THERAPY CONTRACT and OFFICE POLICIESChild/Adolescent

Welcome! This informed consent document provides useful information about my outpatient private practice, including my professional services, my business policies, and my ethical/legal responsibilities. Please take time to review it carefully; feel free to note any questions/concerns you might have so that we can discuss them at your next meeting. When you sign this document, it will represent an agreement between us.

**PSYCHOLOGICAL SERVICES**

I provide a variety of treatment options for various psychological disorders. My services include: individual, group, couples, and family therapy. I have been trained in a number of psychotherapy modalities, and I will utilize my diverse background to help treat your presenting complaint. Psychotherapy is hard to describe. 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’s appointment. Instead, it calls for very active effort. In order for the therapy to be most successful, your child 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 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.

* **Initial Evaluation**: Our first session will involve discussing your understanding of my office policies, addressing any concerns/questions you may have, and gathering relevant background information so that a dialogue can be initiated about the goodness of fit between patient and therapist, and the expectations, length, and goals of therapy.  If a minor will be the patient (i.e. younger than 18 years), then it is expected that all parents join the initial session, so that a cohesive story can emerge at the outset of treatment. Discussion will be initiated about balancing parent involvement with privacy and confidentiality practices regarding your child’s treatment. The initial session lasts 90 minutes.
* **Orientation**: I have been trained in both psychodynamic and cognitive-behavioral modes of intervention.  I also utilize couples, family, and group-based therapies.  How I work with your child, specifically, depends on a number of factors (prior treatment history, diagnosis, length of desired treatment, age, etc).  If you have more extensive questions about how I will individualize your treatment and tailor it specifically to your child, please address this with me at any time in your therapy.
* **Sessions**: When psychotherapy is initiated, I will typically schedule one 50-minute session per week. I am happy to schedule more frequent sessions if necessary, and to reduce the frequency of sessions (i.e., to once every 2-3 weeks) toward the end of therapy. Your appointment time is reserved for your child. Thus, once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation. I do not charge for missed sessions if you cancel within 48 hours of your scheduled appointment time OR if I am able to fill your appointment time.  However, you are charged fully for a missed session if there was not an emergent reason for canceling less than 48 hours ahead of time.   I follow Fort Worth ISD in terms of their weather cancellation policies (i.e. if it is icy and FWISD cancels classes, then our session will also be canceled).  You will not be charged for sessions canceled due to weather in these circumstances.  Should you arrive late to your appointment, the session will still end at the regularly scheduled time. School excuses can be provided if your child needs to be pulled from school in order to make an appointment.
* **Termination**: Because therapy is a highly individualized matter, it is often difficult to predict its exact duration. It is wise to inquire about the anticipated length of therapy, even though the answer may not be precise. Typically, therapy ends when you and your therapist decide that your child has made satisfactory progress in achieving treatment goals.

Should your child wish, at any time, to consult with or transfer to another therapist, I will be happy to provide referrals for other clinicians and to help you transition to that provider. With your written consent, our office will gladly provide another therapist with information regarding your child’s treatment. You have the right to terminate therapy at any time, but it matters how therapy ends. I recommend you discuss your plans to end therapy well in advance so that you and your therapist can review progress and process termination.

Alternately, your therapist may choose to terminate therapy earlier than predicted for one of the following reasons: inability to maintain a frequency of sessions recommended to support significant change, noncompliance with treatment plan, need for services we are unable to provide, minimal progress despite appropriate treatment, and/or reasons related to your therapist’s personal needs.

**PROFESSIONAL FEES & PAYMENT**

Currently, the fee for your therapist, Kathryn Sternweis-Yang, PhD is $300 for the initial evaluation (90 minutes) and $175 for a 50-minute session. You will be expected to pay for each session at the time it is held, unless I agree otherwise. You may pay for services using cash, check (payable to “Worth Therapy”), or credit card. If paying by credit card, you will be asked to fill out your payment information, so that you authorize your card to be automatically charged after each session. Any sessions scheduled for a shorter or longer time period will be prorated accordingly. Upon the close of each month, our office can provide an itemized invoice showing diagnosis, dates of service, procedure code(s), and charges/payments. You will need these invoices if you seek insurance reimbursement (discussed below) or wish to report your costs for tax purposes.

