

## **Outpatient Services Contract**

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them during our meeting. Once you sign this, it will constitute a binding agreement between us.

### **Psychological Services**

The benefits from psychotherapy can be many. Resolution of the difficulties that prompted the psychotherapy, a greater sense of happiness and fulfillment, more satisfying relationships, and living more closely to your full potential are all possible outcomes. Psychotherapy may involve the risk of remembering unpleasant events and arouse intense emotions of anxiety, sadness, anger, and depression. In addition, while there is general consensus in outcome research that most people are helped when they are matched with the right therapist, there is no guarantee that this therapy will lead to the desired results. To be successful, psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on issues we talk about both during our sessions and at home. The first several sessions will involve an evaluation and development of a treatment plan to address your needs.

### **Meetings and Professional Fees**

Therapy usually involves weekly sessions that are 45 minutes in duration but may be longer or more frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. In addition, if you fail to come to a scheduled appointment, you will be expected to pay my fee in full. Please do not cancel appointments via email for email is not checked regularly. My fee is \$225 per session and will be raised each year on June 1<sup>st</sup>. Checks are to be made out to Fulton Psychological Group. Therapy expenses are your responsibility regardless of insurance coverage. I am not on any insurance panels and do not bill insurance. If you would like a superbill to turn into your insurance for out-of-network reimbursement, it can be provided to you via e-mail twice a month. I will not provide any information directly to your insurance company. I will not provide any information directly to your insurance company. No information will be sent from Fulton and Associates directly to your insurance company. In addition to weekly appointments, it is my practice to charge my fee on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultation with other professionals which you have authorized, preparations of records or treatment summaries, or the time required to perform any other service which you may request of me. If you become involved in litigation which requires my participation, you will be expected to pay for the professional time required even if I am compelled to testify by another party. You will be expected to pay for each session at the time it is held. In the event of non-payment, a collection agency or small claims court may be utilized, and you will be responsible for reasonable collection fees. In most cases, the only information which I release about a client's treatment would be the client's name, the nature of the services provided, and the amount due.

### **Contacting Me**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail which I check throughout the day. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call your family physician or 911. If a family member is threatening violence or suicide, you need to call 911. The police are well trained to handle situations ranging from suicidal individuals to out-of-control teens. Additional numbers that may be helpful include: California Youth Crises Line (800) 843-5200, Child Abuse Hotline (800) 540-4000, Domestic Violence Hotline (322) 681-2626, Elder Abuse Hotline (800) 992-1660 and Suicide Prevention Center (310) 391-1253. If I am unavailable for an extended time, my supervisor, Dr. Stephen Ball can be reached at (818) 591-3000 ext #3.

### **Confidentiality**

Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any person or agency without your written permission. Tape recording of any part of the therapy sessions may not occur without your written permission. There are certain situations in which, as a mental health professional, I am required by law to reveal information obtained during therapy to other persons or agencies. These situations are as follows: 1) if you are a threat of grave bodily harm or death to another person, 2) if I become aware of a situation of neglect or harm of a minor, 3) if a court of law issues a legitimate subpoena, 4) if I become aware that an elderly person is being physically harmed, and/or 5) you are a court-referred client. If I believe there is risk of you harming someone else or self-inflicting harm, I am not mandated, but have an ethical responsibility to give this information to appropriate persons in order to obtain the best care for you and those you may harm. These situations have rarely arisen in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action. Additionally, information will be shared with my supervisor, Stephen Ball, Psy.D., who is bound by the same confidentiality laws. Although the parent of a minor is the “holder of privilege,” disclosing the content of sessions with minors to parents tends to undermine therapy. Reporting to parents is kept to general progress/issues or if the minor is involved in dangerous or harmful activities.

Because I am a psychological assistant, I will be directly supervised by a licensed clinical psychologist, Stephen Ball, Psy.D. PSY 21155. If there are any concerns or questions, he can be reached at (818) 591-3000 ext. 3.

**Your signature acknowledges that you have read and understand the above explanations regarding informed consent, confidentiality, and patient responsibilities. You agree to enter a psychotherapy relationship under the terms outlined above. You also agree that all information in therapy may be shared with Dr. Ball as he is my supervisor and I will be consulting with him regularly.**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (parent's if patient is a minor): \_\_\_\_\_