

## **PSYCHOTHERAPY SERVICES CONTRACT**

Arcadia Psychology  
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Welcome to my practice. This document contains important information about my services and business policies. Please read it carefully and take note of any questions you have. Once signed, this document constitutes a binding agreement between us.

### **PSYCHOLOGICAL SERVICES PROVIDED**

Psychotherapy is difficult to describe in general statements. The process varies depending on the therapist and client, as well as, the specific issues addressed. Most concerns appropriately can be approached in various ways. We will mutually agree upon a treatment approach prior to beginning therapy. To maximize your experience of psychotherapy, you are expected to actively participate **and continue working outside of our sessions**.

Psychotherapy involves potential risks and benefits. Potential risks include experiencing unpleasant feelings such as: anger, guilt, anxiety, sadness, and helplessness. Often, you need to discuss unpleasant aspects of your life. When discussing issues that were avoided successfully, you may temporarily feel worse before feeling better. Potential benefits include: significant reductions in distressing feelings, a lessening of symptoms, increased clarity, improved interpersonal relationships and problem resolutions. However, there are no guarantees for the outcomes of therapy.

Our first session or two involves evaluating your needs. Following the evaluation, I share initial impressions. This includes whether I believe I should work with you, or whether you will be better served by seeing someone else. In that case, I will provide you with appropriate referrals. Otherwise, I provide you with a description of an initial treatment plan. You should simultaneously be assessing your comfort level in working with me. Therapy can involve a large commitment of time, money, and energy. It is important that you select someone you are comfortable with. Feel free to bring up any questions about my procedures when they arise. If you decide to see someone else, I am happy to provide you with referrals.

The length of therapy varies depending on: problem complexity; symptom severity; and the length of time problems and symptoms have been present. Some people only need a few sessions, yet for others a few months may be needed. I aspire to get you functioning and feeling better, as quickly as possible. Most people successfully conclude psychotherapy within six months. Occasionally long- term therapy is needed to incorporate in depth changes. After our initial work has concluded, some people may come back from time to time for a “tune up”. Yet others never return. The choice is up to you. Regardless, you will be informed at the beginning approximately how long the process is expected to take.

## MEETINGS

Due to the COVID pandemic all sessions are being conducted by way of telehealth for the time being.

Our sessions will last forty-five minutes at a mutually agreed upon time in my office. Occasionally, sessions may last longer or occur with greater frequency depending on your needs. Once the hour is scheduled you are expected to pay for it unless there is an emergency or if you cancel 24 hours prior to our session. Because I am holding that time for you and I cannot use the hour to see someone else, I do charge a \$75.00 fee for people who fail to cancel within a timely fashion.

## PROFESSIONAL FEES

My fee is \$150 for 45 minutes. I charge this fee on a prorated basis for other services such as: report writing, preparation of records, attendance at meetings and report writing. If you become involved in litigation which requires my participation, I charge a \$300 fee prior to testifying even if I am compelled to testify by another party.

## INSURANCE REIMBURSEMENT

You are expected to pay for each session on the day that it is held. That includes if you have a copay. I accept cash, checks, credit cards, HSA cards and debit cards. If you fail to pay I will use a collection agency in order to receive the money that you owe me. Despite some concerns being appropriately treated with long-term therapy, most insurance companies will only pay for short term therapy. If your benefits run out and I am permitted to continue seeing you by your insurance company, I will work an affordable payment out with you. Regardless,

you are responsible for the full cost of therapy if insurance refuses to pay for any reason including failure to MEET YOUR DEDUCTABLE.

You also need to be aware that insurance companies require me to provide information about you such as: a diagnosis, session dates, times and the type of treatment provided. In rare cases, when they are conducting audits, they may require a copy of the entire record. Despite assurances that the information is kept confidential, once in the hands of the insurance companies, I have lost control of your information. Your signature on this document gives me the right to bill your insurance company to pay for your psychotherapy.

## AVAILABILITY AND CONTACT

My private voicemail is available 24 hours a day to accept messages. I check my voicemail several times daily and strive to return your message within 24 hours. The exception is holidays and weekends, in which case I will return calls on the next appropriate business day. I am difficult to reach by telephone; therefore, I do accept text messages. Sometimes this is the easiest way to schedule appointments. Because I do not store patient names and numbers in my phone for security reasons, it is important to leave your name. Despite my best efforts to keep communications secure with password protection, etc., cell phones can be compromised. If you fail to reach me and need immediate assistance call 911 for emergency services.

## PROFESSIONAL RECORDS

Both state law and professional standards require that I keep treatment records. You are entitled to receive a copy of your records or a treatment summary upon written request. Because treatment records may be misinterpreted, I recommend that we review your records together so that I may address any arising concerns. I charge my usual fee for these meetings in addition to a fee for my preparation time and \$1.00 a page for photocopying. If I must mail records, I charge a minimum postage fee of \$15.00.

## CONFIDENTIALITY

In general, **all** communications between a patient and a psychologist are protected by law. I can only release information about you with your written authorization except for the following exceptions to confidentiality:

- If you are threatening serious bodily harm to yourself or someone else.
- If you have direct knowledge of a child, disabled or elderly person being abused, I will need to file a report with the appropriate agency.
- If I receive a subpoena to provide information to the courts or other administrative proceeding.
- If you file a complaint against me, I will use my records to protect myself.
- If a medical emergency occurs during session, I will notify your contact person.
- In compliance with HIPPA, The National Security Act, etc.

I regularly consult with colleagues to provide the best service. My consultants and I make every effort to protect your privacy; we are legally bound to keep the information confidential.

I hope this summary is useful and informative. I am happy to address any arising concerns regarding these exceptions to confidentiality. Your signature below indicates that you have read the information and agree to abide by these terms during our professional relationship.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Revised 6/25/2019

**You only need to print this signature page of the PSYCHOTHERAPY CONTRACT**