

Directions, a Center for Life Strategies, LLC
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THERAPIST-PATIENT SERVICES AGREEMENT

Welcome to Directions, a Center for Life Strategies, LLC, a group practice offering psychological services. Dr. Tamsen Thorpe, a Licensed Psychologist, is the Director. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and 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.

HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. A paper copy will be offered to you in my office and a copy is posted on my website. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information.

Although this Agreement and the separate Notice are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will represent an agreement between us.

You may revoke this Agreement in writing at any time. That revocation will be binding on us unless action has been taken in reliance on it; if there are obligations imposed on us 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.

PSYCHOLOGICAL SERVICES

Therapy is a process, which requires an active involvement by both the therapist and the patient. We will contribute knowledge and skill in psychology while, you will bring specialized personal knowledge. In general, therapists apply an understanding about behavior and experience to solving human problems. Dr. Thorpe's approach is Cognitive-Behavioral and as such aims to examine and shift any maladaptive thinking or behavioral patterns that may be contributing to your current emotional distress. There are many different methods that may be used to deal with the issues that you hope to address. For example, we may teach relaxation techniques if symptoms such as anxiety warrant this approach.

Our first few sessions will involve an evaluation of your background and needs. We provide solution-focused treatment so that a goal or several goals are established. This usually takes the first few sessions after which we will be able to offer you some initial impressions of what our work will include. All treatment is planned with the goal(s) in mind and progress is made toward accomplishment in a timely manner. You will be encouraged to take an active role in setting and achieving your treatment goals. In order to be most successful, you will have to work on things we talk about both during our sessions and at home. Your commitment to this treatment approach is necessary to assist you in experiencing a successful outcome. If you ever have any questions about the nature of the treatment or anything else about your care, please don't hesitate to ask.

Your feelings about whether you are comfortable working with your therapist is an important part of the process. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. We can both decide whether the services we offer will meet your treatment objectives. Please feel free to discuss any questions about our procedures or concerns you have with us. If requested or if we deem appropriate, we will help you secure an appropriate referral with another provider.

BENEFITS AND RISKS

Therapy has both benefits and risks. While a majority of individuals who undertake therapy benefit from the process, there are no guarantees. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. Success may vary depending on the particular problems being addressed. Since therapy often requires discussing unpleasant aspects of your life, risks sometimes include experiencing uncomfortable feelings such as unhappiness, anger, guilt, or frustration for example. These are a natural part of the therapy process and often provide the basis of change.

APPOINTMENTS

Appointments are typically scheduled from 45 to 60 minutes long. This time is reserved only for you. If an appointment is missed or canceled with less than 24 hours notice, you will generally be billed directly according to the scheduled fee. An exception to this policy may be made if an emergency arises. If you are utilizing insurance, be aware that they will not reimburse for missed appointments and that payment is your responsibility. Insurance may also stipulate the length of sessions allowed.

Clinical time will be slightly under the allotted appointment time, which is accepted practice in the field. Please have your payment ready in the beginning. Your next appointment will be scheduled at the end. The notes will be typed into the PC during the last few minutes of your appointment time.

CONTACT INFORMATION

Contact information for Dr. Thorpe and the practice is listed on the first page of this document. Her preference for contact is email, which is a secure system. To reach other therapists, for most issues please call their direct number listed on their business card. Note that we are often not available immediately by telephone, due to our work schedule. We typically do not answer the phone during session.

Our office hours vary weekly and we will discuss this when planning ahead for appointments. Dr. Thorpe generally does not work on weekends and major holidays.

When we are not in the office we check our messages on a regular basis. Please note that although we will do our best to return your call within a few hours in the daytime during the week, we are not always available immediately. We will make every effort to return your call on the same day you make it. If you are difficult to reach, please leave sometimes when you will be available. In a crisis, if you cannot reach us, please contact your primary care physician or the local emergency room. When Dr. Thorpe is away for an extended period, she may provide the name of a colleague on her outgoing voice mail to contact, if necessary.

PROFESSIONAL FEES

The fee for a 60-minute therapy appointment is \$225. If you prefer a 45-minute session, the fee is \$175. An extended session for 90 minutes is \$325 – please be aware many insurance companies do not reimburse for the extra time. We reserve the right to renegotiate a fee increase after six months. If you are accessing your in-network insurance benefits for BCBS PPO, Dr. Thorpe has contracted to accept their rates and you may be responsible for a deductible and co-payment.

Our policy is to charge on a prorated basis \$225 hourly for other professional services that you may require such as report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals, preparation of records or treatment summaries, and the time required to perform any other service which you may request. Insurance will not cover these services.

If you become involved in legal proceedings that require our participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if we are called to testify by another party. Because of the difficulty of legal involvement, the charge is \$350 per hour for preparation and attendance at any legal proceeding.

