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Welcome

Welcome to my office and thank you for consulting me. This Agreement contains important information about my professional services and business policies. Information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations, is provided in a separate document, a Notice of Privacy Practices. HIPAA requires that I provide you with this Notice for use and disclosure of PHI for treatment, payment and health care operations; it explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Outpatient Psychologist-Patient Agreement

This document contains important information about my professional services and business policies, and constitutes a contract between you and me. Please read it carefully and note any questions you have, so that we can discuss them and resolve any concerns. Once you sign this document, it will serve as a binding agreement between us. Should you choose, you may revoke your consent at any time. In addition, this agreement will expire on termination of treatment and after all claims for treatment have been satisfied.

Psychological Services

I hope that in my work with you or with your dependent child, I will be able to help resolve whatever difficulties have led you to make this appointment. Your decision to seek help is the first step in what I hope will be a mutually satisfying experience for both of us. As a licensed psychologist, I am committed to providing you with the best services I can within the scope of my training. In general, my practice includes such services as individual psychotherapy, marital and couples' treatment and family therapy, as well as psychological assessments.

Therapy is a multi-faceted process that includes self-discovery and problem-solving. People request therapy for varying reasons, but generally they are experiencing discomfort in one or more areas of their everyday life. This discomfort may take such forms as depression, anxiety or restlessness. It may be manifest in one or more of the following ways: anger; interpersonal difficulties with family, friends or co-workers; irritability; sleep or eating problems; other substance abuse; and/or difficulties with attention, concentration and memory. If you are seeking psychotherapy, please be aware that therapy requires activity by both the therapist and the client. I will contribute my knowledge, expertise and skill, while you will contribute your personal knowledge and experience.

The process of therapy can help you feel better, but at times you may also feel worse. That is because you are divulging your thoughts and feelings, and as a result may experience uncomfortable levels of emotions like sadness, anxiety, or helplessness. During the course of therapy, material may be discussed that is upsetting in nature, but this may be necessary to help you resolve problems. Over time, however, you should start to feel better, and to feel better more consistently. Psychotherapy has been shown to have positive benefits for the majority of people who undertake it. Although I will make every effort to help you in this process, there are no guarantees that you will get better. Should the therapy be for your dependent child, we will discuss this process at the outset of treatment, including the extent to which parents will be involved in their child's therapy.

Name _____ **Date** _____

Client name:

Date:

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Therapy involves a large commitment of time, money and energy, with frequency of sessions determined at the start of treatment, and re-evaluated as the therapy proceeds. On the other hand, testing/assessment has a more finite beginning and ending time frame. You are free to terminate treatment at any time; the process of termination is best addressed together so that we can set mutual goals and a time period for concluding the therapy. In addition, all patients have the right to be treated in a courteous, considerate and dignified manner. If at any time you have concerns about the process of therapy or assessment, or about your or your child's progress, please feel free to discuss these issues with me. Such a discussion is in the best interests of the treatment.

If you are consulting me for services related to assessment, testing and/or evaluation, our time together – or my time with your child - will be directed to answering the questions you have posed at the outset of our discussions. I will do my best to select those procedures and testing instruments that will help elicit information in the most efficient and timely fashion. In general, with permission, I also include information provided by patients, parents, school personnel, and prior and current professionals, among others, as this information amplifies that gleaned in the course of the evaluation process. Results will be shared with you when the process is completed, in oral and/or written form, according to our initial agreement.

