

PSYCHOLOGICAL SERVICE AGREEMENT

Erin Hadley, Ph.D.
Licensed Clinical Psychologist
(215) 525-0579

Welcome to my practice. This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us, and we can discuss any questions you have when you sign them or at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works, in part, because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As your therapist, I have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, and anxiety, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 1-2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your therapeutic goals and develop a treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. 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.

APPOINTMENTS

Appointments will typically be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hours notice, my policy is to collect the full fee for your session. This cancellation policy applies to all patients, including those with insurance. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash; I am not able to process credit card charges as payment. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge a prorated fee (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

At this time, I participate in the following health insurance plans: Penn Behavioral Health, Medicare Part B, and Highmark Blue Shield. If you have an insurance plan that I do not accept and choose to seek reimbursement for services rendered, I will supply you with a receipt of payment. Please note that not all insurance companies reimburse for out-of-network providers. If you do not want to use your insurance to pay for therapy, or you do not have insurance coverage, you will be charged the standard fee for services. I am willing to negotiate a reduced fee with clients who can demonstrate an inability to pay the standard fee. Fees will be re-evaluated as needed, and any changes will be discussed with you prior to their implementation.

PROFESSIONAL RECORDS

I am required to keep professional records of the psychological services that I provide, and to maintain them in a secure location. These brief notes include dates of service, your reasons for seeking therapy, treatment goals and progress, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances, you are entitled to receive a copy of your file. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. Therefore, if you wish to see your records, I recommend that you initially review them in my presence so we can discuss their contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in separate documents entitled Confidentiality Statement and HIPAA Notice of Privacy Practices. You have been offered copies of those documents and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent or guardian. For children 14 and older, I request an agreement between the client and the parents/guardians allowing me to share general information about treatment progress and attendance, as well as a treatment

summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see the Confidentiality Statement for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact your local Crisis Response Center (I can provide these numbers for you and they are listed in the phone book), 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement, Confidentiality Statements, and HIPAA Notification, and agree to their terms.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority:

