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TREATMENT CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains material regarding the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights. When you sign this document, you are acknowledging receipt of this information and it will represent an agreement between us. If you have any questions or concerns about anything contained in this document, please raise them with me directly.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general terms. It varies depending on the personalities of the Psychologist and patient, the problems being experienced and the training and orientation of the practitioner. Psychotherapy calls for active effort and involvement on your part. In order for therapy to be successful, you will have to work on the material we discuss during session and on your own outside of therapy. Additionally, it is only one part of your overall health care and other lifestyle components such as nutrition / diet and exercise are likely to be important factors to your emotional and overall health.

Psychotherapy has both risks and benefits, as the process often involves discussing unpleasant experiences and requires you to experience anxiety provoking feelings like grief, guilt, and, anger, for example. Research has demonstrated that engagement in just such a process helps patients on many levels – emotionally, physically and interpersonally. Despite these findings, there is no guarantee that you will experience any or all of these benefits.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impression of what our work will involve. You should evaluate my feedback along with your own reactions in order to decide whether working with me will be of help to you. Therapy involves a large commitment of resources, such as time, finances and energy, so is is best to be thoughtful in your choice of therapist. If you have any questions about my procedures or approach, please discuss them directly with me as they arise. If you would prefer to work with someone else or feel you need another kind of treatment, I will do my best to provide you with an appropriate referral.

SESSIONS & PROFESSIONAL FEES

After the initial evaluation period, if we decide to work together, we will create a plan until you have reached your treatment goals (e.g., 100 minute session every other week). My fees (in USD) are: $200.00/50-minutes, weekdays before 5pm; $250.00/50-minute, weekdays 5pm and after; and, $300.00/50-minute Saturdays and Holidays (when available). Payment is expected at the time of service. Once an appointment is scheduled, you will be expected to pay for it unless you provide notice of at least **48 business hours**. Fees are to be paid directly to me at the beginning of each session. I do not work directly with any coverage providers; therefore, if you choose, you may seek reimbursement from your insurance company or other coverage provider (except Medicare – see below). I can provide you with a detailed receipt; it will be provided directly to you, with or without a diagnosis, as you request. It is important to note that insurance will not cover you for missed sessions.

Payment is accepted via check (payable to Dr. Timothy Freitas), Zelle or cash. If you would like to use the bill pay service from your financial institution, please discuss beforehand. Please put the date(s) of service in the memo.

Note: I do not contract with Medicare; you are solely responsible for fees and Medicare will not reimburse you. If you are a Medicare Beneficiary or you become one during our time of working together, there is an additional contract for you to sign. That contract will be considered to have taken effect as of the date you became a Medicare beneficiary.

Other professional services, such as preparation of reports and other records, telephone conversations, consultation with other professionals (with your permission), and participation in other matters, are charged at the same rate if these go beyond the customary and ordinary 5 minutes per week.

I make every attempt to see you at your scheduled session. From time to time an urgent situation may result in my not being able to meet at the scheduled time. Any costs or expenses you have incurred as a result of this are yours and are not reimbursed in any way.

Telehealth may be utilized in how services are delivered. Even if our plan is to meet in person we will pivot to telehealth under certain circumstances; such as, if you are feeling ill (e.g., cold or flu like symptoms, etc.) or you have been exposed to someone who anyone who is sick it is understood we will meet via telehealth. Similarly, if I have reason to believe I could be sick we would also meet via telehealth.
(See below for additional information.)

LEGAL & OTHER PROCEEDINGS

Given my devotion and time commitment to all my patients, it is my policy to not be involved with nor participate in any litigation or court/legal proceedings/activities as well as any activities with regulatory/administrative/insurance/etc. agencies. If I somehow become involved in litigation, legal or regulatory agency (or similar) work related to you either by yourself or a third party then you will be charged for that time. Fees for this work are charged for every portion of a quarter hour segment (currently $150.00/quarter hour). This fee must be paid in advance and is related to all services and time such as consultation, testimony, record review, travel, etc.; additional fees and costs apply for any related expenses.

If you are involved in a court proceeding and a request is made for information concerning you (e.g., diagnosis and treatment), such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you may want to consult with your attorney to determine whether a court would be likely to order me to disclose information about you and how that could affect your case.

CONTACTING ME

Due to my work schedule and commitment to devoting myself fully to each patient during his or her session, I do not accept phone calls during appointments. I will do my best to return your phone call between sessions, before or after scheduled appointments and typically within 24 business hours. I will do my best to respond to urgent calls during the evenings and over week-ends, but cannot assure you that I will do so in a timely fashion. Therefore, in case of emergency, you should contact your primary physician, other clinician(s), visit your local emergency room, call 911 or 988 (Suicide and Crisis Lifeline). My practice is not suitable for persons needing assistance between sessions (e.g., safety risks, crisis management, etc.).