Confidentiality

Privacy and confidentiality are of paramount importance to our relationship and I will do my utmost to maintain your confidentiality. I also employ a secretary to assist me in the office; be assured that she observes all measures that protect the confidentiality of my patients. In general, the confidentiality of all communications between a client and a psychologist is protected by law, and I can only release or divulge information about our work to others with your written permission. However, there are a number of exceptions, mainly having to do with harm to self, others, or property, as well as possible or probable child abuse. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

If you participate in family or couples' therapy, it is important that you not discuss the content of these sessions with anyone else who does not participate in these sessions with you. In the case of minors, I ask that parents respect the need of young people to develop trust in their therapist by containing the desire for specific details of the treatment. However, I am available to address any concerns parents may have regarding their child's treatment. Lastly, I may occasionally find it helpful to discuss clinical information with other professionals in order to enhance your treatment. If I do consult with others, I make every effort to avoid revealing the identity of my client; the consultant is, of course, legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations except when I feel that it will be helpful to our work together. Lastly, should you choose to communicate with me via email, please realize that the confidentiality of these messages cannot be guaranteed.

When you are covered by a Managed Care Plan, I am often required to submit reports about your diagnosis and treatment to your insurance company. I do this only with your written consent. If you choose not to follow their procedures, your insurance company may refuse to pay for the services, or may do so at a lower rate.

If you have any questions about the legal limits to confidentiality, please feel free to discuss them with me.

Appointments and Cancellations

If you are consulting me for therapy, sessions will be scheduled for 45 minutes weekly/biweekly/_____; if you are consulting me for a psychological evaluation, sessions will be scheduled in longer time increments and according to available time. In general, sessions are scheduled to begin on the hour. The office is generally closed on major holidays. If your regular appointment falls on a holiday, I will try to re-schedule you for an alternate day within the same week.

Each of us is responsible for keeping the appointment we have set together in a faithful manner, although some flexibility may be necessary. I will make every effort to begin all appointments on time, and to give you sufficient notice if I plan to be away from the office. In return, please arrive promptly, and notify me at least 48 hours in advance if you will be unable to keep your appointment. If you cannot reach me directly, please leave me a message. If at all possible, I will try to re-schedule a make-up session for another time. However, if I cannot do so, and if you have canceled without giving me 48 hours notice, *you will be responsible* for paying *my full fee* for the appointment. Your insurance does *not* cover missed appointments, but may have other restrictions. Of course I understand that illnesses and emergencies do occur; in those situations - determined on an individual basis - I may not charge.

Professional Records

Both law and the standards of my profession require that I maintain appropriate treatment records. Should there be a request for the records, I can prepare a summary. Clients will be charged an appropriate fee for any preparation time that is required to comply with an information request.

Telephone Calls

Telephone calls are handled as promptly as possible. As a rule, I do not answer the phone during sessions, but am generally free about 5 minutes before the hour. Furthermore the office is generally closed on weekends and major holidays. Any delay in my returning your call is because of a busy schedule. I apologize for keeping you waiting and will make every effort to reach you the same day as your call. Please leave me your full name and phone number and any alternate numbers, if possible, and indicate some times when I may reach you. If you do not hear from me please call again in case I did not receive your message. When I am away for an extended period, a trusted colleague will be on call. If, at any time, you have an emergency and are unable to reach me, please go to the emergency room of St. Clare's or your nearest hospital..

Fees, Payment, and Insurance

The **fee** (full or co-payment) agreed upon for each session is according to the contract with your insurance company , _____ . Initial visit co-pay is _____. These amounts pertain after satisfaction of any deductible or other charges imposed by your insurance company. I reserve the right to renegotiate a fee increase after one year. If you are requesting psychological assessment and testing, a payment plan and schedule for payment will be presented for your approval at the start of the assessment.

Payment will be expected at the end of each session, including the initial consultation fee, unless we have made alternate arrangements. *So that you receive full consultation time, please have your checks made out in advance.* Please understand that you are responsible for any amount not covered by insurance, including any deductibles, fee for missed appointments, or any appointments not authorized by the company or covered under your insurance policy. If any of the services rendered include the writing of a report, such as that for psychological testing, please be aware that *no report will be issued until all fees have been paid in full.*

In addition to weekly appointments, it is my practice to charge my hourly rate, on a prorated basis, for *other professional services* such as report writing, telephone sessions that last longer than 5 minutes, attendance at meetings, or consultations with other professionals that you have authorized, as well as the time required to perform any other service that you may request. However, *all forensic services* are charged according to a different fee schedule.

