

DR. MICHAEL REITER, LLC

LICENSED PSYCHOLOGIST

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ROCKVILLE, MD 20850

PHONE: 301-801-4006

OUTPATIENT SERVICES AGREEMENT

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.

PSYCHOLOGICAL 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 anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. Further, I predominantly practice Cognitive Behavioral Therapy (CBT), which may require some clients to engage in exposures to “face their fears,” as a way to overcome their anxiety. Such exposure may increase anxiety before the anxiety improves. Research has demonstrated CBT to be an effective way to manage and overcome one’s anxiety. 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, and therapy does not work for everyone.

Our first session is considered a consultation during which we discuss the reason(s) for why you seek treatment. The next few sessions will involve a further evaluation of your needs. By the end of the evaluation, I will be able to offer you my impressions of what our work will include and a treatment plan to follow. Therapy involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. 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.

INITIALS _____

PROFESSIONAL FEES

The table below lists my fees set for professional services:

SERVICE PROVIDED	FEE
Intake Session	60 minutes @ \$225
Individual Psychotherapy	45 minutes @ \$195 60 minutes @ \$225
Family & Collateral Psychotherapy	45 minutes @ \$195 60 minutes @ \$225
Group Therapy Session	60 minutes @ \$90 75 minutes @ \$110
Report & Letter Writing	Prorated from \$225 per 60 minutes

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.

In addition to weekly appointments, I charge a prorated amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour; this fee is currently 60 minutes at \$225. Other services may 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 a retainer of \$1,800 for preparation for court or a deposition. This will be prorated on actual time, and may exceed the retainer amount.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. Although responsibility for payment is yours, I will provide appropriate documentation in support of insurance claims. Your insurance may not cover therapy or services provided, or may only cover a portion of charges. Please note that most insurance companies do not reimburse for missed appointments, and many do not reimburse for telephone or telehealth appointments. 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. If such legal action is necessary, its costs will be included in the claim.

INITIALS _____

INSURANCE REIMBURSEMENT

I DO NOT PARTICIPATE IN ANY MANAGED CARE OR INSURANCE AGREEMENTS, INCLUDING TRI-CARE and MEDICARE. If you are a Medicare beneficiary seeking services you will need to complete a Medicare Beneficiary Private Contract prior to starting treatment; I will provide you with this document.

In order for me 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 prior to beginning treatment. It may be necessary to seek approval for more therapy after a certain number of sessions.

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 if you submit claims. Maryland permits me to send some information without your consent in order to file appropriate claims. I am required to provide them with a clinical diagnosis and information typically limited to the Uniform Treatment Plan. 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 minimum information about you that is necessary for the purpose requested. Maryland law prevents insurers from making unreasonable demands for information, but there are no specific guidelines about what “unreasonable” includes. If I believe that your health insurance company is requesting an unreasonable amount of information, I will call it to your attention. You can instruct me not to send requested information, but this could result in claims not being paid and an additional financial burden being placed on you. Once the insurance company has your claim information, it will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier.

CONTACTING ME

When I am unavailable because I am in session or out of the office, you can leave me a voicemail at 301-801-4006. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If I will be away for an extended period of time I may have a colleague covering for me, and I will let you know about my absence in advance.

INITIALS _____

IN EMERGENCIES:

- For life-threatening situations dial 9-1-1 or proceed or proceed to your nearest hospital IMMEDIATELY.
- Montgomery County Crisis Line: 240-777-4000; Virginia Crisis Link: 703-527-4077; Washington, D.C. Crisis Center: 1-888-793-4357
- National Suicide Lifeline: 1-800-273-TALK (8255)

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I may keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. This generally includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any 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. Except in unusual circumstances that disclosure is reasonably likely to harm, or endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. 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. Another option to releasing your complete Clinical Record which may include significant personal information and can be misinterpreted, is for me to provide a Treatment Summary.

In addition to the Clinical Record, I may keep a set of Psychotherapy Notes. These notes are for my use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary, they may include sensitive information that is not required to be included in your Clinical Record such as the contents of our conversations, the analysis of those conversations, and how they impact on your therapy. These Psychotherapy Notes are kept separate from your Clinical Record.

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 the written Authorization Form that meets legal requirements imposed by HIPAA and/or Maryland law.

INITIALS _____

Please be aware that I use a HIPPA-complaint electronic medical records system as well as HIPPA-complaint email. As required by HIPAA, I have a formal business associate contract with these businesses, in which it promises 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 name of these companies and/or a blank copy of this contract.

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

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the doctor-patient privilege. I cannot provide any information without your written authorization, a properly served subpoena which is not objected to on your behalf, or a court order, unless your mental health is an element of your claim or defense. 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.

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. These situations are unusual.

- If I believe that that there is an imminent risk that a patient will inflict serious physical harm or death on him/herself,
- If I have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to self-neglect, or exploitation, the law requires that I file a report with the appropriate government agency.
- If I know that a patient has a propensity for violence and the patient indicates that he/she has the intention to inflict imminent physical injury upon a specified victim(s), I may be required to take protective actions.

MINORS

Both patients under 18 years of age (who are not emancipated) and their parents should be aware that the law may allow parents to examine their child's treatment records. While privacy in psychotherapy is very important, particularly with teenagers,

parental involvement is often essential to successful treatment. **You agree that I may use my professional judgment to determine what is and what is not shared with parents of child/minor clients.** I will provide parents with a summary of their child's treatment if requested and I have permission from both parents if there is joint legal custody, parental separation, or dispute. If I feel that the child is in danger or is a danger to someone else, 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.

Your signature below indicates that you have read this agreement and agree to its terms and also serves as an acknowledgement that you have been provided a copy of the ***Notice of Policies and Practices to Protect the Privacy of Patient Health Information.*** **Both parents must consent to treatment of a minor in cases where parents are in the process of separating, are separated, have joint, or sole legal custody.**

Print _____ Signature _____

Date _____

Client, or in case of minor Parent/Guardian

Print _____ Signature _____

Date _____

Client, or in case of minor Parent/Guardian

Clinician Signature & Date

INITIALS _____