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OUTPATIENT SERVICES CONTRACT AND CONSENT TO TREATMENT

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 patient, 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. 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.

MEETINGS

Appointments are scheduled weekly and last 50-60 minutes.

CANCELLATION POLICY

I take your treatment and care seriously, and am committed to providing you the utmost care to the best of my abilities each week. Since scheduling of a weekly appointment involves reservation of the time specifically for your care and progress, I require 36 hour notice to cancel your session. I charge the full-fee (\$120 for individual counseling, \$140 for couples/parenting counseling) for late cancellations and no shows. I commit an hour each week to your care and progress, and cannot give that time to another client. Emergencies are addressed on a case by case basis, and are defined as severe illness, car accident, death in the family, hospitalization of yourself. For situations like childcare issues, mild illness, work conflict, I offer a phone session as an option during your scheduled appointment time. If we are able to reschedule your appointment to another day or time within the original week it is scheduled, you will not be charged a late cancellation/no show fee.

One No Show (defined as missing your appointment without calling to cancel/informing me of a reason for the missed appointment) results in loss of your preferred weekly time.

Three late cancellations and/or no shows are grounds for discharge from treatment with my office.

PROFESSIONAL FEES

Individual Counseling	\$120 per session
Couples/Parent Counseling	\$140 per session

Other services including assessments and psychological evaluations, report writing, 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 are billed at an hourly rate of \$120 per hour. The exception to this is litigation in which you become involved, and this is discussed in the Legal Proceedings/Client Litigation section of this document.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. This includes copayments if you have insurance. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

I do not send statements each month or have a billing service. If you would like to have a statement of account, I will be happy to provide one.

You may provide payment in the form of cash, check or Visa/Mastercard. If you choose to use a debit/credit card, I charge a 5% convenience fee based on the total amount owed.

If your account has not been paid for more than 3 therapy appointment visits and arrangements for payment have not been agreed upon, I will discuss termination with you and referring you to another source for low cost mental health care.

Collections: I may use the option of hiring a collection agency or going through small claims court for unpaid accounts. If such legal action is necessary, the 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.

INSURANCE REIMBURSEMENT

It is your responsibility to contact your insurance carrier and determine whether you have mental health care/behavioral health coverage, and what exactly your coverage is. This includes determining the following before your first appointment:

1. What is your copayment or coinsurance amount?
2. Do you need a referral from your primary care physician?
3. Is there a specified number of allowed visits?
4. Do you still need to meet your deductible before you will receive full benefit of coverage for behavioral health services?

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.

As some "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 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.

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 unless prohibited by contract.

LEGAL PROCEEDINGS/CLIENT LITIGATION

I will not voluntarily participate in any legal proceedings you may become involved with, including those involving custody issues. This includes communication with attorneys of either party involved in litigation, preparation of documents including notes, records, affidavits, etc. I WILL NOT WILLINGLY TESTIFY. If I am ordered by a court of law to participate in any legal proceedings involving a client, the client and/or the opposing party agree to pay a daily rate of \$1500 per diem, and agree to provide a two day retainer **in advance of the proceedings** totaling \$3000. Once I have been ordered to participate in a legal proceeding, you agree to release me from my duty as your therapist and terminate our therapeutic relationship. **I cannot serve as an expert witness for any matter.**

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I frequently monitor. 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. 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.

You may also call the "Hotline to Help" at 512-472-HELP (4357), which provides 24 hour telephone crisis counseling and information. If your situation is life threatening then you may call 911, your family physician, or go to the nearest emergency department.

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. You will be charged an appropriate fee for any time spent in preparing 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 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 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.

In accordance with Texas law and ethical standards of practice for psychologists, information you share with me will be kept in confidence with a few rare exceptions that include:

1. Situations required by state law include instances of actual or suspected child or elder abuse, abuse of the infirm, or neglect which all 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. Therefore, it is important to continued progress in therapy you inform me if such instances have happened with you in the past.

2. 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, seeking hospitalization for the client, and/or requesting appropriate help from family and others that can assist in providing protection.
3. Court orders, such as may occur in child custody or divorce litigation.
4. If you have been sexually abused by a physician, therapist, spiritual counselor, or other mental health professional, I must report this to the appropriate licensing agency and to the District Attorney's office.
5. When you sign a release of information for your records, you are directing me to share that information with another party.
6. Nonpayment for services, requiring that your name be given to a collection agency to seek payment.

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 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.

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 and will abide by its terms during our professional relationship.

Client

Date