

Psychological Services of South Florida

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Weston, FL 33326

(954) 804-5144

CLINICAL SERVICES - POLICIES AND PROCEDURES

Welcome to my practice. This document contains important information about my professional services and business policies. Please note any questions that you might have, as I will be happy to discuss them with you.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. There are a number of different approaches that can be utilized to resolve the problems you hope to address. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings or discussing unpleasant aspects of your life. However, research has proven that psychotherapy has benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees for any individual.

Your first few sessions will involve an evaluation of you or your child's needs. By the end of the evaluation, I will be able to offer you some initial impressions of what your work will include, and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. If you ever have questions about my procedures, you should feel free to discuss them whenever they arise.

Psychotherapy sessions are typically scheduled for one fifty-minute session (one appointment hour of fifty minutes duration) each week (though other arrangements can be agreed upon).

CANCELLED, LATE, AND MISSED SESSIONS:

I understand that from time to time clients need to cancel sessions due to schedule conflicts or illness. However, the need to reschedule sessions can lead to scheduling problems. For this reason, I have maintained the following policy with regard to cancellations:

Sessions cancelled less than 24 hours in advance

Late arrivals

Or "no-shows" will be charged the full fee for the time scheduled.

As a courtesy to me and in order to maintain session availability for all clients, I request that you make every effort to give more than 24 hours notice. Phone messages can be left 24 hours a day.

PROFESSIONAL FEES

My hourly fee is \$_____. The initial consultation will be \$_____.

OTHER PROFESSIONAL SERVICES

In addition to weekly appointments, it is my practice to charge your hourly fee on a prorated basis for other professional services you may require. These services may include letter writing, telephone conversations which last longer than 15 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may request. If you become involved in litigation in which I am required to participate, you will be expected to pay for the professional time required, even if I am compelled to testify by another party. Because of the complexity and time consuming nature of legal involvement, you will be billed twice your typical hourly rate for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay for each psychotherapy session at the time it is held, with cash or check. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment plan.

If your account is more than 30 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. (If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.) In such cases, the only information I would release about a client's treatment would be the client's name, the nature of the services provided, and the amount due.

CONTACTING YOUR THERAPIST

I am often not immediately available by telephone. You can leave messages for me on the general practice phone at (954) 804-5144. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays.

EMERGENCIES

If you cannot reach me by phone, and you feel that you cannot wait for me to return your call, you should call the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. In an emergency, you can also arrange to be taken directly to the emergency room or call 911 for assistance. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

MINORS

Patients under 18 years of age (who are not legally emancipated) and their parents should be aware that the law may allow parents to examine their child's treatment records. Children between 13 and 17 may independently consent to (and control access to the records of) diagnosis and treatment in a crisis situation. Because privacy in psychotherapy is often crucial to successful progress, and parental involvement is also essential, it is usually my policy to request an agreement with minors and their parents about access to information. This agreement provides that during treatment, I will provide parents with only general information about the progress of the treatment, and the patient's attendance at scheduled sessions. Therapists can also provide parents with a summary of their child's treatment when it is complete. Other communications are kept to a minimum unless the child is in danger or is a danger to someone else, in which case, I

will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted by untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I charge a copying and administrative fee of \$1.00 per page.

CONFIDENTIALITY AND LIMITS

The law protects the privacy of all communications between a patient and a therapist. 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. The Health Insurance Portability and Accountability Act (HIPAA) provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information.

These rights are described in Psychological Services of South Florida's "**Notice of Policies and Practices to Protect the Privacy of Your Health Information**" which you have received separately.

There are other situations that require only that you provide written, advance consent. Your signature on the attached contract provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I will make every effort to avoid revealing the identity of a patient. The other professionals are 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. I will note all consultations in your Clinical Record (which is called "PHI" in the Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement in the section marked "Billing and Payment"

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have now or in the future with me.

QUESTIONS OR CONCERNS

If you have any questions regarding these policies or procedures please do not hesitate to speak with me regarding those issues. You will be notified of any changes to these policies in writing.

Thank you.