

Dr. Ashley Gobeil, Ph.D.
CLIENT SERVICES AGREEMENT

Welcome to my practice. This document contains important information about my 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 hope to address. There are many different methods I may use to deal with those problems. 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. Because 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 as to what you will experience.

Within our first few sessions, I 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 about whether you feel comfortable working with me. 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 my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

Within our first few sessions, we will both decide if I am the best person to provide the services you need in order to meet your treatment goals. If we agree to continue psychotherapy, I will usually schedule one 50-minute session per week or every other week, at a time we agree on, although some sessions may be longer or more frequent. Once an appointment 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 session fee is \$160. If we meet more than the usual time, I will charge accordingly. In addition to regular appointments, I charge this same hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than 50 minutes. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of 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 any professional time I spend on your legal matter, even if the request comes from another party. I charge \$200 per hour for professional services I am asked or required to perform in relation to your legal matter. I also charge a copying fee of \$0.10 per page for records requests.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I 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 I will release regarding a client's treatment is his/her name, the dates, times, and 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. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you

(not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. Moreover, “Managed Health Care” plans often require authorization before they provide reimbursement for mental health services and it is important to determine what, if any, authorization you need to obtain before our first meeting.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. 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. I will provide you with a copy of any records I submit, if you request it. ***You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. You are responsible for notifying me promptly of all changes in insurance information and I will begin billing the new insurance from the date of notification onward. Claims will not be “back-billed” for any services received prior to you notifying me of the change. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by the insurance contract].

CONTACTING ME

I am often not immediately available by telephone. Though I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail, that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of evenings, weekends, and holidays. If you are difficult to reach, please inform me of some times when you will be available.

If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, 9-1-1, or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

ELECTRONIC COMMUNICATION POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with me.

- Text and Email Communications - I use email and text communications only with your permission and only for administrative purposes, unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters, and other related issues. Please do not text or email me about clinical matters because these are not secure ways to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication. At times, you may also receive automatically generated appointment reminder text messages. These are not generated or monitored by me and should not be responded to with any clinical information other than a confirmation or cancelation of appointment.
- Social Media - I participate on various social networks, like Instagram, Twitter, and Facebook, both in my personal and professional capacities. While you are welcome to follow my professional pages if you choose, I do not communicate with or contact any of my clients through social media platforms. As such, please do not attempt to contact me on either personal

or professional pages via social media as I will not respond. This is because these types of social contacts can create significant security risks for you.

CONFIDENTIALITY (Please also see attached Florida Notice Form for the Health Insurance Portability and Accountability Act)

It is your legal right that sessions and records are kept private. Your confidentiality is protected by states laws and rules of the profession. However, there are a few rare situations in which confidentiality is not protected. Clients 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. Privacy in psychotherapy is often crucial to successful progress. Thus, before giving parents any information, the counselor will discuss this with the child, if possible, and do their best to handle any objections he/she may have. If the counselor believes that a child is in danger or is a danger to someone else, they will immediately notify the parents of their concern.

It is important that we discuss any questions or concerns that you may have about confidentiality at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Furthermore, your signature below serves as an acknowledgement that you have been given a copy of and have read the "Florida Notice Form" for the Health Insurance Portability and Accountability Act (HIPAA).

You may revoke this agreement in writing at any time. That revocation will be binding unless our office staff have taken action 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.

Signature _____ Date _____

*If the client is a minor, signature of individual with legal custody of child is required.

Parent/Guardian Signature _____ Date _____