

Jason G. Stentoumis, Psy.D.
Licensed Psychologist

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PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

PSYCHOLOGICAL SERVICES

In order for treatment to be most successful, it requires an active effort on your part and can include working on things we talk about both during our sessions and at home.

Psychotherapy can have risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, frustration, loneliness, and helplessness. However, psychotherapy has also been shown to have many benefits. 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.

THE PRACTICE/BUSINESS

I am in business for myself (sole proprietor) and my business is registered as a PLLC in the State of Michigan. I pay rent for my current office space, but I do not share business expenses with the other tenants at this location (4572 S. Hagadorn, East Lansing, MI 48823). I am not affiliated professionally with the other tenants. Thus, I am individually responsible for the professional services that I provide. In addition, I am not responsible in any way for the professional services and/or personal conduct of any other service providers at 4572 S. Hagadorn, East Lansing, MI 48823.

HOURS OF SERVICE

Therapy sessions are by appointment only. I provide appointments Monday through Friday between the hours of 9am and 6pm. Saturday appointments may be available.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. You can leave me a voicemail during office hours if I am not available directly. My office number is 517-999-3935. For non-emergency calls after hours, leave a voicemail message at my office number by following the instructions. You will not be able to reach me after office hours, or on weekends and holidays. In case of psychological emergencies after hours, call Community Mental Health Services 24 hour crisis line at 517-346-8460 or 800-372-8460 or go to the nearest hospital emergency room (Sparrow Mental Health and Substance Abuse Services at 517-364-7700).

MEETINGS

I normally conduct an evaluation when I meet a new patient. 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. Our first session will include an evaluation of your needs. We will then try to determine what our work will include and then develop a treatment plan, if you decide to continue with therapy.

Therapy sessions are usually 45 minutes in duration and occur weekly. However, some sessions may be longer or more frequent. If you are unable to keep a scheduled appointment, please call 517-999-3935 to cancel. I ask that you provide 24 hours advance cancellation notice if you are unable to attend a scheduled session. There is a \$25 charge for no-shows to scheduled appointments. You may also be charged this fee when you fail to give me 24 hours advanced warning.

PROFESSIONAL FEES

My hourly fee is \$200 for the initial session (which is longer than one hour), \$145 for marital and family sessions, and \$120 for individual treatment session. Other services may include telephone conversations longer than 15 minutes, consulting with other professionals (with your permission), preparation of treatment records or treatment summaries, and time spent performing any other service you may request of me. My hourly fee is \$150/hr for the administering, scoring, and analyzing diagnostic tests, including report writing.

LEGAL/COURT INVOLVEMENT

If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your legal involvement might affect our work together. In the event that you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation for legal purposes I will be happy to assist you in finding a provider that offers this service.

I never function as an investigator or conduct investigations nor is this a usual activity in psychotherapy and counseling. Should you feel investigations with outside persons or agencies of any sort are needed, you should enlist a forensic evaluator. A list of persons who performs such activities will be given to you if you request, as we do not perform these activities.

If you enter into treatment with me, you are agreeing to not involve me in legal/court proceedings or attempts to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives. My goal is to support you in achieving therapy goals, not to address legal issues that require an adversarial approach. In the event that I am called upon to participate in any litigation in which you are involved, and regardless of whether you are a current or former client at the time that I am called to participate, I will bill according to the litigation rates listed below. Minimum litigation fees are as follows: \$250/hr

*The time billed will include any time spent preparing for or attending that litigation, including but not limited to preparing testimony, conferences in person or by telephone with any

attorneys, travel time, waiting time, testimony and/or deposition time (regardless of which side calls me).

LIMITS OF CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist/therapist. 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, advanced consent. Your signature on this agreement provides consent for the following activities:

- I occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. Unless you object, I will not tell you about these consultations unless I feel it is important for our work together.
- You should be aware that I may have interns or employ administrative staff to whom I need to share protected information for clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

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

- 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.
- If a patient files a worker's compensation claim, the patient must execute a release so that I may release the information, records, or reports relevant to the claim.
- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis, or treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without (or your personal or legal representative's) written authorization, or 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, and you should inform me of that possibility.