**Additional Services**: Payment schedules for other professional services will be agreed to when they are requested. In addition to charging for a therapy session, it is my practice to charge the same fee ($175 fee for a 50-min session) on a prorated basis for other professional services you may require, such as:

* telephone consultations lasting more than 10 minutes with you or professionals you have authorized;
* attendance at meetings/consultations with other professionals which you have authorized;
* transportation to/from said authorized meetings; and/or
* preparation of treatment summary reports.
* It is neither my practice nor my specialty to participate in litigation -- divorce-related or otherwise. Whenever possible, I will avoid participation in litigation since my primary aim is to protect my patients' confidentiality and preserve the therapeutic relationship. Should I be subpoenaed, I will charge you my customary rate for all activities related to the legal proceedings (e.g., preparation time; record review/reproduction; transportation time to/from off-site meetings/events; participation in meetings, consultations, depositions, court appearances, etc.). I will bill you in advance and expect payment prior to initiating any of the above activities; any balance remaining will be credited back to you upon the termination of my involvement in your litigation.

**CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and your disclosures are generally held to be confidential. Thus, a mental health professional may not reveal any personally identifiable information about you to anyone, unless you first provide authorization by signing a consent form (exceptions discussed below). For example, in the event that it would be beneficial to discuss aspects of your treatment with a third party (e.g., consultant, referring psychiatrist, physician, etc.) and if you would be personally identified, your therapist would first discuss this with you and obtain your written consent. Occasionally, your therapist may find it helpful to consult about your case with other professionals. In these consultations, your therapist makes every effort to protect your identity. The consultant is also legally bound to maintain confidentiality.

**Exceptions to Confidentiality**: There are circumstances when a psychologist is required to break confidentiality. Should such a circumstance arise, I will make every reasonable effort to discuss with you my ethical or legal obligations to disclose confidential information before doing so. Exceptions to confidentiality include, but are not limited to, the following circumstances:

* If the therapist has reasonable suspicion that a minor/child, elderly person, or disabled person is being abused or neglected, the therapist must report this to the appropriate agency.
* If the therapist believes a patient is threatening serious bodily harm to another, he/she is required to take protective actions, which may include notifying the potential victim, notifying the police, and/or seeking appropriate hospitalization for the patient.
* If the therapist believes a patient is threatening serious bodily harm to him/herself, the therapist may be required to seek hospitalization for the patient, or to contact family members or others who can provide protection.

**Therapy with Minors:** In treating children under 18 years of age, it is important to balance carefully your child’s right to a confidential therapeutic relationship with your need for information about the therapy. When working with children and adolescents, our therapists typically find it beneficial to provide parents with general information about treatment progress via periodic verbal progress reports. Your child’s therapist will often solicit your child’s thoughts, feelings, and input regarding the content of these updates, as it is important to maintain an ongoing dialogue regarding your child’s confidentiality. Please be assured that your child’s therapist will contact you promptly if he/she believes there are issues concerning your child’s safety or health*.* With respect to parents’ confidentiality in the context of your child’s therapy, your child’s therapist may discuss with both parents any issues raised by one parent regarding your child’s treatment and/or welfare (e.g., your child’s therapist may discuss with your spouse/partner an issue you raised to the therapist regarding your child). Alternately, if one parent raises an issue irrelevant to your child’s welfare, your child’s therapist may keep this issue confidential. Finally, parents of children under 18 years of age have the legal right to examine a summary of treatment records.

**Electronic Communications:** When treating a child or adolescent through our office, our therapists may opt to communicate certain issues to parents via e-mail – typically issues related to scheduling, balance, etc. Alternately, you may wish to relay via e-mail certain information/ updates/requests/etc. to your child’s therapist. Please note that it is our policy for all therapists to copy both parents -- and any designated caregivers – on any and all outgoing e-mails. In other words, when your child’s therapist replies to one parent’s e-mail, he/she will typically copy the other parent on this response. This policy is intended to facilitate efficient and open communication, and to keep both parents abreast of communications pertaining to your child and his/her treatment. Please also note that our therapists do not conduct therapy via e-mail, and cannot respond to urgent matters received by e-mail. Should you wish to discuss an urgent (yet non-emergent) matter, please call our office at 214-755-6119 ask to schedule a phone consultation. For more information regarding our telephone and e-mail policies, please see the relevant section below.

