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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. 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) Individual Psychotherapy: \$190.00 per hour
- 3) Other requested services such as report writing, preparation of records or treatment summaries: \$150 per hour. Legal cases are at a higher rate to be discussed if needed.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. BCBS of Mississippi has been covering telepsychology office visits since the onset of the COVID 19 pandemic. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance does not cover electronic psychotherapy sessions, you will be responsible for the fee of the session.

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. The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a hand written record of our session.

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.

TELEPSYCHOLOGY INFORMED CONSENT ISSUES

Risks to confidentiality Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

For communication between sessions, I only use phone, email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods should not be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all

communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Outpatient Service Agreement above apply to telepsychology services. Please let me know if you have any questions about confidentiality.

Your signature below indicates agreement with this Outpatient Services Agreement & Informed Consent terms and conditions as outlined above.

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 the HIPPA Privacy Practices.

Client

Date

