essexcounselingcenter
LLC

Outpatient Services Contract

Welcome! My name is Michelle Lodato, LCSW, and I welcome you to my private psychotherapy practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you might have, so that we can discuss them. When you sign this document, it will represent a working agreement between us.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, as well as the particular problems you bring forward. There are many different methods I may use to deal with the problems you hope to address. In order for the therapy to be most successful, you will have to work on issues both during our sessions and also at home during the rest of the week. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness, which is completely natural and will evolve over time. On the other hand, psychotherapy has also been shown to have benefits for people who do the work. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Our first few sessions will involve an evaluation of your needs and beginning to build the therapeutic relationship. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and together create treatment plan for your individual goals. Therapy involves a commitment of time and energy. If you have questions about my procedures, we should discuss them whenever they arise.

SESSIONS

Normally an initial evaluation is conducted in the first 1-2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Therapy sessions are usually scheduled as one appointment (45 minutes in duration) per week, at a time slot which we agree upon. Once an appointment is scheduled, the time slot is held for you. You will be expected to pay for the session unless you cancel by 24 hours notice before the scheduled time slot. There is a $75 cancellation fee for no-show or late cancellations. This fee is your personal responsibility; the insurance company does not reimburse for appointments not kept. Cancellations must be made via conversation; cancellations sent via email or text message are not accepted.

CONTACTING ME

I am often not immediately available by telephone because I will not answer the phone when with a client. When I am unavailable, my voicemail system will provide a direct and confidential means of contacting me. Please call during normal business hours whenever possible. I will make every effort to return your call within 24 business hours. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call.

If there is a life-threatening emergency, call 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.
If you choose to email me: Please know that there are possible confidentiality risks in communicating by email. While safeguards are in place to ensure your privacy, you should not use email communication if you are concerned about any breaches of privacy that might inadvertently occur.

essexcounselingcenter
LLC

CONFIDENTIALITY

The law protects the privacy of all communications between a client and their therapist. 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, advance consent. Your signature on this Agreement provides consent for those activities, as follows :**

- At times, I may consult with other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to confidentiality. 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 all consultations in your Clinical Record (which is called "PHI" in my Notice of Policies and Practices to Protect the Privacy of Your Health Information).
- Should either a Managed Care Company or an EAP refer you, information needs to be shared to secure authorization for continued care.

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 the professional services I provided you, such information is protected by applicable therapist-client privilege law. I cannot provide any information without your or your legal representative's written authorization, or a court order. If you are involved in or contemplating litigation, 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 client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and I am providing services related to that claim, I must, upon appropriate request, provide appropriate reports to the Workers Compensation Commission or the insurer.

There are some situations in which I am legally obligated to take action and reveal some information about a client's treatment when I believe there it is necessary to attempt to protect the client or others from harm. These situations are unusual and infrequent.

- If I have reason to believe that a child under 18 who I have examined is or has been the victim of physical abuse, sexual abuse, neglect, or deprivation of necessary medical treatment, the law requires that I file a report with the appropriate government agency. Once such a report is filed, I may be required to provide additional information.
- If I have reason to believe that any elderly, adult client who is either vulnerable and/or incapacitated has been the victim of abuse, neglect, or financial exploitation, the law requires that I file a report with the appropriate state official. Once such a report is filed, I may be required to provide additional information.
- If a client communicates an explicit threat of imminent, serious physical harm to oneself or a clearly identified or identifiable victim, and I believe that the client has the intent and ability to carry out such threat, I must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

PROFESSIONAL FEES

The fee for an initial therapy session is $185 per 45 minute session. In addition to weekly appointments, other professional services you may need will be charged in increments of 15 minutes if I work for periods of less than one session hour. Other professional services may include report writing, telephone conver-sations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you are experiencing economic stressors, please discuss this with me in person so that we may be able to establish a manageable payment so that fees do not get in the way of treatment.

essex counseling center LLC

BILLING AND PAYMENTS

So that we may maximize the time we have together, please come prepared in advance with your payment at the beginning of the session. You will be expected to pay for each session at the time it is held, unless we agree otherwise. At the time of each payment, I will provide you with a bill to submit to your insurance company for reimbursement according to your benefits. If you would like assistance with insurance related activities, I would be more than happy to assist you. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or a payment installment plan.

For children and teenagers, payment is to be sent with the client if the guardian is not present. Some people prefer to keep a credit card on file to charge after each child session.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. If legal action is necessary the costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. In an effort to protect your privacy and to avoid using an outside collection agency, I keep a credit card number and signature on file for you/client. This information is only used to rectify any outstanding balance that has not been paid for in more than 30 days which no arrangements for payment were made.

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. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers. If your plan requires an initial authorization, it is your responsibility to obtain the authorization for services. I am willing to help you in dealing with your insurance company, any questions feel free to ask.

essexcounselingcenter
LLC

Outpatient Service Contract/ Consent to Treatment
Receipt and Acknowledgment of Contract

Client Name _____ Date of Birth _____

I hereby acknowledge that I have received and reviewed a copy of Michelle Lodato's Outpatient Service Contract. I understand that if I have any questions regarding the Contract, I can contact Michelle Lodato at the above contact address.

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

Additionally, your signature below indicates that you understand that I am an independent practitioner and that no other service provider at this establishment is involved in your care and/or the treatment I provide.

Signature of Client _____ Date _____
16 years or older

Signature Parent (if applicable) _____ Date _____

Therapist Name _____ Date _____

_____
Signature of Therapist