



Dr. Susannah Smith

www.creativeteamconsulting.com

- Clinical Psychologist, Mediation, Parenting Evaluations & Plans
- Business & Systems Consulting; Mergers; Culture; Handbooks
- Corporate Training, Executive Coaching, Equine Therapy/Learning

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OUTPATIENT SERVICES CONTRACT

Welcome. This document contains important information about professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

As you know, my clinical and consulting practice is Dr. Susannah Smith, Creative Team Consulting. While I share call with other independent psychologist practitioners, I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no one else may have access to them without your specific, written permission.

PSYCHOLOGICAL SERVICES: Psychological services include but are not limited to individual and group psychotherapy, interactive and equine therapy and learning, family and systems therapy, psychological assessment and evaluation, hypnotherapy, custody and parenting plans, play therapy, consulting, research, expert witness testimony, workshops, and training. Other areas of expertise include systems and business, and organizational development, including transformational and executive coaching.

Psychotherapy is a process of discovery whose goal is to eliminate or control troubling and painful symptoms, enabling the client to return to normal and healthy functioning. It can be used to develop understandings of specific problems, as well as for general personal and emotional growth and healing. Methods and approaches vary depending on the personalities of the psychologist and patient, and the particular problems brought forward. I may use several different methods to deal with the problems that you hope to address. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, you will be processing issues both during our sessions and at home.

You may experience a wide range of emotions while in psychotherapy, including relief, joy, sadness, guilt, anger, frustration, loneliness, helplessness, remorse, clarity, and strength, to name a few. Effective psychotherapy generally leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, as with all sciences, there are expectations but no guarantees of 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 of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. Differing from counseling, where advice is often given, psychotherapy is more about your discovering your own answers, along with the therapist providing relevant research and evidence based methodology. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to give you references for other mental health professionals in the area.

TRANSFORMATIONAL AND EXECUTIVE COACHING: Coaching is not the same as psychotherapy, although there is often some overlap. While both focus on increased health and productivity of the individual, psychotherapy concerns mental health issues, and usually delves into the past to understand how it is impacting the individual's current functioning. On the other hand, coaching tends to focus primarily on the present, with specific goals, untapped potential and resources, and approaches that should increase opportunities for success. Most coaching clients are experts in their own fields. The job of the coach is to open up new ways of viewing things, identify obstacles, and offer suggestions for improvement. One of the most important differences between psychotherapy and coaching has to do with HIPAA privacy issues. While I maintain confidentiality with my coaching clients, it is not protected by the same laws as confidentiality with psychotherapy. Also, insurance does not cover coaching. Sessions also are often more flexible, sometimes with 24/7 availability for a given period of time; or monthly fees to cover all consultations and work within a given period of time, and for specifically defined goals. Moreover, executive coaching can be ongoing as well as intermittent, when help is needed.

MEETINGS: Meetings may be weekly, biweekly, bimonthly, monthly, or as needed. Meetings range from a 20 – 30- minute consultation, to sessions that may last several hours. We will discuss what works best for your situation and the type of service requested.

PROFESSIONAL FEES: My charges are based upon the current, usual and customary fees for my education and training, and for this geographic area. 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. Payment schedules for other professional services will be agreed upon when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Any decision regarding a reduced fee is completely up to my discretion.

In the case of third-party financial responsibility, such as an attorney or relative, a separate contract with the party involved is required. If I am an out of network provider for your insurance, you are expected to bill your own insurance/compensation source and are responsible for collecting from your insurance company/compensation source. This office can assist you with filling out the forms or can fill out the forms for you, but we are not responsible for collecting. If I am a contracted provider for your insurance, I will bill and collect from your insurance for covered services. For services not covered under your insurance benefits, **including Medicare**, I will bill you directly at my normal fee or a fee otherwise agreed upon in writing. You are always responsible to pay your copay at the time of service.

There is a full charge for sessions that are broken or canceled within less than 24 hours, except in cases of emergency. If your third-party carrier does not cover broken sessions that are not canceled within less than 24 hours, then you the patient will be charged directly for this at the regular fee.

