



THERAPIST - PATIENT SERVICES AGREEMENT INDIVIDUAL, COUPLES, & FAMILY THERAPY

Therapist: Lisa Michelle Griffiths, Psy.D.

Although this document appears lengthy and complex, it is very important that you read it carefully before you sign it so that you understand the terms and conditions upon which therapy services will be provided.

Please see HIPAA document for additional information re: PHI (Private Health Information).

PSYCHOLOGICAL SERVICES

Therapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Therapy 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 issues discussed both during and outside your sessions.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may initially experience uncomfortable feelings such as fear, sadness, guilt, anger, frustration, loneliness, and helplessness, and these may recur at various points of treatment. Therapy has also been shown to have many benefits. The benefits from therapy may be that you will be better able to function in your roles at work and/or at school, and that you may be better able to relate to your family and/or other social relationships, thus experiencing more satisfaction from these interactions. Through therapy you may also come to better understand your personal goals and values, which may lead you to greater maturity and growth as a person. But there are no guarantees of what you will experience.

You are entitled to know that I received my doctorate in clinical psychology, known as a Psy.D., in 2009 from the University of Denver, Graduate School of Professional Psychology, in Colorado. I am also a Licensed Psychologist in the State of Colorado (license #3615) since 2011 and was licensed for 2 years with my LPC (2009-2011). You should understand that I am NOT a psychiatrist or other medical physician, and, therefore, cannot prescribe medication, give medical advice, nor perform any medical procedures. If I determine that medical treatment is indicated, I can recommend a physician for you or can consult with any physician you may see, after you sign an Authorization of Release of Information (ROI) form, which is a document intended to protect your confidentiality.

The practice of LPs is regulated by the Colorado Department of Regulatory Agencies. The agency within the Department that has specific responsibility for LPs is the Colorado State Board of Psychologist Examiners. The address by which this regulatory body can be reached is: 1560 Broadway, Suite #1350, Denver, CO 80202. The phone number is (303) 894-7800 and their website is <http://www.dora.state.co.us/mentalhealth>.



MEETINGS

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 likely include and a suggested treatment plan to follow, if we 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. Although I am dedicated to providing you with appropriate professional services, you nonetheless need to be thoughtful about the therapist you select. If you have questions about my procedures, these questions should be discussed whenever they arise. If your doubts persist or if, in my professional opinion, you would be more suited to another professional, I will be happy to help you set up a meeting with another mental health practitioner for a second opinion.

If you chose to begin therapy, a 45-minute session, at a time you and I both agree on, will be scheduled. Typically, a “clinical hour” is 45-minutes long. Each session is typically one clinical hour. The frequency of your sessions may vary according to your needs. The length of treatment varies widely and is often very difficult to predict ahead of time. However, this can be discussed and I will attempt to give you a best estimate.

PROFESSIONAL FEES

Individual, Couples, and Family Counseling Fees

The fee for an initial consultation is \$120.00 and typically takes up to 60 minutes, as we will be reviewing paperwork for part of the time. The fee is \$120.00 per on-going 45-minute clinical hour for individual, couples or family treatment. In addition to sessions, this amount is charged for other professional services you may request, though you will be billed on a prorated basis to the nearest 15 minutes, after the first 15 minutes. Other services include report writing, telephone conversations lasting longer than 15 minutes with you, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Cancellations and No-Show Charges

For individual and couples appointments, CVL charges a Late Cancellation and No-Show fee **equal to that of your contracted rate at a minimum of \$60**. You will not be charged for any appointments that are cancelled at least 48 hours in advance or if your slot can be filled with a new appointment. **It is important to note that insurance companies do NOT provide reimbursement for cancelled or “no-show” sessions so these will not be eligible for insurance reimbursement. It will be your responsibility to pay.** To be fair to other clients who could use the scheduled time, CVL reserves the right to refer clients out if appointments are missed/cancelled several times.

If there are school or business closings due to inclement weather in the city where you live or by the practice location, you may cancel with less than 48-hour notice without any charge. Although you need to make decisions regarding weather based on your own comfort and safety level, you will be charged for a late cancellation if you cancel less than 48 hours due



to weather.

Sliding Scale

In circumstances of unusual financial hardship (or where you are unable to submit your claims for insurance coverage), you may be able to negotiate a fee adjustment and/or payment installment plan. At CVL, we may use a “Sliding Scale Fee” which would be discussed and agreed upon during your initial consultation session. You will need to fill out the “Sliding Scale Fee Agreement” form to access these reduced rates. You and I will reevaluate the appropriateness of these arrangements approximately every 8-10 weeks. This benefit can only be offered to a few clients, to be fair to all those who need the services at a reduced cost. Insurance deductibles or other obligations you have through your insurance plan cannot be negotiated and a “sliding scale fee” cannot be used if you are submitting a claim through your insurance.

