

**Monique Pollard, Psy.D.**

33 Quail Ct, Suite 101, Walnut Creek, CA 94596

CA License PSY16734

925-964-0438

## **Outpatient Services Contract**

Welcome to my psychotherapy practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. Please read it carefully and if there are any questions we can discuss them at our next meeting. Your signature on this document represents that an agreement has been established between us.

### **Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient and the particular problems that you bring forward. There are many different methods I may use to deal with the problems 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 things we talk about both during our sessions and at home.

Psychotherapy can have both benefits and risks. Therapy often involves discussing unpleasant aspects of your life and this may result in you experiencing uncomfortable feelings like sadness, guilt, anger, loneliness and helplessness. On the other hand, psychotherapy has been shown to have benefits for people who go through it. Therapy often leads to better relationships, better problem solving and reductions in feelings of distress. But there are no guarantees of what you will experience.

During the first few sessions an evaluation of your needs will take place. From these sessions I will offer you some impressions of what our work will include and a treatment plan to follow, if you decide to continue therapy with me. Therapy involves a large commitment of time, money and energy, so you should take care in deciding on the therapist you wish to work with. If you have questions or are uncertain if you wish to continue with me as a therapist I am happy to discuss this with you.

### **Meetings**

I normally conduct an evaluation that will last from 2-3 sessions. During this time, we can both decide if I am the person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-60 minute session per week at a time we agree on. If needed, we can discuss more frequent meetings.

## **Cancellation Policy**

Once an appointment is scheduled, you will be expected to pay for the session unless you provide 24 hours notice of cancellation, or if there are circumstances beyond your control. Insurance companies do not pay for missed appointments so you will be billed for any missed sessions not canceled in a 24- hour period prior to your scheduled appointment.

## **Professional Fees**

My hourly fee is \$200 per session.

## **Billings 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, which requires another arrangement. In the case of billing insurance coverage, you are required to pay your copayment and/or deductible amount at the time the session is held. If there is any problem with your insurance, including not receiving authorization for services, insurance expiring, or falsification or insurance benefits, you will be held responsible for all costs of the sessions at my regular hourly fee rate. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or a 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 collection situations, I will only release the necessary information to obtain payment. This may include name, nature of services provided and the amount due.

## **Insurance Reimbursement**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment.

## **It is your responsibility to know your insurance coverage.**

I use a third party biller to process all insurance claims. She can assist in learning what your benefits are. However, you, and not your insurance company, are responsible for full payment of my fees. It is important that you find out exactly what mental health services your insurance policy covers prior to the start of treatment to mitigate any financial concerns.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of

course, my biller will provide you with whatever information she can and will be happy to help you in understanding the information you receive from your insurance company.

It is at times difficult to determine exactly how much mental health coverage is available. HMO's and PPO's 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 issues 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. While much can be accomplished in short-term therapy, some patients feel they need more services after insurance benefits end. If you wish to continue treatment it will be at your own cost and at my regular rate per session.

You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. A clinical diagnosis is needed by the insurance in order to process your claim. Sometimes I have to provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases). This information will become part of the insurance company files and will likely be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do once it is in their possession. I will provide you with a copy of any report that I submit, if you request one.

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.

### **Contacting Me/Social Media Policy**

I am often not immediately available by telephone. While I am usually in my office between 9AM and 2 PM Monday- Thursday, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day that it was made, with the exception of weekends and holidays. If you are difficult to reach, please leave some times that you will be available in your message. In the case of emergencies, please call and leave a message, then call 911 or go to your nearest emergency room. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

I do not text with patients. The office number is a land line and will not accept text messages. Besides telephone, I can also be reached through email. Email is reserved for discussing scheduling changes and not to discuss clinical information. My email is:

[mpollardpsyd@sbcglobal.net](mailto:mpollardpsyd@sbcglobal.net)

In addition, I do not communicate over social media platforms with clients. "Friending" on Facebook for example or making contact on other social networking sites is not acceptable. I

will not respond to requests and believe that adding clients as “friends” can compromise your confidentiality and the privacy of our working relationship.

Should we run into each other outside of the office, I will not acknowledge you unless you acknowledge me first. Should you choose to acknowledge me, I will say hello but not stop to engage in any conversation. This is not meant to be rude but rather to keep our relationship confidential and discreet.

### **Professional Records**

The laws and standards of my profession require that I keep records for seven years. Pursuant to HIPAA, I keep Protected Health Information (PHI) about you. These include your demographic information, your insurance information, and therapy notes taken during our sessions as well as the reason you sought treatment. These notes are for my own use to assist in providing the best treatment. Information can include the content of our conversation and how they impact your treatment.

You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

### **Confidentiality**

In general, the privacy of all communication between a patient and psychologist 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. I will provide you with a notice of my privacy practices (HIPPA) along with this consent form.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect you and others from harm, even if I have to reveal some information about a patient’s treatment. Should I feel that your safety is in jeopardy as a result of suicidal thoughts or actions, I must take steps to secure your safety. This could include calling police, seeking psychiatric hospitalization or calling family members.

Should you, the patient, state a serious threat to a reasonably identifiable individual, I must report this to the police.

In cases of suspected child or elder abuse, I must file a report with the appropriate state agency. This includes cases where you are reporting behavior committed by others and not yourself where a child or elder is potentially being harmed. This includes downloading, streaming or

accessing through digital means materials of a child engaged in obscene or sexual acts. This includes mutual sextual activity such as 'sexting' with a person under the age of 18.

I 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. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. While this summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

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

Patient Name \_\_\_\_\_

Patient signature \_\_\_\_\_ Date: \_\_\_\_\_