- **INDIVIDUAL PSYCHOTHERAPY:** initial evaluation \$275; 30 Min \$125; 45 Min \$175; 60 Min \$225; 90 Min 337.50; 120 Min \$450; interactive/complex fee \$75.
- **GROUP PSYCHOTHERAPY:** \$125.00 PER CLINICAL HOUR
- **FORENSIC SERVICES:** \$250 PER CLINICAL HOUR
- **EXECUTIVE COACHING:** \$250/hour; or \$2,000 PER MONTH FOR 6-month contract, 24/7
- **ORGANIZATIONAL DEVELOPMENT CONSULTING:** \$250.00 PER HOUR; \$1,800/day
(Reduced fees for nonprofits; field rates)

If you request, I will bill your insurance once monthly, and will spend up to 30 minutes dealing with your insurance with no extra charges to you. However, should I have to spend more than 30 minutes to clarify coverage, rebilling, or any other insurance problem with your insurance company for which this office is not responsible, you the client will be billed for that time spent, at the doctor's regular fee for service. Therefore, it is STRONGLY RECOMMENDED that you handle insurance issues on your own so that you will not be charged for the doctor's time. After 45 days, if the bill has not been paid, I will begin working on the insurance issues and will charge the client for time spent in excess of 30 minutes.

IF FOR ANY REASON OTHER THAN FAILURE TO BILL PROPERLY YOUR INSURANCE/CARRIER DOES NOT COVER SESSIONS RENDERED BY YOUR THERAPIST, YOU WILL BE RESPONSIBLE FOR PAYING THE REGULAR CHARGE FOR THAT SERVICE DIRECTLY TO YOUR THERAPIST. IT IS YOUR RESPONSIBILITY TO DETERMINE IF SERVICES ARE COVERED. IF YOU ARE UNSURE, ASK ME AND WE WILL FIND OUT TOGETHER.

Other services for which you may be charged include but are not limited to report writing, telephone conversations, attendance at meetings with other professionals you have authorized, consultations, review of records, copying and sending records, email reviews & correspondence, psychological assessment including individual tests if administered, writing previous doctors/therapists for records, preparation of records or treatment summaries, and the time spent performing any other service you may request of me or that is agreed upon, or required for the work we have agreed to do. Time is billed in 10-minute increments. I also charge for travel time to and from, when services are rendered other than the office. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time **even if I am called to testify by another party and including if I am subpoenaed.** Please refer to my Fee Schedule above.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or other information in your record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies are obligated legally 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. In most cases, I will provide you with a copy of the report if you request it.

OVERDUE ACCOUNTS & COLLECTION COSTS: All accounts more than 30 days overdue will incur an interest charge of 1.5% per month (18% annual). **There is a \$75 charge for returned checks and/or stop payments or rescinded credit card payments.** There is a \$35 convenience each time your card is charged. If your account has not been paid for more than 45 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, you will be responsible for all costs, and these costs will be included in the claim. The following collection charges will be added to your existing bill with me: 35% for standard collections; if skip tracing is required, or if the account is more than 60 days overdue, 40% will be added; and 50% will be added if the account is more than 180 days overdue, or if legal action is necessary, or if the account is forwarded to another agency. Any and all agency and attorneys' fees will also be your responsibility and included in the collection fees. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the type of services provided, and the dates and amount due. I will run a credit report at my

discretion for any account turned over for collection, and your signature on this contract acknowledges this policy and allows permission under those circumstances.

CONTACTING ME: I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a patient. When I am unavailable, your message will go to voice mail, which I monitor frequently. I also usually carry my cell phone, and my cell phone number is on my answering machine. I will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you have an emergency, call 911 or Mental Health at 970-327-4676. When I am away for any extended time, I will have at least one clinical psychologist covering for me whenever possible.

CONTACTING YOU: Unless you specify otherwise, we will assume that communications from our offices may be phoned and mailed directly to you at the information you provided on this form.