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:

- If I know or have reason to suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired person under 21 years of age

has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, the law requires that I file a report with the appropriate government agency, usually Children's Protective Services.

- If I have reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, the law requires that I report such belief to the appropriate county agency.

- If I know or have reasonable cause to believe that a patient has been the victim of domestic violence, I must note that knowledge or belief and the basis of it in the patient's records, but I am not required to report this information to anyone else.

- If I believe that a patient presents a clear and substantial risk of imminent serious harm to him/herself or someone else and I believe that disclosure of certain information may serve to protect that individual, then I must disclose that information to appropriate public authorities, and/or the potential victim, and/or professional workers, and/or the family of the patient.

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.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you in a set of records that constitutes your clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impacts your life, your diagnosis, the goals that we set for treatment, your progress toward these goals, your medical and social history, your treatment history, and past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may examine and/or receive a copy of your clinical record if you request it in writing and the request is signed by you. 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. In most cases I am allowed to charge a copying fee of _____ per page for records.

I may also keep a second set of psychotherapy notes. These notes are kept separately from the clinical record and are for my own use and are designed to assist me in providing you with the best treatment. While insurance companies can request and receive a copy of your clinical record, they cannot receive a copy of your psychotherapy notes without a specific signed, written authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your psychotherapy notes under the same conditions as described above for receiving a copy of your clinical record.

PATIENT RIGHTS

HIPPA provides you with several new or expanded rights with regard to your clinical record and disclosures of Protected Health Information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the attached privacy notice form, and my privacy policy and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

While privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment. Parents have the same right to their children's records as they would to their own records. Unless there is a court order blocking the non-residential parent's access to the records in divorce situations, each parent has total access, without exception, to every record on file for the child, including psychotherapy notes.

BILLING AND PAYMENTS

My billing is processed through **HMS-Midwest, LLC**. Please forward billing questions to 219-926-8320 (phone), 219-926-3524 (fax) or info@PracticeManagers.com (email). You may also verify your benefits online by going to: www.PracticeManagers.com. You will be expected to pay for each session at the time it is held (including co-pays, deductibles, etc.) unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for the 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

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 employ a company who performs my billing services. 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 your 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 described mental health services.

“Managed Health Care” plans are often limited to short-term treatment approaches and it may be necessary to seek approval for more therapy after a certain number of sessions. However, 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 services.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimal information about you that is necessary for the purpose requested. 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. I will provide you with a copy of any report I submit, if you request it. By signing this agreement, you agree that I can provide requested information to your carrier.

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 sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above (unless prohibited by your insurance contract).

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

PAYMENT AGREEMENT

Name of responsible party: _____

I understand that the fee for the initial session is \$200. The fee for family and couples/marital therapy is \$145 per hour. The fee for individual psychotherapy is \$120 per hour. The hourly fee is \$150/hr for assessment services (i.e., administering, scoring, and interpreting of psychological testing). I also understand that while Jason G. Stentoumis, Psy.D. does accept third party reimbursement, that I am the responsible party for payment for the balance of my account, not my insurance company.

Please check one of the options below:

I agree to pay:

- 1. _____ in full at the time of service.
 - 2. _____ full co-payment at the time of service.
 - 3. _____ other (per agreement of therapist and patient)
- _____
- _____
- _____

I understand that I have to provide 24 hours advance cancellation notice to avoid charges.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

_____	_____
Signature of Patient	Date

_____	_____
Signature of Parent or Legal Guardian	Date

_____	_____
Signature of Therapist	Date

I look forward to serving you. If you have additional questions, please bring these up at our next appointment or contact me by phone.

THERAPIST COPY

PATIENT COPY