

GENESIS COUNSELING GROUP, S.C.

PSYCHOLOGY 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.

I hold a Doctorate in Clinical Psychology and a Masters Degree in Psychology and Counseling. I am a Licensed Psychologist in the State of Wisconsin since 1993 and have been providing psychological services since 1988. Affiliations include the American Psychological Association, and the National Register of Health Service Providers in Psychology. I am also an adjunct faculty member at the Wisconsin School of Professional Psychology and Mental Health Consultant at the Wisconsin International Academy.

My model strongly emphasizes the need for each individual to assume responsibility for his or her own satisfaction. I support living life based on principles, such as truth, love, reality, and responsibility. I desire that each individual has the tools and support necessary to live the most meaningful and satisfying life possible.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general terms. It varies depending on the personalities of the Psychologist and client, 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 therapy to be most successful, you will have to work on things we talk about 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,,

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shame, 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 if you decide to continue in therapy. You should evaluate this information along with your opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money and energy, so you should be very careful about the therapist you select. If you have any 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 one to three 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 to begin, I will usually schedule one 50 minute session (one appointment hour of 50 minutes duration) per week at a time we agree on although, some sessions may be shorter, longer or more frequent. Once an appointment hour is scheduled, you will be expected to make payment unless you provide 24 hours advance notice of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. If possible, I will try to find another time to reschedule the appointment.

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PROFESSIONAL FEES

The initial session is \$205.00. Thereafter, my hourly fee is \$160.00. The rate is set by GCG and is determined in part by the level of training and experience. In addition to weekly appointments, I charge \$165.00/hr. for other professional services you may need, though I will break down the hourly cost if I work for periods less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, presentation 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 even if I am called to testify by another party. (Because of the difficulty of legal involvement, I charge 200.00/hr. for preparation and attendance at any legal proceeding).

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. Co-payments are also due at each session. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I will consider negotiating a fee adjustment or payment installment plan. If your account has not been paid for more than 90 days (3 billing periods) and arrangements for payment have not been agreed upon, the Genesis Counseling Group, S.C. will apply your balance to a credit card number provided by you (See page 10). In addition, the Genesis Counseling Group, S.C. has the option of using legal means to secure payment. This is a last option that may involve hiring a collection agency or going to small claims court. (If legal action is necessary, its costs will be included in the claim). In most collection situations, the only information we release regarding a client's treatment is their name, the nature of services provided and amount due

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INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We 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 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 we will provide you with whatever information we can based on 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, GCG will be willing to call the insurance company on your behalf.

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 HMO’s and PPO’s 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).

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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, summaries or copies of 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 the information once it is in their hands. I will provide you with a copy of any report I submit, if you request it.

Once we have all the information about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel you are 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 concerns shown above.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 8 am and 5pm, I will not answer the phone when I am with a client. When I am unavailable, my phone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In the case of an emergency, you can call #262-327-0991. If you are unable to reach me and feel that you can't wait for me to return your call, call 911, contact your physician or go to the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. I can prepare a "summary of treatment" report for you upon your request. Because these are

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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. (I am willing to conduct a review meeting without a charge). Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents the rights to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will 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. If requested, I will also provide them with a summary of your treatment when it is complete. 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.

EXPLANATION OF DUAL RELATIONSHIPS

Although your sessions may be very personal psychologically, it is important for you to realize that our relationship is professional rather than social. As a licensed Psychologist, I am ethically obligated to avoid dual relationships when possible. Therefore, planned contact will be limited to sessions you will arrange or other activities and services provided by GCG such as groups, seminars and workshops. Please do not invite your therapist to social gatherings, offer gifts, or ask them to relate to you in any other way than in the professional context of counseling.

You will be best served while you are in counseling and therapy if our relationship stays strictly professional and if counseling sessions concentrate on your concerns. In the case that any exceptions to this practice arise (e.g. requests to be present at weddings or

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funerals; attending the same church), they will need to be discussed and appropriate agreements be made. Many therapists also have leadership roles in their perspective communities and churches and you may come in contact with them in these other situations. Any contact outside of the therapy environment may be uncomfortable and you are encouraged to discuss your feelings and reactions with your therapist.

CONFIDENTIALITY

In general, the privacy of all communication between a client and a Psychologist is protected by law. 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 client'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 a client is threatening serious bodily harm to any other, I am required to take protective actions. These actions may include notifying the potential victim, contacting police, or seeking hospitalization for the client. If the client 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.

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If when doing conjoint/marital therapy, I meet individually with either person, the information discussed in the individual session(s) will not be held confidential from the spouse. All other aspects of confidentiality as discussed above apply to conjoint/marital therapy.

I may occasionally find it helpful to consult other professional about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you of these consultations unless I feel it is important for 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.

You may withdraw from psychotherapy at any time. The plausible consequences of not completing your treatment may include not reaching your goals and experiencing increased distress and symptoms.

DISCUSSING AND RESOLVING ISSUES

If you are dissatisfied with any aspect of your work with me, please inform me immediately. This will make our time together more safe and satisfying. In the unlikely event we are unable to resolve the issue to all parties' satisfaction, there are other options available including transferring to another therapist outside of GCG or terminating therapy altogether. If you desire, GCG will provide you with referrals to several other qualified counselors. If you think you have been treated unfairly (by any therapist with the GCG) and cannot resolve the problem, you can contact the Wisconsin Department of Regulation and Licensing, P.O. Box 8935 Madison, WI 53708 for clarification of clients' rights as I have explained them in this document.

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COMPLETION

When you feel ready to leave therapy, it is important that we discuss this decision. In light of the potentiality and difficult nature of counseling, there are times when you may want to quit the process prematurely. This is a common reaction and it is vital that we process your thoughts and feelings. If after having discussed this issue you decide to leave, I ask you to give at least one-week notice before terminating therapy.

Thank you for your attention to these matters and I look forward to working with you!

Your signature below indicates the following:

1. You have read the information in this document.
2. You agree to abide by its terms during our professional relationship.
3. You are giving consent for psychological services.
4. You have been given the opportunity to discuss any concerns you may have regarding this document.

CLIENT SIGNATURE _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE _____

(If client is under 18 yrs-old)

THERAPIST SIGNATURE: _____ DATE _____