In order for us to set realistic treatment goals and priorities, it is important to evaluate the 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. However, insurance contracts vary, even within the same company. Therefore each individual is responsible for knowledge about his/her particular insurance plan and all of its terms and provisions, including deductibles and co-payments. In addition, any services to which we have agreed - but which are not covered by your insurance plan - will be your responsibility. I strongly encourage you to clarify the extent of your coverage with your carrier. Please be aware that information given by your provider/representative over the telephone, either to you or to my secretary or to me, may not always be correct or clear. While I can assist you with the information you may need to submit bills to your carrier, *ultimately, you are responsible for payment of the services rendered to you.*

Billing and Insurance: I send bills to all patients with private insurance at the end of each month. Except for managed care, you are responsible for submitting all forms to your insurance company. I try to include all relevant information on my bill so that you can submit it directly to your carrier. Under some plans I will submit the paperwork directly to the carrier. If, for any reason, your insurance plan declines payment for sessions that they have previously authorized, you will be responsible for any outstanding balance.

Client name:

Date:

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If your **account balance** is more than 60 days past due and we have not agreed to suitable arrangements for payment, I have the option of using legal means to secure payment, including collection agencies and small claims court. In most cases the only information that I release about a client's treatment would be the client's name, the nature of the services provided, and the amount due. If it becomes necessary for me to take this action, your name may be submitted to a collection agency, and might appear on a credit report. Your signature below attests to the fact that in such an instance you waive your right to confidentiality, and are aware that the credit report will indicate that you have an outstanding balance for services rendered by a mental health professional. There is also a fee for returned checks commensurate with established bank charges. Lastly, I request that you stay current with your payments lest you risk a suspension or termination of your treatment because of unpaid fees.

Patient Responsibility if Courtesy Extended for Assignment of Benefits: If you have assigned your insurance benefits to me, you agree that reimbursement from the insurance company or other outside agent responsible for the bill will go to Lois R. Steinberg, PhD. Should the insurance company send the payment for these services directly to you (the patient or responsible party), you will bring the entire payment from the insurance company to Dr. Steinberg within 10 days of the date postmarked on the envelope. You agree not to cash the check and view it as your own money. Were you to do so, that would constitute conversion of money owed to the provider.

Limitation of services: This agreement is for a clinical relationship; I am not a forensic psychologist and therefore this agreement does not require me to participate in legal proceedings in any way. You may, at your own effort and expense, retain an attorney to contest my obligation to so participate, or to be reimbursed from an adversary for the cost of my participation. However, if I am legally obligated to participate in any legal proceedings as a result of my having rendered services to you, in your behalf, or at your request, you will also be obligated to pay for my professional time involved (at my forensic rate and upon my rendering my professional services to, or for, you,) including but not limited to phone calls, travel and waiting time and expenses, preparation of reports, appearance at depositions, or attendance and testifying at trial, even if I am compelled to testify by another party.

Client consent to treatment, authorization, and responsibility for payment

I certify that the above information is correct and that I have read and understand the Professional Services and Business Policies, and my Patient Rights and Responsibilities, as described above. My signature below indicates acceptance of what I have read.

I hereby consent to treatment for myself/my dependent child by Dr. Lois R. Steinberg, and authorize Dr. Lois R. Steinberg to furnish information to my insurance carrier(s) concerning this treatment. I hereby assign to her all payments for services rendered to myself and/or my dependents. I understand that payment is to be made at the time of the session, that I am financially responsible for all scheduled appointments unless a minimum of 48 hours notice is given, and that I am responsible for any amount not covered by insurance, including any fee for missed appointments as described above, *or* any appointments not authorized by my insurance company or covered by my insurance plan.

Signature of Client/Patient if over age 14

PRINT NAME

Signature of Parent, Sole Legal Guardian if Client/Patient is under 18 years of age

Date

Signature of Other Parent if joint custody of Minor

Date

Signature of Dr. Lois R. Steinberg

Date