

# *Christie Tanner, PsyD, Licensed Psychologist*

## **Outpatient Services Contract**

*Welcome to my practice. I developed this guide in order to provide answers to questions about fees, appointments, insurance, messages, and other issues. If you have any further questions or concerns, please feel free to discuss them with me at any time.*

### **Services Offered**

I provide psychotherapeutic services to adolescents (13 and older) and adults. Treatment can include individual, couples, family, or group therapy depending on your interests and the nature of the issues you bring forward. Treatment may also include psychological testing as appropriate. If it appears that you may benefit from medication, I can help you with a referral to a qualified psychiatrist or physician who will evaluate your need for medication.

### **Fees for Services**

My standard fee is \$275.00 for an initial diagnostic assessment (first visit), \$195.00 per session for individual, couples, or family therapy, and \$50.00 per hour for group therapy. Other services requested or agreed to by you, such as psychological testing, report or letter writing, or attendance at professional meetings, will be billed separately at an amount agreed upon by us in advance. You will be asked to make your payment or co-payment at the time we meet unless we agree otherwise or you have insurance coverage which requires another arrangement. Any unpaid amounts you owe will be billed directly to you on a monthly basis and due upon receipt. In the event your account becomes more than 90 days past due and you have not contacted me to make other arrangements, I may use legal means to secure payment. Before taking such action, I will make every effort to inform you that such measures are imminent to provide you with a final opportunity to bring your account up to date. You will be charged a \$25.00 cancellation fee for any missed appointments not cancelled at least 24 hours in advance unless we both agree you were unable to attend due to circumstances beyond your control.

### **Insurance Reimbursement**

Most health insurance policies provide some coverage for mental health services. I will assist in whatever way I can to help you receive the benefits you are entitled to. However, you, not your insurance company, are responsible for full payment of my fees. For that reason, it is very important that you find out what mental health coverage your insurance offers and what, if any, co-payments, co-insurance, deductibles, or limitations apply. If you have questions about your coverage, consult with your plan administrator. Most insurance companies require me to provide a mental health diagnosis. I may also be asked to provide additional clinical information such as a copy of your diagnostic assessment, treatment plan, or the results of psychological testing. If you request it, I will provide you with a copy of any report I am asked to submit.

### **Confidentiality – Adults**

In general, the privacy of all communications between a therapist and client is protected by law. But there are a few exceptions. In some legal proceedings involving child custody or those in which your emotional condition is an important issue, a judge may order my testimony without your consent. In other situations, I may be legally obligated to take action to protect you or others from harm. For example, if I believe a child or a vulnerable adult is in a potentially abusive situation, I may be required to file a report with the appropriate state agency, such as Child Protection. If you threaten the safety of someone else or I believe you are at risk of acting on a violent thought or impulse, I may be required to take protective action which could include contacting local police, notifying the potential victim(s), and/or seeking protective hospitalization for you. If you threaten to harm yourself or if I believe you are at risk of doing so, I may seek protective hospitalization for you and/or contact family members or others who can help keep you safe. These are rare occurrences. If any of these situations do develop, I will make every effort to discuss my concerns with you before taking any action. For a review of other exceptions to the privacy of communications between a therapist and client, please refer to Section III of the Notice of Privacy Practices available in my office.

### **Confidentiality – Minors**

If you are a minor, please be aware that the law provides your parent or legal guardian with the right to review your treatment records and/or ask about your progress in therapy at any time. It is my policy to ask parents to agree not to access your records and not to ask either of us about the content of individual therapy sessions. Unless they object, I will offer them only general information about your treatment and will notify them only if I have specific concerns about your safety or the safety of someone else. State law gives you the legal right to ask me to withhold certain information about you from your parents. Requests of this kind must be made in writing, and must include a statement from you indicating what information you want me to withhold and why. I will carefully review your request based on my understanding of your situation and in accordance with accepted standards of professional practice, and will inform you of my decision.

### **Emergencies**

I am not usually in the office during weekends or holidays, and am often not immediately available by phone during the regular business day. If I am unavailable when you call, please leave a detailed message on my confidential voicemail. I will make every effort to return your call the same day I receive it. If your call involves a medical emergency, or you are concerned about your safety, or the safety of someone else, please call 911.