I use email communication only with your permission and only for administrative purposes. That means that email exchanges with my office should be limited to topics like setting and changing appointments, billing matters and other related issues; additionally, emails should be brief. Please do not email me about clinical matters or include any Protected Health Information. The confidentiality and security of email cannot be guaranteed. Texting is not used as a form of communication.

CONFIDENTIALITY

Your Protected Health Information, treatment, and professional record are confidential except as otherwise noted in this document.

Confidentiality is the bedrock of the psychotherapeutic relationship. However, the courts have legislated certain exceptions to confidentiality and I may be mandated by

law to disclose certain material. Also, as noted above, a court order requires release of information.
For example: I am mandated to report any suspected child abuse; I must intervene if I feel you are in imminent danger of harming yourself or others; and, I must report if you are considered an impaired driver. Also, reports may be made if there is abuse of a vulnerable adult.
In regards to child abuse: If I have reason to suspect, on the basis of my professional judgment, that a child is or has been abused, I am required to report my suspicions to the authority or government agency vested to conduct child abuse investigations. I am required to make such reports even if I do not see the child in my professional capacity. I am mandated to report suspected child abuse if anyone aged 14 or older tells me that he or she committed child abuse, even if the victim is no longer in danger.
I am also mandated to report suspected child abuse if anyone tells me that he or she knows of any child who is currently being abused. Additionally anything related to child pornography is reportable.

Also, if a patient files a complaint or lawsuit against me or makes negative statements about me, I may disclose relevant information regarding that patient in order to defend myself. Additionally, if payments are delinquent, I may disclose needed information to a collection agency or attorney (n.b., you are responsible for all costs/fees associated with the collection, e.g., my additional time billed at the legal/administrative rate).

With your written permission, I may discuss your case (e.g., with other health care providers) or release your Protected Health Information. Please let me know if that is something you would like.

Please discuss with me any questions you may have about any of the outlined provisions.

Informed Consent for Telehealth

Please review the following; this is an addendum to your Treatment Contract which remains in full effect.

This policy refers to communication and delivery of services via telecommunication technologies; this can include the Internet, videoconferencing, phone, etc. Although the American Psychological Association (APA) has recognized telehealth to be an acceptable practice for psychologists, it is still a relatively newer form of therapy and has unique challenges. Also, there may be inherent limitations with it given the nature of the media involved.

Maintaining confidentiality is a shared responsibility. You agreed to take full responsibility for the security of any devices that you use as well as using an appropriate location for telehealth. It is agreed that you will **not** engage in recording, screenshots, etc. our sessions. While significant efforts are taken to ensure confidentiality, given the nature of electronic communications and technologies it cannot be guaranteed that our communications will be kept confidential (others may gain access to our communications). Risks to privacy and confidentiality that occur utilizing telehealth include issues such as computer viruses, spyware, and maintaining privacy on the Internet (for example, stored data could be accessed by unauthorized persons or companies). It is understood that, at times, telecommunication technologies may malfunction or fail; we will do our best to resolve this, but realize that there may be circumstances which preclude a treatment session from commencing or continuing.

Telehealth, however, also affords many potential benefits. A growing body of research suggest telehealth is an effective form of treatment, although much newer than traditional forms of therapy. We are using this format of providing treatment because the benefits outweigh the risks (for example, providing treatment in the context of an established therapeutic relationship rather than attempting to locate and establish a new treatment relationship with a different professional).

For administrative purposes, if you are in another state, the services provided will be addressed as though they have taken place in Pennsylvania. As outlined earlier in the contract, at your request, I will provide receipts; however, they will note that the services are provided via telehealth. Your insurance company may or may not treat telehealth services differently from regular office appointments. It is your responsibility to determine the policies in this regard with your specific health care plan and insurance company.

It is understood that at the time of service you will be at the address you listed on your paper work. It may be permissible to meet with you at a different location; this would need to be discussed at or before scheduling and the exact address of where you are during the session is needed.

Telehealth is not an appropriate format of treatment during crisis / emergency situations that involve your safety or that of others, or for situations needing high levels of support. Should this be a concern that presents itself, other arrangements will need to be made. As outlined in your contract, in case of an emergency, you should contact primary physician, other clinician(s), visit your local emergency room, call 911 or 988 (Suicide and Crisis Lifeline).; you agree to do so should the need arise and to keep me informed of any safety concerns.

Additionally, please identify a provider (e.g., therapist, physician) whom can be contacted should there be a concern (e.g., regarding your safety). This document will also serve as a release for that person to be contacted should such a need arise.

Name: _____

Type of Professional: _____

Email: _____

Phone(s):_____

Please discuss with me any questions you may have about any of the outline provisions.

Your signature below indicates that you have read the information in this document and agree to abide by its terms.

_____ _____

Signature Date

_____

Printed Name