



8805 Columbia 100 Parkway Ste 105 & 106, Columbia, MD 21045

OUTPATIENT SERVICES CONTRACT

This document contains important information about Live.Balanced.Life.LLC and our policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the problems you hope to address. There are many different methods we may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. For the therapy to be most successful, you will have to work on things discussed both during sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees as to what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, the clinician will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with the clinician. At the end of the evaluation, we will notify you if we believe that your clinician is not the right therapist for you and, if so, give you referrals to other practitioners who are better suited to help you.

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 procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

We normally conduct an evaluation that will last from 2 to 4 sessions. During this time, both you and the clinician decide what is the best way to provide the services you need to meet your treatment goals. If agreed to start psychotherapy, we will usually schedule one 45-minute session (one appointment hour of 45 minutes duration per week, at a time we agree on, although some sessions may be longer or more frequent.



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Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

Live Balance Life's hourly fee is \$120. If our session is longer than the usual time, you will be charged accordingly. In addition to weekly appointments, we charge this same hourly rate for other professional services you may need, though we will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require your provider's participation, you will be expected to pay for any professional time spent on your legal matter, even if the request comes from another party. The fee will be \$250 per hour for professional services performed in relation to your legal matter. Our office charges a copying fee of \$.50 cents per page for records requests.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances of unusual financial hardship, our office may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

For us to set realistic treatment goals and priorities, it is important to evaluate what resources we have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. By signing this form, you are giving me permission to bill your insurance company.



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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 often require authorization before they 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. Though 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 our therapist to provide services to you once your benefits end. If this is the case, we will try to assist you in finding another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I must provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, Live.Balanced.Life.LLC has 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. Our office can provide you with a copy of any records submitted if you request it. You understand that, by using your insurance, you authorize Live.Balanced.Life.LLC to release such information to your insurance company. Our clinicians will try to keep that information limited to the minimum necessary.

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by the insurance contract.

CONFIDENTIALITY [for adult patients]

In general, the privacy of all communications between a patient and therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent your clinician from providing any information about your treatment. In some legal proceedings, a judge may order testimony from the clinician if he/she determines that the issues demand it, and I must comply with that court order.



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There are some situations in which our practice is legally obligated to take action to protect others from harm, even if I must reveal some information about a patient's treatment. For example, if I believe that a child [elderly person or disabled person] is being abused or has been abused, I must [may be required to] make a report to the appropriate state agency.

If the clinician believes that a patient is threatening serious bodily harm to another, the clinician is [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, the clinician may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, the clinician will attempt to fully discuss it with you before taking any action.

The clinician may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Typically, we will not tell you about these consultations unless we believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice, I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Please note that this is an on-site & off-site provider, so sessions are conducted in the home, via a HIPPA-compliant video platform, or at a secure location decided by the provider and you.

PATIENT SIGNATURE _____ **DATE** _____