PAYMENTS

Payments and co-payments are due at the time services are rendered, unless we agree otherwise. You may pay by cash or check. Please make checks payable to: Directions CLS, LLC. A charge on all returned checks will be billed to you in the amount consistent with current bank charges. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, a fee adjustment or payment installment plan may be negotiated.

If you are accessing your out-of-network benefits, you will be provided with a statement for you to submit. Alternatively, as a courtesy, we may submit to your insurance electronically. In either case, you will be expected to pay in full at the time services are rendered.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, 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. This will require us to disclose otherwise confidential information. If such legal action is necessary, its costs will be included in the claim. One such cost for use of a collection agency will be an additional fee of fifty dollars (\$50) or 20% of the balance owed, whichever amount is greater.

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 may provide some coverage for mental health treatment. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers prior to the start of this process.

Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. You can also call your plan administrator. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. 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, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it.

An insurance company or other third-party payor regulated under New Jersey law may request that the patient authorize the psychologist to disclose certain confidential information to the third-party payor in order to obtain benefits, *only if* the disclosure is pursuant to a valid authorization (see below) and the information is limited to:

1. Administrative information (i.e., patient's name, age, sex, address, educational status, identifying number, date of onset of difficulty, date of initial consultation, dates and character of sessions (individual or group), and fees);
2. Diagnostic information (i.e., therapeutic characterizations as found in the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM), or other professionally recognized diagnostic manual);
3. The patient's status (voluntary or involuntary; inpatient or outpatient);
4. The reason for continuing psychological services, limited to an assessment of the patient's current levels of functioning and distress (both described by terms of mild, moderate, severe or extreme); and
5. A prognosis, limited to the estimated minimal time during which treatment might continue.

A valid authorization under this statute shall:

1. be in writing;
2. specify the nature of the information to be disclosed, the person authorized to disclose the information, to whom the information may be disclosed, the specific

- purposes for which the information may be used, both at the time of disclosure and at any time in the future;
3. specify that the patient is aware of the his or her right to confidential communications under psychologist-patient privilege;
 4. be signed by the patient, or the person authorizing disclosure (e.g., the patient's parent, guardian or legal representative); and
 5. contain the date that the authorization was signed.

If the third-party payor has reasonable cause to believe that the psychological treatment in question may be neither usual, customary nor reasonable, the third-party payor may request, in writing, and compensate reasonably for, an independent review of such treatment by an independent review committee.

You should be aware that if your health benefits are provided by a self insured employee benefit plan or other arrangement regulated by the federal ERISA statute, such plan will have considerably more access to information in your Clinical Record. If you have any question about the nature of your health benefits, you should contact the group that provides the benefits for you.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a mental health professional. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. **Your signature on this Agreement provides consent for those activities, as follows:**

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of a patient. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that we practice with other mental health professionals at times and that we employ an administrative staff. In most cases, we need to share protected information with these individuals for clinical and administrative purposes, such as scheduling, billing and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member. All of the mental health professionals are bound by the same rules of confidentiality.
- We also have a contract with an electronic billing service. As required by HIPAA, we have a formal business associate contract, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with a copy of this contract.

- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where we are permitted or required to disclose information without either your consent or Authorization:

- 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 psychologist-patient privilege law. We cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.
- If a patient files a worker's compensation claim related to the services we are providing, we may, upon appropriate request, disclose protected information to others authorized to receive it by the workers' compensation law.

There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment. These situations are unusual in our practice.

- If we have reasonable cause to believe that a child has been subject to abuse, the law requires that we must report it to the Division of Child Protection and Permanency (DCPP). Once such a report is filed, we may be required to provide additional information.
- If we have reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation, and we believe that the disclosure is necessary to prevent serious harm to the patient or other potential victims, we may report the information to the county adult protective services provider. Once such a report is filed, we may be required to provide additional information.
- If a patient communicates a threat, or if we believe the patient presents a threat of imminent serious physical violence against a readily identifiable individual, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If we believe the patient presents a threat of imminent serious physical harm to him/herself, we may be required to take protective actions. These actions may include contacting the police or others who could assist in protecting the patient or seeking hospitalization for the patient.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit our disclosure to what is necessary.

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 now or in the future. The laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or when another individual (other than another health care provider) is referenced and we believe disclosing that information puts the other person at risk of substantial harm, 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, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, we are allowed to charge a copying fee of \$1.00 per page and to charge for certain other expenses like postage for example. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request. Note that records are only released if the account has a zero balance.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and my privacy policies and procedures. We are happy to discuss any of these rights with you.

MINORS & PARENTS

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 unless we decide that such access is likely to injure the child, or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of my concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our 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 RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE OR DECLINED A PAPER COPY.

Printed Patient Name

Signature

Date

Printed Name of Spouse, Parent or Other if Applicable (Please indicate relationship)

Signature

Date

ASSIGNMENT OF BENEFITS

(If this office is billing insurance and accepting payment)
I hereby assign my mental health benefits to Dr. Tamsen Thorpe.

Patient Signature

Therapist printed name

Therapist signature

(Form Revised 6/2018)