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PSYCHOTHERAPY SERVICES AGREEMENT

Welcome to my practice. As you consider working with me, it is important that we have a shared understanding of what we can expect from each other. This document contains important information about my professional services and business policies. Please read it carefully and discuss with me any questions you may have at our first meeting. When you sign this document, it will represent an agreement between us, which you may revoke in writing at any time.

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.

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

Initials _____

treatment goals. If, in my clinical opinion, I do not have the training or skills to help you, I will provide you with referrals to clinicians with the appropriate expertise. If psychotherapy is begun, I will usually schedule one 45-50 minute session per week at a time we agree on, although we may decide to meet more or less frequently.

Once an appointment hour is scheduled, you will be expected to pay for the session unless you provide 24 hours advance notice of cancellation. Please note that insurance companies do not provide reimbursement for cancelled or missed sessions.

It is important that you are on time for appointments. Because of scheduling for other clients, sessions will end at the scheduled time and arriving late will interfere with the amount of time you have for your appointment. If frequent cancellations, last minute rescheduling of sessions, or no-showing for appointments interferes with our work together, I reserve the right to stop providing services and close your file. In such cases, I will be happy to provide appropriate referrals to meet your needs.

If you decide to end your therapy before reaching treatment goals, please notify me of this decision. I will be happy to provide appropriate referral information as needed. If you miss a session or do not reschedule and I do not have any contact with you for a month I will assume that you have decided to stop therapy and will close your file. At that point I will no longer be responsible for your care. In any event, once you have been terminated whether a planned termination or termination because of cancellations, rescheduling, no-shows, etc., I will no longer be responsible for your care. In most cases, we can easily resume therapy after closing a file.

PROFESSIONAL FEES

Fees for my services are as follows unless we have discussed alternative arrangements:

- Intake: \$150 for a 60 minute session
- Individual psychotherapy: \$125 for a 45-50 minute session
- Group therapy session: \$60 for a 90 minute session
- Administrative Tasks: \$100 per hour, prorated in 15-minute intervals. This includes telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, completion of any reports or forms, and the time spent performing any other service you may request of me
- Legal Proceedings: \$200 per hour for preparation and attendance of any legal proceeding

BILLING AND PAYMENT

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

Initials _____

Upon request, I can provide you with a statement at the end of the month that includes all information typically required by insurance companies for reimbursement.

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 release regarding treatment is the client's name, the nature of services provided (i.e., individual psychotherapy), 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 it is necessary to clarify benefit, 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 clients 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.)

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,

Initials _____

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 your treatment. It is important to remember that you always have the right to pay for my services yourself to avoid these problems that compromise your full confidentiality.

COMMUNICATION

I may be reached by calling (413) 345-6607. I am often not immediately available by telephone, as I do not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voicemail. I check messages frequently and I will make every effort to return your phone call within 24 business hours. If you are difficult to reach, please inform me of times when you will be available.

For non-clinical communication, such as scheduling or billing issues, you may also choose to contact me via email. My email address is caitlinshepherdphd@gmail.com. Because email is not guaranteed to be a secure form of communication, I discourage its use for clinical discussion. If you send an email of clinical content, a copy of the email will be included in your client record. I email appointment reminders to clients 48 hours before scheduled sessions. You may opt out of this communication on the intake form if you prefer to not be contacted via email.

EMERGENCIES

I do not provide 24-hour or emergency therapy services. Although I make every effort to be available to you if crises arise, you cannot depend on me to be available in emergency situations. I will provide you with contact information for a colleague or make arrangements for you to have interim support (if necessary) if I am unavailable for an extended period of time. If you are experiencing a crisis and cannot reach me immediately, please do one of the following:

- Call 911
- Go to your nearest hospital Emergency Department

If one or both of us is aware that you may require care with greater emergency availability, I will help you identify other area resources to better meet your needs.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your client records. This includes intake, diagnosis, treatment plan, billing, consent to treatment, treatment notes, discharge summary, and any other written or electronic information I receive from or about the client. You are entitled to receive a copy of your records

if you request this in writing, or I can prepare a summary for you. 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 or have them forwarded to another mental health professional so you can discuss the contents. Clients may be charged an appropriate fee for any professional time spent in responding to information requests, as well as materials, postage, or other costs associated with furnishing these records.

CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychologist. 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:

- I am professionally and ethically required to consult with other psychologists regularly. Such consultations are bound by the same confidentiality as are individual sessions. Should I decide to consult about your case, I will omit identifying information from such consultations to protect your privacy. If you object to my consulting with colleagues about your situation, please inform me so that I can understand your concerns. I will note all consultations in your file to further protect the privacy of your information.
- If you use health insurance to pay for any portion of your treatment, I may be required to release some treatment details to your insurance company.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- Generally, if you are involved in a court proceeding, I cannot disclose any information about you without your written consent or a court order. In the event that I am court ordered to disclose your information, I am legally obligated to do so.
- If a government agency requests information for health oversight activities, I may be required to comply.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to respond to the complaint.
- If a client files a worker's compensation claim, I may be required to comply with legal requests. This may include disclosure of your record to parties involved in the claim.

Certain Federal and Massachusetts laws require that I take action that I believe is necessary to attempt to protect others from harm. These situations include:

- If I have cause to suspect that you or someone you know is or may be abusing or neglecting a child, an elderly person, or an otherwise impaired or disabled person, I am required by law to report this to the proper authorities.

- If I believe that you present an imminent danger to the health and safety of yourself or someone else, I may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to only what is necessary.

MINORS AND PARENTS

The law allows parents or legal guardians of unemancipated clients under 18 to examine their child's Clinical Record unless I decide that doing so is likely to cause harm or injury to the child. It is my policy to request an agreement from parents that they allow clinical information to remain confidential unless I believe that the child is in danger. If parents agree, I will provide them only with general information about the progress of the child's treatment. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

YOUR RIGHTS

As a consumer of mental health services, you have the right to:

- Have full and complete knowledge of your therapist's qualifications, training, and licenses.
- Be fully informed regarding proposed evaluation and treatment.
- Discuss your therapy with anyone you choose, including another therapist or mental health provider.
- Refuse treatment entirely, or any component of any proposed treatment arrangement.
- Request that information from your treatment be shared with another therapist or organization, provided that appropriate consent forms have been signed.
- Question your therapist's competence. Should you become displeased with services, you are encouraged to talk to me to see if the matter can be resolved. If you feel unable to address these concerns with me, you may address these concerns with another therapist or pertinent or legal bodies.
- Request copies of ethical principles or other guidelines that govern my practice.

Complaints regarding the ethical conduct of this clinician should be directed to:

Massachusetts Board of Registration of Psychologists
1000 Washington Street, Suite 710
Boston, Massachusetts 02118-6100

