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OUTPATIENT SERVICES CONTRACT

Welcome to Maui Christian Counseling. This document contains important information about our 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 client, and the particular problems you bring forward. There are many different methods we 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 substantial benefits for those 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.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, We 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 us. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to refer you for a meeting with another mental health professional for a second opinion.

MEETINGS

Initial evaluation that will last from 1 to 2 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 60-minute session (one appointment hour of 55 minutes duration) 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 [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

My hourly fee is \$170 if paying out of pocket. 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 one hour. Other services include report writing, telephone conversations lasting longer than 3 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 \$200 per hour for preparation and attendance at any legal proceeding.]

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, your credit card on file will be charged. At the last resort, we 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.] In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

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. We are providers for HMSA, HMAA, and UHA insurance. Your health insurance policy may provide some coverage for mental health treatment. It would be wise to check ahead of time the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment fees for services provided. Your insurance co-pay is due at the beginning of each therapy session.

CONTACTING US

We are often not immediately available by telephone. While we are usually in the office between 9 AM and 5 PM Monday through Friday, the phone will not be answered when we are with a client. When unavailable please leave a voice mail or text. We will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times when you will be available. If you are unable to reach us and feel that you can't wait for a call back, please contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If we will be unavailable for an extended time, the name of a colleague to contact will be provided if necessary.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. These records will be kept according to The Health Insurance Portability and Accountability Act (HIPAA) regulations. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. It is recommend that you review them in our presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.



CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law. We 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 us 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 a release of information if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if some information about a client's treatment is revealed. For example, if we believe that a child, elderly person, or disabled person is being abused, we are required to contact the appropriate state agency and file a report.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, we may be obligated to contact family members or others who can help provide protection or seek hospitalization for him/her.

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. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature

Date

Witness Signature
Rev. 06/15

Date