Legal Proceeding Fees

If you become involved in legal proceedings that require my participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulties of legal involvement, you will be charged \$200 per hour for preparation and attendance at any legal proceeding and/or for any services related to legal issues, such as preparing reports, telephone conversation, preparation of records or treatment summaries.

BILLING AND PAYMENTS

You are required to pay in-full for each session at the time it is held or prior to your session, unless otherwise agreed upon in writing or if you are using in-network insurance. You will be responsible for copayments and any coinsurance at the time of service. For accounts that have a balance, bills are sent at the end of each month for that month, using an electronic billing service. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, you may be charged an interest rate of up to 2% per month, at the beginning of each month, on the remaining balance. A \$30 insufficient funds fee will be charged for any returned checks. You will also be responsible for any and all costs associated with collecting outstanding balances for services rendered including reasonable attorney fees and interest rate charges.

INSURANCE REIMBURSEMENT

Limitations and Advantages of Using Insurance

You should be fully informed about the limitations and advantages of using health insurance to help pay for mental health care. One of the largest benefits of insurance is that it can greatly reduce the out-of-pocket cost to you. This is often the main reason why people seek to use their coverage. However, while many plans offer some reimbursement for mental health care expenses, benefits can sometimes be limited. Insurance sometimes contains exclusions on the types of conditions covered and limits on the number of sessions allowed. Your insurance company may require that CVL share confidential and possibly sensitive personal treatment information with insurance company personnel for review and payment. Reviews may result in denial of coverage according to the insurer's policies. Many plans also



include annual deductibles, which must be paid before the insurance covers services. In addition, insurance requires a diagnosis to authorize treatment. These diagnostic labels may follow you through life and interfere with your insurability later. Not using insurance may offer greater privacy. You may find that paying directly for a course of brief treatment is worth the added confidentiality. You are encouraged to carefully read the information in your policy and/or ask questions of your insurance company. You can then make better-informed decisions about using insurance coverage.

In-network

Currently, CVL accept payments directly from select insurance companies. Please call CVL for more information AND inquire with your insurance company to see if the specific service you are seeking is reimbursed through your plan. It would be your responsibility to verify the terms under which mental health services would be covered, as each plan is different. Please call your insurance provider BEFORE any services are rendered, asking:

- 1) how many sessions are covered per year or if you have session # limitations
- 2) what your copay and coinsurance are (payable at time of service)
- 3) if prior authorization or a referral is required (including for additional sessions)
- 4) if there are any exclusions written into your mental health policy
- 5) if you have to meet a deductible before your plan will pay out for services

Please have this information available prior to your first appointment. You will be asked to fill out information that will be submitted to your insurance company for reimbursement to CVL. You would be responsible for any costs of service that your insurance does not cover such as deductible, copay and coinsurance. If your plan does not cover services, you will be responsible for full payment at \$120/hr, so it is important that you check with them.

Out-of-Network

If you would like to utilize out-of-network insurance for counseling, reimbursement is a possibility. You would pay the full fee to CVL at the time of service and then submit a claim directly to your insurance company for reimbursement. Detailed receipts can be provided for direct reimbursement for services from your insurance company. It would be your responsibility to verify the terms under which mental health services would be covered, as each plan is different. It is suggested that you call your insurance provider BEFORE any services are rendered, asking:

- 1) how many sessions are covered per year or if you have session # limitations
- 2) what percentage of the fee is covered
- 3) if prior authorization or a referral is required
- 4) if there are any exclusions written into the mental health policy
- 5) what information you would need to receive reimbursement directly from your insurance company
- 6) if there is a separate out-of-network deductible you would need to meet (this is sometimes different than your in-network deductible)

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 information I have and will be happy to help you in understanding the information you receive from your insurance company.



You should also be aware that your contract with your health insurance company may require me to provide information relevant to your psychological services. For example, I am required to provide a clinical diagnosis. Sometimes I am also 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 minimum information about you that is necessary for the purpose requested. 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, CVL has no control over what they do with the information once it is in their hands. In some cases, they may share the information with a national medical information databank. I can provide you with a copy of any report submitted, if you request it. By signing this Agreement, you agree that CVL is authorized to provide information requested by your insurance provider if you are seeking reimbursement.

