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# **OUTPATIENT SERVICES CONTRACT**

Welcome to my therapy practice! Since this is your first visit to my office, I hope what is written here can answer some of your questions as you seek therapy. Please let me know if you want clarification on any of the topics discussed in this Outpatient Services Contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this Outpatient Services Contract.

#### **PSYCHOTHERAPY SERVICES**

I provide psychotherapy services for adults, couples and families.

The first appointment(s) serves as a consultation. I will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, I will give you some initial recommendations on what I think will help. If I do not think I am able to best assist you, I will give you names of other professionals who I believe would work well with your particular issues. If for any reason you do not believe I will be a good match for you, let me know and I will do my best to suggest a different therapist who may be a better fit.

If we decide to work together in therapy, we will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are having. Sometimes more than one approach is helpful. Individual, couples and family therapy sessions last 45-60 minutes. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your particular situation.

Therapy can be extremely helpful, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication and stability in relationships, and less distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples who come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results.

If during our work together, noncompliance with treatment recommendations becomes an issue, I will make effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy services. Please discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include, but are not limited to, violence or threats toward me, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing-out period of time.

I may at times seek consultation with other therapists to ensure I am helping you in the most effective manner. I will give information only to the extent necessary, and I make every effort to avoid revealing the identity of my clients. The consultant is also under a legal and ethical duty to keep the information confidential.

### **TELEPSYCHOLOGICAL SERVICES**

Telepsychology refers to providing psychotherapy services remotely using technology such as video sessions or telephone sessions. This is useful when continuing therapy during times such as client relocations or vacations, when a client is physically unable to come to the office (such as post-surgery) or during national emergencies. Although there are many benefits of telepsychology, there are some risks and specific factors to consider in this decision. Privacy and confidentiality

is of utmost concern. I will make every effort to ensure your privacy, and it is important for you to make sure you are in a private space while in session. This includes disconnecting any digital assistant devices/apps (Siri, Google Now, Alexa, etc) and not using public WiFi.

Under certain circumstances, I will not engage in telepsychology. Circumstances include but are not limited to: clients who are currently in a crisis situation requiring a high level of support and intervention, when client's privacy in their home cannot be ensured, or when technology services are not adequate to provide seamless communication in sessions. A supplemental Informed Consent Form will be reviewed, understood and agreed upon before starting telepsychology.

Many insurance companies only cover the cost of telepsychology under strict conditions. Therefore, clients should check with their insurance company before starting telepsychology to understand their financial responsibilities.

### MY AVAILABILITY BETWEEN SESSIONS

If needed, you can leave me a message on my 24-hour voicemail at 708-620-2829. When you leave a message, include your telephone number even if you think I already have it, and best times to reach you. I make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from me within one day, please leave a second message. If I am unavailable for an extended time, such as on vacation, I will inform you of the contact information for the therapist on-call during my absence.

If you are in an emergency situation and cannot wait for me to return your call, contact your psychiatrist, go to the nearest emergency room or call 911. Do not contact me by email, text or fax, as I may not get the information quickly.

### **RATES AND INSURANCE**

Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment. Some insurance companies require a precertification before the first appointment or they will not cover the cost of services.

My current fees are as follows:

- Initial Intake Appointment (60 minutes): \$210.00
- Individual Therapy (53-60 minutes): \$175.00
- Individual Therapy (38-45 minutes): \$165.00
- Couples Therapy or Family Therapy (53-60 minutes): \$185.00

These fees are reviewed annually and may be subject to change. I do not generally provide telephone therapy sessions. In the rare circumstances in which telephone therapy is mutually agreed upon, please keep in mind that health insurance carriers do not pay for that service.

I am happy to assist you by having a billing company file claims to your insurance company on your behalf. However, you, not your insurance company, are responsible for payment of the fee for therapy. Acceptable forms of payment include cash, check and major credit card, and payment is expected at the time of service. Cancellations or missed appointments without 24-hour notice will be subject to \$50 charge, and insurance companies do not pay charges for missed appointments. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service.

Insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, I will provide you with information I or the billing company I employ sends to your insurance company. This information becomes part of the insurance company's files. Insurance companies claim to keep information confidential, but check with your insurance company directly with questions about their confidentiality practices.

#### **SOCIAL MEDIA POLICY**

In order to maintain your confidentiality and our respective privacy, I do not interact with current or former clients on social networking websites. I do not accept friend or contact requests from current of former clients on any social networking

sites. I will not respond to friend requests or messages through these sites. I will not solicit testimonials, ratings or grades from clients on websites or through any means. Although it is your decision, I encourage you to avoid writing testimonials about me on any websites, in order to maintain your privacy. I will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. I hope you will bring concerns about our work to the therapy session so we can address concerns directly.

Please do not contact me through text messages. This is not a secure communication, and there is a possibility that I will not get the message in a timely manner, or that communication will be interpreted in an unclear manner. If you need to contact me between sessions, please call me at 708-620-2829.

I am happy to accept emails about general matters such as scheduling or changing appointments. Please do not include personal information about your therapy in emails, as email is not completely secure and confidential. If there is information that you believe needs to be shared prior to our next appointment, call me and we can arrange a time to speak by telephone. I do keep all emails sent to and received from my clients as part of the therapy record.

### PROFESSIONAL RECORDS

Both law and the standards of our profession require that I keep appropriate treatment records. In general, if I receive a request for information about you, you must authorize in writing that you want the requested information released before I can release information. However, key exceptions to this are listed below and in your HIPAA statement.

### CONFIDENTIALITY

In general, the confidentiality of all communications between a client and a psychologist is protected by law, and I can only release information to others with your written permission. However, there are a number of exceptions, which I have indicated below. More information is provided about this in your HIPAA statement.

In judicial proceedings, if a judge orders the records released, I have to release the records. In addition, I am ethically and legally required to take action to protect others from harm even if taking this action means I reveal information about you. For example, if I believe a child, elderly person or disabled person is being abused or neglected, I am mandated to report this to the appropriate state agency. If I believe a client is threatening serious harm to another person or property, I must take protective action (through notifying the potential victim, the police, and/or facilitating hospitalization of my client). If I believe a client is a serious threat to harming him/herself, I must take protective action (arranging hospitalization, contacting family/significant others for notification, and/ or contacting the police).

I would make reasonable effort to discuss any need to disclose confidential information about you, and am happy to answer any questions you have about the exceptions to confidentiality.

## **COURT RELATED SERVICES**

I do not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed that I cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings. If I am contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in) please note the following:

- I charge \$400/hour to prepare for and/or attend any legal proceeding and for all court related services.
- Court related services include: talking with attorneys, preparing documents, traveling to court, depositions and court appearances. Charges for court related services are not covered by insurance.
- If my fee is not paid by the court or attorneys, you will be charged for the time I spend responding to legal matters.
- You will also be charged for any costs I incur responding to attorneys in your case, including but not limited to fees I am charged for legal consultation and representation by my attorneys.

**COMPLAINTS:** If you have a concern or complaint about your treatment or about your billing statement, please talk to me about it. I will take your criticism seriously, openly, and respond respectfully.

Last edited: 3-25-2020