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PSYCHOTHERAPIST- PATIENT SERVICES AGREEMENT

Welcome. This document contains important information about our professional services and business policies. Although this document is long, it is very important that you read it carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. In order to help you meet your treatment goals, I will make a commitment to provide you with the best care and support necessary. The process of psychotherapy also requires a full commitment on your part.

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 many benefits. Therapy often leads to better relationships, solutions to specific problems, and a significant reduction in feelings of distress. But there are no guarantees of what you will experience.

By the end of our first few sessions, you and I will have the chance to share our impressions about the treatment approach, so we can be clear about your treatment goals. If you feel that you would prefer to see someone else or receive some other form of therapy, I will be happy to help you set up a meeting with another mental health professional.

Clients Who Are Dependents:

If you are requesting services for a minor child, as the parent, legal guardian, or Managing Conservator/Possessor Conservator of that child, it will be critical that the child trust the therapist. With your understanding in advance, I shall keep what your child says or does in a therapy session confidential. If I think it would be helpful to share a specific detail with you, we shall first ask the child's permission to do so, or we shall encourage the child to do so. It is important to the therapy process that he/she does not think the parent and the therapist are conspiring against him/her in any way. You have the right and responsibility to question the therapy process, to understand the nature of activities with the child, and to be informed of the child's progress. I have the right to use our clinical discretion as to what is appropriate disclosure. I will review the child's progress in therapy with you, and we want to obtain feedback from you regarding your interactions with the child and observations of the child in various settings. In this way, we will work as a team. We can discuss with you how you can participate effectively in the child's treatment and progress outside of therapy

MEETINGS

Sessions are typically held for 45-50 minutes once or twice a week, or 90 minutes once a week, depending on your therapy goals, Once you are scheduled for a regular therapy appointment, you

will be expected to pay for that time that I have reserved for you. I charge the full-fee for all missed appointments and cancellations. You are allowed to cancel sessions without being charged with a 48-hour notice. However, I think it is in your best interest to attempt to reschedule your appointment within two weeks if you have to cancel.

PROFESSIONAL FEES

My fee for individual psychotherapy sessions is \$210 for a 50-minute session and \$315 for a 90-minute session. When appropriate, I also offer Block Therapy sessions (3-hours) for individuals who travel frequently due to the nature of their work.

In addition to weekly appointments, I charge for other professional services that you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services may include, report or letter writing, telephone conversations lasting longer than 10 minutes, attendance to meetings outside of my office, preparation of reports, records or treatment summaries. Please be aware that some of these services will not be covered by your insurance and you will be responsible for the fees.

Professional services outside my office will be charged \$190 per hour including transit time to and from my office as well as transportation costs. Such services may include meetings with other professionals that you have authorized, meeting with clients while hospitalized, school meetings, etc.

Legal proceedings that require my participation or involvement will be billed at \$1400 per day plus transportation costs. This includes preparation and/or attendance at any legal proceeding. Payment will be required in advance. You will be charged even if I am called to testify by another party.

CONTACTING ME

If you need to reach me, please call me at 202-595-1834 . I will return your calls within 24 hours if you indicate urgency. In the event that you have a clinical emergency that needs immediate attention, call 911 or proceed to your nearest emergency room. It is also important to leave me a message on my voice mail notifying me of the emergency.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient 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 District of Columbia law. However, in the following situations, no authorization is required:

- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot disclose any information without a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

- There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.
- If I have reasonable cause to believe that a child under 18 known to me in my professional capacity may be an abused child or a neglected child, the law requires that I file a report with the local office of the Department of Children and Family Services. Once such a report is filed, I may be required to provide additional information.
- If I have reason to believe that an adult over the age of 60 living in a domestic situation has been abused or neglected in the preceding 12 months, the law requires that I file a report with the agency designated to receive such reports by the Department of Aging. Once such a report is filed, I may be required to provide additional information.
- If you have made a specific threat or act of violence against another or if I believe that you present a clear, imminent risk of serious physical harm to another, I may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking your hospitalization.
- If I believe that you present a clear, imminent risk of serious physical or mental injury or death to yourself, I may be required to disclose information in order to take protective actions. These actions may include seeking your hospitalization or contacting family members or others who can assist in protecting you.

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 what is necessary.

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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

CONSULTATION

Consultation is a standard, ethical, and accepted part of high quality mental health practice. Because I intend to provide you with the highest quality of care, I may periodically consult with other experienced licensed mental health professionals regarding your treatment. During a consultation, I share limited information and avoid revealing the identity of my patient. The consultant is also bound to keep the information confidential.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. You may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

BILLING AND PAYMENTS

You will be expected to pay the full-amount each time we meet. Payment schedules for other professional services will be agreed to when they 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 which will require me to disclose

otherwise confidential information. 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.

INSURANCE REIMBURSEMENT

Fees may be reimbursable by insurance carriers. Please contact your insurance company to inquire the extent and provisions of your policy. I will complete forms and documents necessary for you to obtain your reimbursements. My billing statement has all the information required by most insurance carriers.

If you are planning to use your insurance benefits to help you pay for your treatment, it is important to understand that you, not your insurance is responsible for the payment of my fees. I will provide you with the monthly statement for you to submit your claim to the insurance company. It is important to know that it is usually difficult to determine exactly how much mental health coverage is available. Some plans only cover short-term treatment approaches that are design to work out specific problems that interfere with a person's usual level of functioning and usually clients and therapists feel that they need more services after insurance benefits end. If this becomes an issue for you we can find ways to continue working together and if this is not possible I will do my best to help you find another provider to continue with your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis and in some cases with additional clinical information such as treatment plans. I have no control over what insurance companies do with your information once is in their hands.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

_____ Client Signature _____ Date (mm/dd/yy)

_____ Print Name

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