**FULCRUM PSYCHOLOGY LLC**

**102 HUBBARD ST.**

**BLACKSBURG, VA 24060**

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***OUTPATIENT SERVICES CONTRACT***

This document contains important information about my professional services and business 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 psychologist and patient, and the particular problems you hope to address.  There are many different methods I 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.  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 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.

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 about whether you feel comfortable working with me.  At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe 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, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**MEETINGS**

I normally conduct an evaluation that will last from 2 to 4 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.  If we agree to begin psychotherapy, I 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.  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. In order to protect the value of my services, I will charge 50% of your session fee for a missed appointment (“no show”) or a late cancellation.

**PROFESSIONAL FEES**

Clinical services

Intake session (first session to assess needs and determine scope of services) – $150

60 minute psychotherapy session - $145

45 minute psychotherapy session - $130

30 minute consultation (phone or in person) - $100

Assessment - $150/hr

If we meet more than the usual time, I will charge accordingly.  In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I 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.

Legal proceedings

**Clients are discouraged from having their therapist subpoenaed. Even though you are responsible for the testimony fee, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional opinion.**

If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party.

Preparation time (including submission of records): $220/hr

1. Phone calls: $220/hr
2. Depositions: $250/hour
3. Time required in giving testimony: $250/hour
4. Mileage: $0.40/mile
5. Time away from office due to depositions or testimony: $220/hour
6. All attorney fees and costs incurred by the therapist as a result of the legal action.
7. Filing a document with the court: $100
8. The minimum charge for a court appearance: $1500

A retainer of $1500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice there will be an additional $250 “express” charge. Also, if the case is reset with less than 72 business hours notice, then the client will be charged $500 (in addition to the retainer of $1500).

Records Requests

For records in paper format, I also charge a copying fee of $0.50 per page for up to 50 pages and $0.25 per page thereafter, plus a $20 search and handling fee, plus postage and shipping costs, for records requests. For records in electronic format, I charge a copying fee of $0.37 per page for up to 50 pages and $0.18 per page thereafter, plus a $20 search and handling fee, for a total cost not to exceed $150. These fees are in compliance with Virginia Code § 8.01-413.

**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, I 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**

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 my fees.  It is very important that you find out exactly what mental health services your insurance policy covers.

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, 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 necessary, I am willing to call the insurance company on your behalf to obtain clarification.

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 me to provide services to you once your benefits end.  If this is the case, I 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 have to 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, I have 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.  I will provide you with a copy of any records I submit, if you request it.  **You** **understand that, by using your insurance, you authorize me to release such information to your insurance company.  I will try to keep that information limited to the minimum necessary.**

Once we have all of 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.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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