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PSYCHOTHERAPY SERVICES CONTRACT

Welcome to Hillside Psychology. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

The Therapeutic Process

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular difficulties you bring forward. There are many different methods I may use to deal with the concerns that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on the things we discuss both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life and approaching feelings or thoughts that you have tried not to think about for a long time, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to your relationships. Alternately, psychotherapy has also been shown to have benefits for people. 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, as everyone takes something different from this process.

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, and the goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. Without your written permission, I cannot, and will not, tell anyone else what you have told me or even share that you are in therapy with me. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you and you will provide written permission for individual(s) to join you in these circumstances.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. When and if I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be kept in your treatment record.

The following are legal exceptions to your right to confidentiality. I will inform you any time when I think I will have to put these into effect. In the event of an emergency, I will attempt to inform you before taking action. However, I will act accordingly to address safety concerns even if I cannot reach you.

- 1) If I have good reason to believe that you will harm another person, I will attempt to inform that person and warn them of your intentions. I will also contact the police and ask them to protect your intended victim.
- 2) If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services and/or Adult Protective Services immediately.
- 3) If I believe that you are in imminent danger of harming yourself, I will take appropriate action to address your safety. This may include contacting the police or emergency mental health service providers. I will explore all other options with you before I take this step. If at that point you are unwilling to take steps to guarantee your safety, I will take appropriate steps.
- 4) If you tell me of the behavior of another named health or mental health care provider that has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, I am ethically bound to take appropriate steps to address the behavior. This may include, among other actions, a) contacting the named professional to discuss the concerning behavior and encourage action to change the behavior, and/or 2) reporting the individual and their behavior to the appropriate licensing board. If you are my client and are also a health or mental health care provider who has engaged in the above-named behaviors, however your confidentiality remains protected under the law from this kind of action.
- 5) If you are a minor or a legal dependent, your parent or legal guardian has a right to access information in your record. However, at the onset of services, I meet with all parties involved to discuss the importance of preserving patient privacy and explain best practices of disclosing information only as clinically necessary or beneficial. I will attempt to discuss any disclosures with you in advance and will encourage you to share the information with your parent/legal guardian as appropriate. However, there may be instances in which I must disclose the information even if I cannot reach you and/or if you prefer I not provide the information to your parent/legal guardian. When working with minors and legal dependents, I prioritize the best interests of the patient while adhering to legal and ethical responsibilities.

The next is not a legal exception to your confidentiality; however, it is a policy you should be aware of if you are in couples therapy with me. If you and your partner decide to have individual sessions as part of the couples therapy, what you say in those individual sessions will be considered part of the couples therapy, and I will encourage you and your partner to share what you have discussed with me individually in our joint sessions. I will not disclose anything you have said to your partner, I will assist you in finding the best way to share information that is difficult with your partner. Do not discuss anything with me that you wish to keep secret from your partner. I will remind you of this policy before the beginning of such individual sessions.

II. Record Keeping

Your record will include copies of forms you have signed, fees and other billing information, dates that you attended therapy, what interventions were used in session, and the topics we discussed. In addition, any communication that we have outside of session (phone, email, etc.) will be noted in your record. Under the provisions of the Health Care Information Act of 1992, you have a right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I am doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training related to the concerns you are bringing to therapy, and can request that I refer you to someone else if you decide I am not the right therapist for you. You are free to leave therapy at any time.

Your Responsibilities as a Therapy Client

I. Keeping Appointments

You are responsible for coming to your session on time at the time we have scheduled. Sessions last approximately 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than 12 hours notice, you must pay for that session at our next regularly scheduled meeting. My voicemail has a time and date stamp which will keep track of the time that you called me to cancel.

II. Payment for Services

You are responsible for paying for your session prior to the end of each session, unless we have made other firm arrangements in advance. My fee per session is \$200.00. If we decide to meet for a longer session, I will bill you a prorated fee based on my hourly rate. I typically do not charge for emergency phone calls of less than ten minutes. However, if we spend more than 10 minutes in a week on the phone, if you leave more than 10 minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week, I will bill you on a prorated basis for that time. My fees may increase nominally every year to two years. If a fee raise is approaching, I will remind you of this well in advance. I do not allow to have clients run a bill with me. I cannot accept bartered goods for therapy. I accept cash and personal checks. If I am unable to collect my fees from you, I reserve the right to give your name and the amount due to a collection agency.

Insurance Reimbursement

I accept Medicare. If you would like to use other insurance coverage to pay for your therapy, I will provide you with a superbill. This superbill can then be submitted to your insurance company for reimbursement. Please be aware that if you choose to provide this receipt for services to your insurance company, it must include a psychiatric diagnosis. In that event, I will inform you about the diagnosis that I plan to render before it is given. Any diagnosis that is made will become part of your permanent insurance records. A superbill is no guarantee of reimbursement. Even if you do not pursue reimbursement through your insurance company, a superbill may be useful for tax purposes or for utilizing funds set aside in an employer-based health savings account.

Psychological Services

I. Meetings

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your therapy goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 12 hours advance notice of cancellation unless we both agree that you were unable due to circumstances beyond your control.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions. If you decide to continue with therapy, we will work collaboratively to decide what our work will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my process or procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional.

You normally will be the one who decides when therapy will end, with three exceptions: a) If we have contracted for a specific short-term piece of work, we will finish at the end of that contract; b) If I am not, in my judgment, able to help you, because of the kind of difficulty you are bringing to therapy or because my training and skills are, in my judgment, not appropriate (if this occurs, I will inform you of this fact and refer you to another therapist who may meet your needs); c) If you or someone close to you commit violence to me, verbally or physically threaten me, or harass me, my office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy. If you decide to discontinue therapy, please contact me so that we can schedule a final session. Termination itself can be a very constructive process, and I encourage you to discuss any plans to end your therapy as soon as is necessary. If any referrals are needed, I can provide those when we meet.

II. Contact

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail where you may leave a message. I will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. I am away from the office at times during the year for vacations or other professional obligations. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of

local crisis services who can provide assistance in the event of an emergency during my absence. Similarly, if you are experiencing an emergency outside of my regular office hours as listed on my website, please call the Westchester County Crisis Prevention and Response Team at (914) 925-5959. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

My email address is: hillsidepsych@gmail.com. Feel free to email me regarding administrative concerns, such as cancellations and scheduling changes. Please do not discuss confidential information as email is not a secure method for private communication. ***Please do not use email as a method of contacting me in the event of an emergency.***

III. Complaints

If you are unhappy with what is happening in therapy, I hope that you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you may file a complaint about my behavior to the New York State Department of Education, Office of the Professions.

CLIENT CONSENT TO PSYCHOTHERAPY

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand the statement. I understand the limits to confidentiality required by law. I understand the Dr. Meehan accepts Medicare only and does not accept other insurance for payment. I understand that if I am not using Medicare insurance, I must pay my full fee at each appointment and I agree to pay the fee of \$200.00 per session. If I plan to be reimbursed by my insurance company, I consent to the use of a diagnosis in order to complete this process. I understand my rights and responsibilities as a client and my therapist's responsibilities to me. I agree to undertake therapy with Barbara Meehan, Ph.D. I understand that I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Meehan.

Patient Signature: _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____

I have reviewed the above policies and informed consent with the client and there is no misunderstanding or disagreement.

Therapist Signature: _____ Date: _____