

# Borne to Make a Difference, LLC

## **PROFESSIONAL SERVICES AGREEMENT**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so we can discuss them when we meet. When you sign the signature page for this document, it will represent an agreement between us.

## **MEETINGS FOR THERAPY EVALUATION AND SESSIONS**

During the intake/diagnostic session we can both decide if I am the best person to help you meet your treatment goals. By the end of the evaluation, I will be better able to offer you some first impressions of what our work will include if you decide to continue with therapy. In this regard, therapy involves a large commitment of time, money, and energy, so you should be selective about the therapist you choose. If you have questions or concerns about my procedures, we should discuss them as soon as they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion. Alternately, if you decide to begin psychotherapy, we will agree on the frequency and time frame allotted for sessions.

## **CANCELLATION**

If you need to cancel an appointment, it is expected that you will provide at least **24 hours advance notice** of cancellation. The reason for this is that I generally will be unable to fill that appointment time if I have less than 24 hours' notice. If you do not provide 24 hours' notice of cancellation or if you do not show up for a scheduled appointment, you will be charged a \$40 fee.

## **PROFESSIONAL FEES**

My hourly fee for individual psychotherapy is \$150 for a full 60-minute session and \$110 for a 45- minute session. Initial evaluation sessions (also known as intake/diagnostic interviews) are a full 60- minutes each.

The cost for the service of psychotherapy includes many things. First and foremost, you are paying for the time and skill of a licensed psychologist, who has many years of education, training, and experience. The cost of psychotherapy also includes the time I spend on administrative tasks, as well as, study and research to ensure that I am best informed as to how to help you resolve whatever is troubling you. In addition, I periodically spend time consulting with your other health care providers (with your written permission) to coordinate care (with your primary care doctor or psychiatrist, for example), and may also seek consultation from professional colleagues to improve the quality of care I provide.

## **BILLING AND PAYMENTS**

You will be expected to pay me directly for each session at the time it is held. Payment schedules for other professional services not detailed above will be agreed

to when they are requested. In circumstances of unusual financial hardship, I may be willing to a sliding fee scale. For any fees that remain unpaid after 90 days may be sent to a collection agency.

### **CONTACTING ME**

Due to my work schedule, I am ordinarily not immediately available by telephone. I do not take phone calls while I am meeting with a patient. When I am unavailable, my telephone is answered by voice mail. I will make every effort to return your call as soon as possible and will strive to return your call within 48 hours. Please be sure to leave your telephone number on your message. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me in an emergency situation and feel that you cannot wait for me to return your call, please dial 911, or proceed to the nearest hospital emergency room and ask for the psychologist or psychiatrist on call.

### **INCIDENTAL ENCOUNTERS**

On occasion and by chance, you may see me in a public place or at a social event. In order to protect your privacy, I ordinarily will NOT say hello to you so that you do not feel compelled to explain who I am to your companions. Therefore, it is entirely up to you if you choose to initiate a conversation in one of these encounters.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I only release information about your treatment to others with your written permission. There are other situations that require only that you provide acknowledgement of informed consent in advance. Your signature on this Agreement provides consent for those activities, as described below:

- At times when administrative staff members are employed in my practice, I will need to share protected information with these individuals for administrative purposes, such as scheduling, billing, payments, and processing insurance claims.
- I may occasionally find it helpful to consult with other health and mental health professionals about how to best meet the needs of my patients. During a consultation, I make every effort to provide only information that is needed to solve the issue at hand without providing any information that could reveal the identity of my patient. The consulting professional is also legally bound to keep the information confidential.
- Disclosures required by health insurers or other third-party payers or to collect overdue fees that are discussed elsewhere in this Agreement.

*There are some situations where I am permitted or required to disclose information without either your consent or Authorization:*

- If I have cause to believe that a child under 18 years of age has been or may be abused or neglected or that a child is a victim of a sexual offense, or that an elderly or

disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such report is filed, I may be required to provide additional information.

- If I determine that there is a probability that the patient will inflict imminent physical injury on another, or that the patient will inflict imminent physical, mental or emotional harm upon him/herself, or others, I may be required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient. If such a situation arises, I will make every effort to fully discuss it with you before taking any action.

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment; such information is protected by law. I cannot provide any information without your (or your legal representative's) written authorization or a court order. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

- If a patient files a worker's compensation claim, I must, upon appropriate request, provide records relating to treatment or hospitalization for which compensation is beingsought.

**Your signature on the signature page at the end of this document indicates that you have read the information in this Professional Services Agreement and agree to abide by its terms during our professional relationship.**

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Patient's Signature                      Date

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Provider's Signature                      Date