



Hillary Schultz Therapy, LLC

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THERAPIST-CLIENT SERVICE AGREEMENT

Welcome to the practice. Although this document is long and may seem complex, it is very important that you understand it. I ask that you read and sign this, as well as other important documents and policies. When you sign this document, it will also represent an agreement between us. 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. Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, 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. However, 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 couple 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 treatment goals and create an initial 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 ordinarily be 45-60 minutes in duration, typically once per week at a time we agree on, although some sessions may be less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

TERMINATION

After the first couple of meetings, I will assess if I am able to help you. The clinicians at Hillary Schultz Therapy, LLC does not accept or continue with clients who, in their opinion, cannot help. In such a case, you will be given numbers to referrals that you can contact. If at any point during psychotherapy, I feel as though I am not effective in helping you reach the therapeutic goals, then I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, you will be given contact info to referrals that may be of help to you. You have the right to terminate your treatment at any time. Please let me know if this is the case and give appropriate notice (48 hrs) if you have an upcoming appointment scheduled. Typically, frequency of treatment will be lessened as you progress towards treatment goals. I may recommend termination of treatment or lessening frequency to a "maintenance" stage if your symptoms have decreased, you are progressing significantly, and/or you have attained all goals. If I believe your treatment needs are beyond my scope of practice, I will give you referral options and help link you with a more appropriate treatment provider. I may terminate your treatment if you have had no appointments within 60 days, you have had 3 missed appointments, or you do not respond to my contact attempts.

INSURANCE

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. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting us know if/when your coverage changes.

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 advance authorization. Without, they may refuse to 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. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-IV.). 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.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by credit card or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient, before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for the contracted rate I have with your insurance, until your deductible has been met. The deductible amount may also be re-set at the start of each calendar year. I will make every effort to notify you of the benefit details we receive from your insurance company, though at times, we are given incorrect information and do not find out until the first claim is submitted. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. A part of your records is maintained in a secure location in the office. I use an electronic medical records (EMR) keeping system to store most of your clinical record. Although many security efforts are in place (by myself and the EMR), it is important to understand that systems can be compromised. Although unlikely, I will let you know of any instances where this is suspected or confirmed. I keep brief records noting that you were here, your reasons for seeking therapy, the

goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, communications we have with each other outside of session, and your billing records.

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. For children 14 and older, I request an agreement between the client and the parents 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, 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

The best way to reach me is by phone or email (not text). 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 you feel as though you are unable to keep yourself safe, go to your Local Hospital Emergency Room or 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.

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. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date _____

Description of Personal Representative's Authority: _____
