

## **Outpatient Service Contract**

Welcome to my practice. This document contains important information about my professional services and business policies. Please ask me about anything you do not fully understand. Once you sign this document, it is a binding agreement between us.

### **Benefits and Emotional Risks**

The majority of people who obtain mental health services benefit from the process but there can be some risks. Risks may include recalling unpleasant memories or discussing painful aspects of your life; hence, you may experience uncomfortable feelings such as sadness, anger, anxiety or guilt. Therapy can also lead to a significant reduction in distress, may address particular problems and improve relationships. However, these are not guaranteed outcomes. After the first session, we will work together to identify your treatment goals and I welcome your feedback and active participation throughout the process.

### **Confidentiality**

A patient's confidentiality is extremely important and is legally protected. In most cases, your confidentiality will be strictly guarded. However, special circumstances may arrive which limit a patient's right or ability to maintain confidential communications. Confidentiality must be broken if: 1) I believe that you are in immediate danger of hurting or killing yourself; 2) I believe that you are going to hurt or kill another person; 3) I have reason to suspect that a child or vulnerable adult has been subjected to physical or sexual abuse or neglect. By law, I am mandated to report abuse of a child, elder or disabled person; 4) I have been ordered to testify or relinquish records by the court. Lastly, if you are a minor (age 17 or under), any information that you share with me that reveals that you are putting yourself at risk must be shared with your legal guardian.

### **Payment and Fees**

If you are not using insurance, you are responsible for the full fee at the time of service. If you are using an insurance with which I am a participating provider: You are responsible for meeting our deductible, copayment, and any charge not covered by your insurance company at each visit. You hereby agree to authorize Dr. Goldman or Karen Miller (billing agent) to file directly with your insurance carrier(s) for payment of services. You hereby certify that the information given regarding your insurance is accurate and complete prior to receiving therapy and that if your insurance changes, that you will notify Dr. Goldman or Karen Miller immediately. In addition, you are hereby authorizing Dr. Goldman or her billing agent to release any medical information required by your insurance company for reimbursement. You understand that Dr. Goldman or her billing agent is not liable for information disclosed by your insurance carrier, such as Explanation of Benefits, which may be mailed by your insurance company to your address. **Please be aware that you are ultimately responsible for payment of the session if your insurance company does not pay.**

If Dr. Goldman is not a participating provider with your insurance, the fees are:

Individual Psychotherapy Sessions (55 minutes) - \$160

Couples Therapy Sessions (55 minutes) - \$175

No Show / Late Cancellation (less than 48 hrs. notice) fee - \$75

Report / Letter Writing / Treatment Summaries - \$200 per hour

Phone Conversations lasting over 15 minutes will be prorated at \$140 an hour rate. This is an out of pocket expense which cannot be billed to insurance.

Court Attendance- \$400 per hour

Record Copying - \$.50 per page

*There is a \$35 fee to checks returned for insufficient funds.*

Out of a desire to preserve confidentiality, I strongly prefer not to be involved in any court testimony. Attendance would also require me to cancel sessions with other patients who may need to be seen. If you become involved in legal proceedings that require my participation, you will be required to pay for my professional time even if I am called to testify by another party. My rate for preparation, transportation time, and court attendance is \$400 per hour.

### **Unpaid Bills**

If any financial hardships arise that affect your ability to pay your bill, please discuss this with Karen Miller, billing manager, or with Dr. Goldman. This may enable us to agree on a mutually acceptable payment plan. However, if after 90 days in arrears, you have not paid your bill, seriously delinquent accounts may be sent to a collection agency. In most collection situations, the only information which I release about a client's treatment would be the client's name/address/ phone numbers, the nature of the services provided, and the amount due.

### **Contacting me**

If I am not able to answer the phone because I am in session or not immediately available, please leave a message on my confidential office voicemail and I will usually return your call within 24 hours. You can text me between 7 am and 10:30 pm regarding appointments only.

**In cases of life threatening emergency or psychiatric emergency, please call 911 or go to the nearest hospital emergency room.**

### **Professional records**

By law and the standard of my profession, I am required to keep treatment records. Because these records are in the language of my profession, there is a chance that they could be misinterpreted or upsetting to a lay reader. Therefore, it is best to either review any records in my presence or request a summary.

### **Authorization / Agreement**

By signing this contract, you agree that you have reviewed this information and agree to these terms.

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Signature of Patient    Printed Name    Date