

## **A. Elizabeth Koch, Ph.D.**

*Clinical Psychologist*

2486 Pass Road • Biloxi, MS 39531  
(228) 388-6006 • Fax: (228) 388-6027 • Email: office2486@aol.com

### **OUTPATIENT SERVICES AGREEMENT**

Please read this information about my professional services and business practices and discuss any questions you may have when we meet. When you sign this document, it will represent an agreement between us.

#### **PSYCHOLOGICAL SERVICES**

**Psychological Therapy** is not easily described in general terms and treatment approaches vary. A successful outcome requires an *active effort* on your part, both during sessions and at home. Therapy has both benefits and risks. Risks may include emotional discomfort since therapy often involves discussing unpleasant aspects of your life. Benefits of therapy include better relationships, solutions to specific problems, a reduction in distress and improved well-being.

During our first few sessions we will *evaluate* your needs. Then I will offer you some impressions of what our work will include and a plan of treatment. You should consider this information along with your opinion as to whether you feel comfortable working with me. If you have questions about your treatment, please feel free to discuss them with me.

#### **APPOINTMENTS**

I usually schedule an hour long session weekly at a time we agree on, although some appointments will be less frequent. Testing appointments vary in length. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Exceptions may occur in the event of an illness or emergency.

#### **PROFESSIONAL FEES**

- 1) Initial History session: \$195.00 per hour
- 2) Psychological and Neuropsychological Evaluations: \$150.00 per hour
- 3) Individual Psychotherapy: \$160.00 per hour
- 4) Family or Couples Therapy: \$160.00 per hour
- 5) Other requested services such as report writing, phone conversations, meetings with other professionals, preparation of records or treatment summaries: \$160 per hour
- 6) If you are involved in *legal proceedings* that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. When evaluation and therapy is related to pending *legal* action, which require greater detail in treatment and documentation, the fee is: \$275 per hour. The fee for Court Appearance is \$3000 for a full Day or \$1500 for a Half Day.

#### **CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office between 8 AM and 5 PM, I usually will not answer the phone when I am with a patient. When I am unavailable during business hours, my telephone is answered by my secretary or by voice mail.

When I am unavailable after business hours, my telephone is answered by voice mail. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call.

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. 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. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

### **INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. My office will attempt to assist you with whatever is needed to help you receive the benefits to which you are entitled; *however, you (not your insurance company) are responsible for full payment of my fees.* If you have questions about coverage, call your insurance carrier.

Most insurance companies require you to authorize 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 is kept on file with the insurance company and is no longer under my control. You are welcome to discuss with me any information that I am required to send to your insurance company. You always have the right to pay for my services if greater privacy is a concern.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. An appropriate fee may be charged for professional time spent on records requests.

### **CONFIDENTIALITY**

In general, *the privacy of all communications between a patient and a psychologist is protected by law*, and I can only release information about our work to others with your written permission.

There are a few exceptions to confidentiality. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. Also, there are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. I will make every effort to fully discuss it with you before taking any action. I occasionally find it helpful to consult other professionals about a case. During a consultation, I do not reveal the identity of my patient. The consultant is also legally bound to keep the information confidential.

**MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any concerns you may have.

A considerable effort has been made to establish office procedures and policies that are consistent with accepted guidelines and HIPPA Privacy Practices. You may ask to review or obtain a copy of both the HIPPA Privacy Practices (04/03 version) and this Outpatient Services Agreement.

Given to patient:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_