

## **OUTPATIENT SERVICES CONTRACT FOR CLIENTS OF:**

**Creating Hope Counseling**

**Sharon L. Richards, LMFT**

### Purpose of this Document

Thank you for scheduling an appointment to see me. The following document answers some of the commonly asked questions about my private practice. It 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.

### Who am I?

I obtained my Masters Degree in Marital and Family Therapy from Western Seminary (Los Gatos, CA.) in August 2001 and became a Licensed Marriage and Family Therapist in June 2006 in the State of California. I am also licensed as a Marriage and Family Therapist in the State of Washington. I began doing counseling in 2000 providing counseling to individuals, families, children and adolescents. During that time, I had the opportunity to work with clients on a number of issues including substance abuse, parenting concerns, adoptions, life cycle transitions, crisis and situation management and grief and loss.

I counsel from a Christian perspective, which means I believe that God has made us each unique and valuable. That He loves us no matter what and that anyone is capable of change. I believe that emotional, physical and spiritual health are important and often connected and will work on one or all three areas with you at your request. This will include exploring thoughts, feelings and behaviors and taking action to achieve positive change. My theoretical orientation is from a client-based perspective working with clients to develop and support their unique strengths, gifts and knowledge in order to bring about self-understanding and change.

### Counseling 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.

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 as therapy involves a large commitment of time, money, and energy. 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 2 to 4 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 begun, I will usually schedule one 50-minute session per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.

### **PROFESSIONAL FEES**

My session fee is \$125.00 for a 50-minute session. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than 45 minutes. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation 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 \$300.00 per hour for preparation and attendance at any legal proceeding.

**Your appointment time is held exclusively for you. If you need to cancel and/or reschedule an appointment, please provide twenty-four (24) hour notice by calling (360) 977-8116. If you call later than the 24-hour deadline (excluding emergencies), or do not show for your appointment time, you will be responsible for the session fee. Please be aware that private insurance companies do not cover this cost. Missed appointments often mean that someone else was not able to be seen in a timelier fashion. Please be courteous, cancel or reschedule your appointment as early as possible.**

### **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. Payment schedules for other professional services will be agreed on when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. There will be a \$35.00 service fee for NSF/Returned checks.

### **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. In addition, 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 clear confusion, I will be willing to call the company on your behalf.



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. 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. 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 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 my services yourself to avoid any complications.

### **CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I check regularly. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are unable to reach me and feel that you can't wait for me to return your call, contact the nearest emergency room, or call the crisis lines for your county (Clark County: (360) 626-8137) or **988**. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records for a minimum of 7 years. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

### **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right 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 are being harmed, will seriously harm yourself or will harm someone else. In this case, I will notify them of my concern. 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.

### **CONFIDENTIALITY**

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

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. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is 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 use a cellular phone as my business phone. Though your voicemails are confidential, there are risks associated with cell phones (such as other people overhearing the signal or stealing my phone). Actual client contact numbers are stored in my phone with a first name only and there is a password to turn on the phone/access voicemail. If you are not comfortable with my returning phone calls via cell phone, please let me know and I will return your calls on a land line at times that I am actually in the office.

I also afford my clients the opportunity to contact me though text or e-mail. I try to limit therapeutic information via these options in case of a wireless breach. If you are not comfortable with text or e-mails, you are free not to utilize this option.

### **EMERGENCY SERVICES**

If in need of emergency services and you cannot safely wait to hear back from me, you should call a crisis line at **988** or (360) 626-8137 or call 911. You can also go directly to an emergency room.

### **Washington Clients**

My Licensed Marriage & Family Therapist license # is: LF60032243. You may contact the State Department of Health to request a copy of the law relating to counselors, file a complaint, or check on credentialing: Health Professions Quality Assurance, Consumer Service Center, PO Box 47865, Olympia, WA 98504, (360) 236-4700.

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Client signature

\_\_\_\_\_  
Date

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Therapist signature

\_\_\_\_\_  
Date

**201 NE Park Plaza Dr. #200  
Vancouver, WA 98684  
(360)-977-8116**

**1438 B Street  
Washougal, WA 98671  
(360)-977-8116**

**FAX (360)-216-7826**