PROFESSIONAL RECORDS: The laws and standards of my profession require that I keep treatment records. You are entitled to receive a summary of these records. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged at my usual fee for any professional time spent in responding to information requests.

MINORS: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records by signing this Acknowledgment. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. If they do not agree, it should be noted at the end of this Acknowledgment.

CONFIDENTIALITY: In general, law protects the privacy of all communications between a patient and a psychologist, and I can only release information about our work to others with your written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. If you ask me to testify, you are waiving some of your privileges of confidentiality. Be sure to check with your attorney in any situation where you may want me or another health professional to testify or file reports.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child is being abused or has been abused by a person still in the home, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who

can help provide protection. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may 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. Please let me know if you have an objection to this consultation process.

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 at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

PAYMENT ARRANGEMENTS: I try to work with your budget and means and sometimes agree to a reduced fee and/or payment schedule. **All payment arrangements require a minimum monthly payment and valid credit card on file.** If a month goes by without a payment, all interest will be charged from time of delinquency, and **the account will be turned over for collection** unless you have cleared the failure to pay with me in writing in advance and I have approved.

TELEHEALTH SERVICES: If you are receiving services via an electronic medium, such as over the computer and internet, you agree to receiving services in this way, and not face to face. You always have the option of seeing Dr. Smith at one of her offices in person. This Contract also gives consent for Dr. Smith to contact family members and/or other treating professionals in your area in case of an emergency situation, and to refer you to professionals in your area if appropriate. Telehealth services are not an ideal or appropriate medium for crises and emergency situations. Should you be in crisis, please call 911 for immediate help. **EXCEPTIONS TO IN-PERSON CONTACT are according to scientific and governmental restrictions, such as in a pandemic. When face-to-face contact is dangerous in any way, all sessions will be via remote audio/video conferencing.**

IN CASE OF DR. SMITH'S DEATH OR INCAPACITATION: Dr. Smith has designated a colleague, Dr. Marshall Whiting, as her professional executor in the case of death or disability to have access to her clients' records, to provide psychological services if needed, or to refer to another qualified professional if needed. Your signature below indicates consent to give contact information and access to confidential client information in case of Dr. Smith's death or inability to contact you.

You as my client have the right to confidentiality and protection of your medical health records. In order for you to be contacted in case of my death or incapacitation, we would need this consent form signed.

Dr. Whiting is a licensed psychologist, and is governed by the same code of ethics and licensing laws as is Dr. Smith. She will handle your files with care and sensitivity. She will consult with you regarding your wishes for notes, partial or complete file transfer to a new practitioner, and will obtain proper Releases from you before any information is given out to anyone else.

**CREDIT CARDS:
REQUIREMENT IF NOT PAYING BILL IN FULL EACH SESSION:**

I do accept credit card payments, but prefer checks due to high merchant fees. If you are requesting a discounted fee for my services, I will need to know beforehand if you intend to pay via credit card, as this will affect the amount of my ability to discount. If your bill is overdue, or if you are on a payment schedule, please be aware that **I will bill your card if payment is 5 days overdue. If the card has been canceled, the account will accrue interest and may be turned over for collection.** If you call in a credit card number to my staff, or me you are giving a signed authorization for our office to bill your credit card by signing this agreement. If at any time you wish for me not to bill your card once you have given me the information, either via telephone or via the Authorization Form, please notify me in writing. Also, if your card number changes or you wish for me to use a different card, please notify me via telephone or in writing. Emails are acceptable, but please do NOT send me credit card information via email. You may fax to my secure fax line if you are unable to call: 877-861-5436, but I would prefer that you give me the information in person or by telephone. Please discuss this with me.

DATE: _____

I authorize the office of Susannah Smith, Ph.D., Creative Team Consulting, to keep on file the following Credit Card number: _____

Your Address for this Card Including Zip: _____

Expiration Date: _____ **; 3-digit code:** _____

Exact Name on Card: _____

If I am not able to personally come in with my card, I further authorize the manual entry of this card number for the sole purpose of paying my account balance as long as I maintain balances on this account.

Signature (Exactly as it appears on card); Date

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

Signature

DATE

