSENT FOR TREATMENT

Parents with joint legal custody have equal rights in consenting to medical treatment, unless otherwise noted in a custody or divorce decree. For many reasons, it is absolutely critical that both parents agree that treatment is appropriate and that both parents agree on a mental health provider. If consent is not received from both parents, it is likely that the psychologist will not move forward with treating your child. If this situation arises, the psychologist will work with both parents to recommend a different mental health provider.

CUSTODY AND VISITATION ISSUES

The psychologist, as your child's therapist, cannot make any recommendations about custody or visitation issues. If custody and visitation issues are a concern, the psychologist may speak with you about a referral to another psychologist for a formal custody evaluation, a mediator, or a guardian ad litem. It is assumed that both parents want to work towards the best interest of their child, which includes maintaining a safe, therapeutic environment with the psychologist. The psychologist will not provide records to attorneys or testify in court in a custody or visitation dispute.

COURT MANDATED THERAPY

Mandated therapy participation or therapy recommendations should not be included in the divorce decree without my previous consent.

BEHAVIOR / CONDUCT

At times, parents who are involved in divorce or custody disputes have difficulty maintaining an appropriate decorum in the waiting room, clinic office, or therapist office. Out of concern for your child, other patients in our clinic, and clinic staff, parents are asked to behave respectfully to one another in my office and in this clinic. If they do not behave in a civil manner, they may be required to attend sessions separately or I may terminate services with their child.

I understand and agree to the terms of this document.

(Parent signature and date)

(Parent signature and date)