**RECORD KEEPING**

I am required by both the law and the standards of my profession to maintain appropriate treatment records. These records may include diagnosis, therapy goals, progress in treatment, documentation of mandated disclosures (e.g., report of child abuse), and other information. You have a right to review and/or receive a copy of your records unless doing so would be likely to cause you substantial harm, endanger your life or physical safety, or pose a significant risk of harm to another individual. Alternately, our office can prepare an appropriate summary of these records. Given their inclusion of professional language, these records may be difficult to interpret or understand. If you wish to review your records, we recommend you review them in your therapist’s presence, to allow for adequate discussion of their content. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

**TELEPHONE AND E-MAIL AVAILABILITY AND CONFIDENTIALITY**

**Telephone**: I am often not immediately available by telephone. While I am usually in my office Monday through Friday, I will not answer the telephone when I am in session with a patient. When I am unavailable, you are welcome to leave a voicemail, which I monitor frequently. Telephone calls are typically returned within 24 hours, during normal business hours. I generally do not return calls after 5:00pm on business days or on Saturdays or Sundays, unless the call is urgent, in which case I will return it as soon as is reasonably possible.

**Email/Texts**: E-mails sent to worththerapy@gmail.com are only reviewed by Dr. Kathryn Sternweis-Yang. Although e-mail has become an increasingly popular mode of communication between healthcare providers and patients, it’s important that you acknowledge that I cannot guarantee the security of any information sent via e-mail/text. For this reason and others, I aim to keep outbound e-mails/texts relatively brief and practical, versus clinical (i.e. they generally involve logistical matters such as scheduling and appointment changes). Please note that I do not conduct therapy via e-mail/text, and cannot respond to urgent matters received by e-mail/text.

**Social Media**: I do not communicate with, or contact, any of my clients through social media platforms like Twitter, Facebook, and Instagram. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. Please do not try to contact me using social media. I do not accept “friend” requests from current or former clients on social networking sites.

**Web Presence**: I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions. Alternatively, if you search for information about me that is outside of my professional website, you may come across information about me that is true and that I know about. However, you may come across information that is unknown to me or untrue. If you encounter any information about me through web searches that elicits strong feelings within you, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

**EMERGENCIES** As an outpatient private practice, it is important you understand that I do not provide emergency services. In an emergency situation, please call 911 or go to the nearest hospital emergency room. If I am unavailable for an extended period of time (e.g., due to professional conferences or vacation), I will provide the name of another clinician in the community whom you may contact if necessary.

**INSURANCE REIMBURSEMENT**

In order for me to set realistic treatment goals and priorities, it is important to first evaluate your financial resources for covering the cost of treatment. Please be aware that you, and not your insurance company or third party payer, are responsible for full payment of the fee to which we have agreed.

**Mental Health Coverage**: If you plan to use insurance, please check your coverage carefully regarding your mental health services. Some carriers will only pay for therapists pre-approved by them, or will reimburse at a lower rate for non-approved (or “out-of-network”) providers. Some will only pre-authorize for a limited number of sessions, and it will be necessary to seek approval if additional sessions are needed. Finally, some carriers will reimburse for some diagnoses but not for others. If you plan to seek insurance reimbursement, it is important to clarify exactly what mental health services your insurance policy covers.

You should also be aware that most insurance companies require you to allow me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). 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, I 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. If you have questions/concerns about your coverage, we encourage you to clarify these with your insurance carrier. I will be happy to provide any information/assistance we can.

**CONSENT FOR TREATMENT**

Please sign below, and then return this document to my office either in person or via e- mail, fax, or traditional mail.

By signing this form, I acknowledge that I have read and understand the above information, and indicate that I hereby consent to treatment. I agree to abide by the terms of this psychotherapy contract during our professional relationship and to meet all financial obligations.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Name (Please Print) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Name (Please Print) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
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