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PSYCHOTHERAPIST – PATIENT SERVICE AGREEMENT

Welcome to my practice

This document contains important information about my professional services and business policies. It also contains summary information about Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient 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. The Notice, which I am also providing, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PROFESSIONAL PROFILE

Dr. Caruso received her doctorate in psychology from Yeshiva University in New York. She did her training at Yale Psychiatric Institute of Yale University, Montefiore Medical Center and North Central Bronx of the Albert Einstein College of Medicine. She completed postgraduate training in individual psychotherapy from the International Institute of Object Relations; in group psychotherapy from the Washington School of Psychiatry; and in couples and family therapy from the Center for Family Learning in New York. Dr. Caruso is licensed as a clinical psychologist by the Virginia Board of Psychology. She is an Associate Clinical Professor in the Department of Psychiatry at the Medical College of Virginia, Faculty at the International Psychotherapy Institute in the Washington, DC area, and a sex therapist, certified by the American Association of Sexuality Educators, Counselors and Therapists. Prior to pursuing her doctorate, Dr. Caruso obtained a bachelor's degree in nursing and a master's degree in psychiatric nursing from Rutgers University.

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 you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Participating in therapy can result in a number of benefits to you, including reducing or eliminating psychological symptoms, improving interpersonal relationships, and resolving specific concerns that led you to seek therapy. Benefits may also include increased comfort in social, work, and family settings, increased capacity for intimacy, decreased negative ideation, decreased self-defeating behaviors, and improved abilities to seek after and achieve goals. Working towards these benefits, however, requires active involvement, honesty, and openness in order to change your thoughts, feelings and/or behaviors. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. There are no guarantees of what you will experience or whether psychotherapy will yield positive or intended results. Change will sometimes be easy and swift, but more often it will be slow and even frustrating.

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 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 of whether you feel comfortable

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

I consult regularly with other professionals regarding patients in order to increase the effectiveness of the services that I provided. However, patients' names or other identifying information are never mentioned. Patients' identities remain completely anonymous, and confidentiality is fully maintained. Unless requested, you will not be informed of such consultations.

MEETINGS

I normally conduct an evaluation that will last from 2 to 6 sessions. During this time, we can both decide if I am the best person to provide the services that you need to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session per week at a time we agree on, although some sessions may be more frequent. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.** It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

PROFESSIONAL FEES

My fee for the initial diagnostic interview is \$200. After the initial appointment, I charge \$135 for individual and couples' treatment. In addition to weekly appointments, I charge these amounts for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professional with your permission, preparation of records for treatment summaries, and the time spent performing any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all proceedings that require my participation and transportation costs, even if I am called to testify by another party. I charge \$500 per hour for preparation and attendance at any legal proceeding.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, you may leave me a voice mail message. If you would like me to return your call, please include times when I can reach you. I make every effort to return your calls on the same day that you make it, except for weekends and holidays. In the event of an emergency, please indicate that in your message. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, or go to the nearest emergency room and ask for the psychologist or psychiatrist on call.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advanced consent. Your signature on this Agreement provides consent for those activities, as follows:

I may occasionally find it helpful to consult other health and mental health professions about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note these consultations in your Clinical Record which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information.

I also have a contract with Synergistic Office Solutions, a software company that I use for billing purposes. As required by HIPAA, I have a formal business associate contract with this business, in which it promises to maintain confidentiality of the data as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with a blank copy of this contract.

Disclosures required by health insurers or to bill or to collect overdue fees are discussed elsewhere in the Agreement.

If a patient threatens to harm himself/herself, I may be obliged to seek hospitalization for him/her, or to contact family members or others who can provide protection.

If you are being treated in couple's therapy, confidentiality belongs to both you and your partner. Therefore, I will only release information if I have a signed release from both you and your partner.

There are some situations where I am permitted or required to disclose information without your consent or Authorization.

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or court order, or if a subpoena is served on me with appropriate notices, I may have to release information in a sealed envelope to the clerk of the court issuing the subpoena. If you are involved in litigation or contemplating it, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

If a patient files a worker's compensation claim, I must, upon appropriate request, provide a copy of any mental health report.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

If I have reason to suspect that a child is abused or neglected, the law requires I file a report with the appropriate governmental agency, usually the Department of Social Services. Once a report is filed, I may be required to provide additional information.

If I have reason to suspect that an adult is abused, neglected or exploited, the law requires that I report to the Department of Welfare or Social Services. Once such a report is filed, I may be required to provide additional information.

If a patient communicates a specific threat of immediate serious physical harm to an identifiable victim, and I believe he/she has the intent and ability to carry out the threat, I am required to take protective actions. These actions may include notifying the potential victim or his/her guardian, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written 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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances I am allowed to charge a copying fee of 20 cents per page. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Record, you have a right of review, which I will discuss with you upon your request.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. While the insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes, without your signed written Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes, unless I determine that such information does not exist or cannot be found, or such disclosures would be injurious to your health or well-being.

PATIENT RIGHTS

HIPPA provides you with several new and expanded rights regarding your Clinical Record and disclosures of Protected Health Information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of the Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

BILLING AND PAYMENTS

You will be expected to pay for each session after it is completed, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

You have the option of paying for services directly or enrolling in the client portal. You may discuss with me how you chose to pay for services during the intake process.

I use SOS, a software program, for billing purposes. To assist me in this process it may be necessary, at times, to disclose your name, date of service, the nature of the service provided and the amount due. 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 payment. This may involve hiring a collection agency or going through small claims

court which will require me to disclose otherwise confidential information. In most collection situations, the information I release regarding a patient is his/her name, address, telephone number, social security number, date of birth, the nature of services provided, and the amount due. For accounts over \$100 I also provide the occupation and the employer's name of the patient and their spouse. If such legal action is necessary, its cost will be included in the claim.

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 and would like to use it to pay for your treatment, most likely, the insurance company will ask you to include a diagnosis, relevant to the services for which I am treating you, as well as dates of service, treatment codes, and my tax identification number. I will provide you with this information for you to fill out the paperwork necessary for reimbursement.

Once you have submitted the information to your insurance company, it will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their possession. In some cases, they may share the information with a national medical information databank.

It is very important that you find out exactly what mental health insurance services your insurance policy covers. Remember that you, not your insurance company, are responsible for full payment of my fees. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have any questions about your coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call on your behalf.

Once we have the information about your insurance coverage, we can 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 your sessions. It is important to remember that you always have the right to pay for my services yourself and avoid the problems described above, unless prohibited by contract.

***YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE
INFORMATION IN THE 'PSYCHOTHERAPIST – PATIENT AGREEMENT'
AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL
RELATIONSHIP***

Printed Name

Date

Signature

Printed Name

Date

Signature

File: Service Agreement
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