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OUTPATIENT SERVICES CONTRACT

Welcome to my practice. 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 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 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. 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 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 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 or to provide you with a list of names of other therapists for you to contact. You may also contact your insurance company for a list of names of therapists. You always have the right to end therapy with me at any time.

MEETINGS

I normally conduct an evaluation that will last from 1 to 3 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 psychotherapy is begun, I will usually schedule one session per week at a time we agree on.

When you are unable to keep a scheduled appointment, please cancel your appointment with at least a 24 hour notice. This allows us to accommodate those who are waiting for appointments at convenient times. **Missed appointments that are not cancelled with a 24 hour notice will be charged a \$50.00 fee, which should be paid at the next scheduled appointment, or be received within 1 week by mail.** Insurance will not reimburse for missed appointment charges.

PROFESSIONAL FEES (Undergoing Revision)

First Session Evaluation
Therapy Sessions / Phone Consultations	45-50 Minutes
Extended Therapy Session / Phone Consult.	75-80 Minutes
Marital or Family Therapy	45-50 Minutes
Extended Martial or Family Therapy	75-80 Minutes
Group Therapy (Specialty Groups)	50 Minutes
Extended Group Therapy (Specialty Groups)	75-90 Minutes
Preparation of Report (per 15 Min.)	15 Minutes
Court Preparation / Presentation (per 15 Min.)	15 Minutes

(Including responding to subpoenas or attending depositions) (Plus associated legal fees)

Other services include report writing, telephone conversations lasting 15 minutes or longer, 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 become involved in legal proceedings that require my participation, you will be expected to pay for my professional time and expenses, even if I am called to testify by another party. My time will include preparation and travel time in connection with the legal proceeding and I will bill you for any consultations I need to have with my attorney as a result of these proceedings. You agree to pay these amounts in addition to any amounts you owe for therapy services.

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 which requires another arrangement. Payment

schedules for other professional services will be agreed to when they are requested, or as otherwise outlined in this Contract.

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, you agree to pay any costs associated with collection, including legal fees. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature and dates of services provided, and the amount due. You agree that I may do that.

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,.

If you are using insurance, you are responsible to know your in-network, and out-of-network, benefits. If I am an "in-network" provider, you will be responsible for any unmet deductible and co-payments. If I am not an "in-network" for your insurance, you are responsible for any differences between what your insurance pays, and my fees as listed above if the insurance pays me directly, otherwise you are responsible for the entire amount and can collect from the insurance company what it pays you. If you are not using insurance, payment in full is expected at the time of service, and can be made by cash or personal check. In cases of hardship, other financial arrangements may be made on an individual basis. You will be required to sign an agreement for such arrangements.

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 it is necessary to clear confusion, I will be willing to call the company on your behalf.

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 such as HMOs and PPOs 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. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

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. This information 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 hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit to an insurance company, if you request it.

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.

CONTACTING ME

Regular office hours are Monday through Friday afternoons and evenings. Saturday appointments may be scheduled periodically, as an exception.

When I am unavailable, my telephone will record voice mail messages. I will make every reasonable effort to return your call on the same day you make it, with the exception of weekends and holidays, if I am able to. If you are difficult to reach, please inform me of some times when you will be available. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

EMERGENCY SITUATIONS

Should an emergency situation arise, call 440-891-8848. If I do not answer, please hang-up, call back again, and then leave a voice message including your contact information. If the situation is life threatening, or if you cannot wait for a return call, please proceed to the nearest emergency room, or call 911.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. 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.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a 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, and I will list the major ones below.

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.

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, an elderly person, or a disabled person is being abused, I may have to file a report with the appropriate state or local agency.

If I believe that a patient represents a substantial risk of harm to others, or is explicitly threatening to inflict imminent and serious physical harm to or causing the death of one or more clearly identifiable potential victims, I may be required or allowed to take protective actions, depending on the facts involved in the particular situation. 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.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action, if that seems appropriate.

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 don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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.

OUTPATIENT SERVICES CONTRACT

Your signature below indicates that you have read the information in this document and have had an opportunity to ask any questions about it that you may have. By signing below you are stating that you accept and agree to abide by the terms set forth in this Contract, including to make payments as set forth in this Contract.

Client's Printed Name

Client's Address

Client's Phone Number

Client's Signature

Date

I have been offered a copy of this Contract:

____ I accept. _____ (Client's initials). _____ (Date)

____ I decline. _____ (Client's initials). _____ (Date)

If I decline, I understand that I may obtain a copy of this contract at any time, upon request.

____ (Client's initials) _____ (Date)

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