CONTACTING ME

Due to the nature of my work and my schedule, I am often not immediately available by telephone. Even when I am in the office, I probably will not answer the phone. When I am unavailable, my telephone is answered by a voicemail system, which notifies me of every message left. I will make every effort to return your call within 24-48 hours (one to two business days) of when you leave your message. This excludes weekend time and traditionally observed holidays. I do not return calls to pagers. In emergencies, follow the instructions on my voice mail message, which will direct you to emergency services. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, go to the nearest emergency room, or simply call 911. I will also have various resources on my website such as after-hours hotlines for a multitude of problems one might be experiencing. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, in case of emergency, and that information will also be on my voicemail message and on my website (www.CenterForValuedLiving.com). While you may contact me via email, you should know that email is NOT a confidential form of communication and I cannot guarantee the confidentiality of your information if you use this form of contact. Therefore, I discourage using email. Also, I will not conduct therapy sessions via email and it should NEVER be used as an emergency method of contact, as I may not check it very frequently. Email is best used only for informational purposes and scheduling questions or conflicts. **TEXT MESSAGES NOT ACCEPTED ON THIS PHONE.**

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form – Authorization for Release of Information (ROI) that meets certain legal requirements imposed by HIPAA. The ROI is available for download on my website as well.

There are other situations that require only that you provide written, advanced consent. Your signature on *this* Agreement provides consent for those activities, as follows:

- I may 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. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.

- You should be aware that I occasionally employ administrative staff. In most cases, I need to share protected information with these individuals for both 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 signed an agreement not to release any information outside of the practice without my specific permission.
- I also have contracts with billing services, testing services and other businesses used to run my practice. As required by HIPAA, I have a formal business associate contract with these business, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the names of these organizations and/or a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations in which I am legally obligated or permitted to disclose information without a patient's consent. In such cases, I may have to reveal some information about that patient's treatment. If any such a situation arises, I will make every effort to fully discuss it with the patient(s) before taking any action and I will limit my disclosure to what is necessary. Such circumstances include:

- If a 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. If a patient communicates a serious threat of imminent physical violence against a specific person or persons, I must make an effort to notify such person; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the patient.
- If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect or if I have observed a child being subjected to circumstances or conditions that would reasonably result in abuse or neglect, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that an at-risk adult has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the therapist-patient privilege law. I cannot provide any information without your written authorization, *unless* a court order is presented. In the latter case, I may be obligated to provide information about treatment. 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 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, I am required to submit a report to the Workers' Compensation Division. The same may be true for Social Security Disability Assistance, which is handled by the Social Security Administration.
- If a government agency is requesting the information for health oversight activities, I am required to provide it for them.

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, you may need to get formal legal advice.

PROFESSIONAL RECORDS

Please see separate HIPAA document for more information on this subject.

PATIENT RIGHTS

Please see separate HIPAA document for more information on this subject.

MINORS & PARENTS

Pursuant to Colorado law, adolescents 15 and older may consent to their own treatment without the consent of their parents. Clients under 15 require parental consent for treatment. Parents should be aware that the law allows for them to examine their child's Clinical Records, unless a professional person decides that such access is likely to injure the child.

Because privacy in therapy is often crucial to successful progress, particularly with young people, it is my policy to request an agreement from parents that they consent to give up their access to their child's records. By signing this document they agree to this request and understand that, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I can also provide parents with a summary of their child's treatment when it is complete, when requested in writing. I will charge for this summary. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. 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. Children of divorced parents, under the age of 15, where both parents have joint custody, will need the consent of both parties before treatment can begin.

PLEASE SIGN THE SEPARATE MINOR FORM AVAILABLE ON C4VL.COM.

Please see following page for signature page.



**THERAPIST – PATIENT SERVICES AGREEMENT
SIGNATURE PAGE**

I _____ ACKNOWLEDGE THAT I
HAVE READ THIS ENTIRE AGREEMENT AND UNDERSTAND AND AGREE TO ITS
TERMS. IT HAS ALSO BEEN EXPLAINED TO ME VERBALLY BY MY THERAPIST. MY
SIGNATURE ALSO SERVES AS AN ACKNOWLEDGEMENT THAT I HAVE RECEIVED
AND SIGNED THE HIPAA COLORADO NOTICE FORM DESCRIBED IN THE THERAPIST
– PATIENT AGREEMENT. I UNDERSTAND THAT I MAY REVOKE MY SIGNATURE AND
THIS AGREEMENT IN WRITING AT ANY TIME AS OUTLINED IN THE
AGREEMENT.

Client Print Name

Client Signature

Date

Signature of Guardian (if applicable)

Lisa Michelle Griffiths, Psy.D.

Therapist Print Name
Center for Valued Living, PLLC

Therapist Signature

Date