

Liberty Psychological Services

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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, initial each section (A to M), and sign prior to receiving any treatment from me. When you sign this document, it will represent an agreement between us.**

(A) _____ 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 would be happy to help you set up a meeting with another mental health professional for a second opinion.

(B) _____ 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.

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, elderly person, or disabled person is being abused, 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.

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.

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. Unless you 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.

(C) _____SESSIONS

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 psychotherapy is begun, 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.

There may be times when I must cancel our appointment, sometimes at the last minute. My staff or I will call the phone numbers you've given to me as soon as I know I will not be able to keep our appointment. I apologize for any inconvenience this may cause.

(D) _____CANCELLATION & NO-SHOW POLICY

Once an appointment hour is scheduled, you will be expected to pay (no show fee) (\$40) unless you provide 24 hours advance notice of cancellation. It is important to note that the insurance company does not provide reimbursement for canceled sessions. You must call **(816) 407-9225** to cancel; leave a voice mail message if it is after hours. If it is possible, I will try to find another time to reschedule the appointment.

Reminder Calls are a courtesy service and should not be depended upon. If you do not receive a reminder call and you fail to make your appointment time, you will be charged a **"no show."**

Following the second "No Show" with me, I will send a letter to you (or parent(s)/legal guardian(s) stating which appointments have been missed. Following the third "No Show" appointment, you (or parent(s)/legal guardian(s) will receive a letter of termination from my practice asking you to find another mental health provider. I will provide care on an urgent basis only for thirty days from the date on the letter terminating the patient relationship.

(E) _____PROFESSIONAL FEES

My hourly fee is \$140 for the initial session, and \$95 for each session thereafter. In addition to weekly appointments, I charge \$125 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 5 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. There are times when you may need paperwork completed by me. There is a fee for filling out forms and reports. The fees vary according to the document(s) needed. Paperwork and forms can take up to 10 business days to be completed.

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. Because of the complexity of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding.

(F) _____BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held unless you have insurance coverage which requires another arrangement - i.e. collecting a co-payment, deductible, co-insurance.

There is a fee of \$25 in addition to the amount of the check for any check returned unpaid by your bank. If your bank returns a check as unpaid, you will be placed on a cash or credit card only basis, as I will no longer accept checks from you.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I reserve 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 release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

(G) _____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. My office staff will fill out forms and provide you with whatever assistance we 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 it is necessary to clear confusion, my staff will be willing to call the company on your behalf.

You are responsible for providing me with copies of your insurance card(s) or any changes with your insurance or coverage prior to being seen by me. Failure to do so may result in a denial of your claim, making you financially responsible for your session(s).

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. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy, if your plan allows.

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 copies of the entire 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 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, 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 unless prohibited by your insurance or managed care contract.

(H) _____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, my telephone is answered by an answering service who knows how to reach me. I will make every effort to

return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available and provide an alternate phone number if possible. 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 the nearest emergency room and ask for the psychologist/psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

(I) _____ ELECTRONIC COMMUNICATION POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. **Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.**

If you have any questions about this policy, please feel free to discuss this with me.

Email Communications

My office staff may use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office staff should be limited to things like setting and changing appointments, billing matters and other related issues.

Please do not email me about clinical matters because email is not a secure way to contact me. **I do not send email messages nor do I respond to email messages from anyone in treatment with me.** If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication, **I do not text message to nor do I respond to text messages from anyone in treatment with me.** So, please do not text message me unless we have made other arrangements.

Social Media

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Websites

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate

or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

(J) _____ 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. If you or your parent(s) or guardian(s) request a copy of your records, the charge is \$20, plus \$.50 per page. The charge for a summary of your records is \$125 per hour. I will break down the hourly cost if I work for periods of less than an hour. If your records are requested by a medical or mental health professional, there is no charge. 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 an appropriate fee for any professional time spent in responding to information requests.

(K) _____ MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents or legal guardian(s) the right to examine your treatment records. It is my policy to request an agreement from parents or legal guardian(s) that I 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 upon their request. 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.

(L) _____ DIVORCE

If you have been or are now involved in a divorce, please understand that, legally, I am not a part of the divorce and am not bound to any divorce decree issued by a court of law. The person that presents himself/herself or a minor child for treatment is responsible for payment of the treatment bill. If your divorce decree states that your ex-spouse is to pay any portion of the treatment bills, you must pay me at the time of service and then seek payment from your ex-spouse per the terms of your divorce decree.

All parents or legal guardian(s) need to consent to treatment for a minor child. I will need the names, addresses, and phone numbers for these adults. I will also need all parents or legal guardian(s) to sign this Outpatient Services Contract and any other relevant paperwork. If a parent says he/she has sole custody/guardianship of a minor child, that parent will need to bring paperwork from the court that verifies this. I encourage all parent(s) or legal guardian(s) to be present for the initial session for minor children. Attendance and/or participation of parent(s) or legal guardian(s) in follow-up sessions will vary based on the treatment plan.

(M) _____ CONSENT FOR TREATMENT

You voluntarily consent to receive services, which may include any or all of the following: assessment; individual, group or family therapy; crisis intervention; psychotherapy; and referral recommendations deemed necessary and advisable in the judgment of Rebecca Morris, Ph.D. If the patient is a minor child or otherwise incapable of providing consent, you hereby authorize and consent to the same services for him/her. You have the right to accept, refuse, or stop treatment at any time.

You understand that the information given to Rebecca Morris, Ph.D. will be kept confidential and will only be released when: a written consent is obtained, a medical emergency occurs, a court order or subpoena is received; information is required by the insurance company and/or managed care firm to process claims and manage treatment; or a patient represents a serious danger to himself/herself or others. You hereby hold harmless Rebecca Morris, Ph.D. for any loss, costs, and damages allegedly sustained by you or your ward because of the release of information under the circumstances listed above.

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

Patient Name – Printed

Patient Signature

Date

Parent(s) or Legal Guardian(s) Name(s) – Printed

Parent(s) or Legal Guardian(s) Signature

Date

PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge that I have been advised of the privacy policies for Rebecca Morris, Ph.D., DBA Liberty Psychological Services. I understand that I have the right to review this policy prior to signing this notice. I understand that, upon requesting from Dr. Morris, I can receive a copy of the privacy policy. I understand that a copy of the privacy policy is in Dr. Morris' office and on the office website at www.libertypsych.com

Patient Name – Printed

Patient or Parent / Legal Guardian Signature

Date