

Psychologist-Patient Services Agreement

Welcome! This document contains important information about my professional services and business policies. This document also contains a brief summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). In compliance with HIPAA, I am also providing you with a Notice of Privacy Practices which explains this in much greater detail. It is very important that you read this document carefully, and we can discuss any questions you have at any time. After reviewing this information, please sign this form, which constitutes an agreement between us. You may revoke this Agreement in writing at any time.

The information on these pages is made available so that you will be fully aware of some important matters concerning the psychologist-patient relationship and office policies. Read and sign one and keep another one with you for reference. Read it again in a day or two since there is typically much that occurs during your first visit.

Please note that I prefer to refer to my “patients” as “clients”, as in my website, but in the eyes of the law, you may be considered my “patient” and that is why the word “patient” is used in this document.

PSYCHOLOGICAL SERVICES

A therapeutic relationship does not exist between you and I until after the initial intake evaluation is complete and we have decided, together, to work together in a treatment relationship. It is important that we both agree we are a good therapeutic match before establishing this relationship.

Therapy 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, therapy has also been shown to have many benefits. 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.

There may be alternative treatments or modes of therapy to consider. I encourage you to become aware of these options and to ask any questions you may have at any time as we work together.

MEETINGS

I will usually schedule one 45-minute session per week at a time you agree on; sometimes we will schedule more than one session per week. This/these time/s will be held for you each week. **If you are unable to attend an appointment, you must call and cancel this appointment 24 hours beforehand or more. If you call less than 24 hours in advance, you will be charged a late fee of \$50. If you no-show without calling, you will be billed my full hourly rate, which is \$110.** For a no-show or late-cancel appointment, I will bill your card on file. I may waive the fee if I have an available opening and you reschedule your appointment within the same calendar week. It is important to understand that research suggests that patients who are “engaged” in therapy, meaning they attend and participate in appointments and also do “homework” to practice new skills outside of sessions, are most likely to meet their treatment goals, and this policy is meant to encourage participation. Throughout therapy, we will work together to increase and or maintain your engagement so you will be likely to maximize your therapy outcomes.

PROFESSIONAL FEES FOR SELF-PAY CLIENTS AND INSURANCE CLIENTS

For self-pay clients, my fee for a 45-minute session is \$110. The therapy fees include note writing, and short telephone conversations (less than 5 minutes), If you require calls during a week (these are other than short

administrative conversations) you will be billed at a prorated rate based on the session fee. If you become involved in legal proceedings that require my participation you will be expected to pay for professional time, including preparation and transportation costs to court.

For a diagnostic interview, your rate will be: 110.00 .

For a 45-minute psychotherapy session, your rate will be: 110.00 .

CONTACT

You may telephone me at (804) 35306700 or send an email to JohnRLynch@comcast.net (remember that email may not be a confidential form of communication). Due to my work schedule, I am often not immediately available to receive calls, but my phone is a confidential service only accessed by myself. I make every effort to return calls in the evening or the following day, with the exception of nighttime, weekends, and holidays. Calls made at nighttime or on weekends and holidays will be returned the next business day unless prior arrangements have been made. I do not provide formal emergency services, yet I wish to be available to you as much as is reasonably possible. You may choose to contact the National Suicide Prevention Lifeline if you are in crisis and have thoughts of hurting yourself and I am not available. Free counselors are available 24/7, 365 days per year on that line. The number is 1-800-273-TALK. If you are ever in a psychological emergency, please call 911 and/or contact the nearest emergency room for crisis treatment.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and/or Virginia law. I will always take every precaution and measure to insure the privacy of your confidential information. Again, I do not send my written notes to anyone.

There are some situations in which a psychologist is legally obligated to take some action that will likely involve revealing information to an outside party, possibly without your consent. These situations are unusual, and are limited to cases in which harm is likely, including:

- Cases in which a psychologist is ordered by a judge to release therapy records
- Cases in which a psychologist has reason to believe a child under 18 may be abused or neglected
- Cases in which a psychologist has reason to believe an adult over the age of 60 has been abused or neglected in the preceding 12 months
- Cases in which you have made a specific threat of violence against another, or if a psychologist believes that you present a clear, imminent risk of serious physical harm to another or yourself

If such a situation arises, I will make every effort to fully discuss it with you before taking any action or releasing any information about you, and I will limit disclosure of information to only what is necessary. Confidentiality issues can be complicated, so if you have any questions about them, please feel free to ask them now or in the future as needed.

In addition, I want to protect your privacy if I happen to run into you in a public setting. If this occurs, I will not acknowledge you. This will give you the option of remaining anonymous. If you speak first, I'll be happy to say 'hello.'

PATIENT RIGHTS

HIPAA provides you with a number of rights, which briefly include the right to Amend the information in your

record, to limit what information is disclosed and to whom, to request restrictions as to how you are contacted, and to receive an Accounting of Disclosures, or a list of all information that has been released about you. You also can file a complaint about our policies and procedures regarding your records with the federal Department of Health and Human Services.

BILLING AND PAYMENTS

You are responsible for the fees for your therapy, and are expected to pay for each session at the time of the session unless other arrangements have been made.

If I am an out-of-network provider with your insurance program, I will gladly provide you with an invoice that details the information an insurance company would need in order to reimburse you for those services, but please note I do not bill or correspond with insurance companies.

I have the option of resorting to legal means to obtain payment if we cannot work out a payment plan and your account is overdue by several months. This could mean involvement of a collection agency or small claims court, and the cost of this collection effort would be passed on to you. Such efforts typically require disclosure of some otherwise confidential information, but we will limit this to the minimum information necessary. And I try to do everything possible to avoid this situation, hence my policy of payment at the time services are provided.

I accept cash (but cannot make change) and checks, but do not accept any credit cards or other electronic payment methods.

Returned checks will incur a \$25 returned check fee. As previously noted, late cancellations will be billed at a rate of \$50, and no-shows will be billed for \$110.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship and consent to treatment with John R. Lynch, Ph.D.

Full printed name of client

Signature of client

____ / ____ / ____
Date