

STATEMENT OF UNDERSTANDING

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Psychologist

Welcome to my practice. This document contains important information about my professional services and policies. Please read it carefully so that you can ask any questions you have at our next meeting. Once you sign the contract it will constitute a binding agreement between us.

PSYCHOLOGICAL SERVICES: Psychotherapy is not easily described. Approaches utilized depend on the needs of the client and the particular problems you hope to address. Success requires active effort on your part both during the sessions and between sessions.

Psychotherapy has both **benefits and risks**. Risks may include experiencing uncomfortable feelings like sadness, guilt, anxiety, anger and frustrations, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. On the other hand psychotherapy has also been shown to have benefits leading to a reduction of feeling of distress, better relationships, and resolution of problems. But there are **no guarantees** about what will happen.

Therapy begins with **assessment**, which is ongoing. As you share your history and feelings I will be making hypotheses and at some point will share them with you. I will also tell you what I think the best psychological treatment for your particular problem(s) is. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be careful about the therapist you select. If you have doubts about me or the treatment approach we are using, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you secure a second opinion with another mental health professional.

CONFIDENTIALITY: The law generally protects the confidentiality of all communication between a client and a psychologist, and I can only release information about our work to others with your written permission. However, there are a few important exceptions of which you should be aware:

- In most judicial proceedings, you have the right to prevent me from providing information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony.

- There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment.
 - If I believe that a child, an elderly person, or a disabled person has been abused, I must file a report with the appropriate state agency.
 - If I believe that a client is threatening serious bodily harm to self or another, I am required to take protective action, which may include notifying a potential victim, notifying the police, seeking hospitalization for the client, or contacting family members or others who can help provide protection.

These situations occasionally arisen in my practice. Should such a situation occur, I would make every effort to fully discuss it with you before taking any action.

I may occasionally need to consult about a case with other professionals such as my psychologist colleagues. In these cases I make every effort to avoid revealing the identity of my client. Unless you object I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

PROFESSIONAL FEES: My fees are as follows:

Intake	\$160/hour
Individual Therapy	\$130/hour
Family Therapy	\$140/hour
Group Therapy	\$ 75/hour
Evaluations	\$150/hour
Forensic/Legal Consultations	\$175/hour

It is the practice of Hidden Springs Psychological Services to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations longer than ten minutes, consultations with other professionals that you have authorized, preparation of records or treatment summaries, or the time required to perform other services you may request. In unusual circumstances, you may become involved in a litigation, which may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$175 per hour for preparation for, and attendance at, any legal proceeding.

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

INSURANCE REIMBURSEMENT: In order to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. Your health insurance policy will usually provide some coverage for outpatient mental health treatment. It is your responsibility to call your insurance company and determine what your deductible amount is (how much you have to pay before the insurance starts paying its portion), what your copayment is, and the amount of your maximum benefit per year. You and not your insurance company are ultimately responsible for full payment of the fee to which we have agreed. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers.

There has been an increased level of complexity in insurance benefits in the past few years. Managed care companies such as EAPs, HMOs and PPOs often require advance authorization before they will provide payment. These plans are often oriented towards a short-term treatment approach designed to resolve specific problems with a limited number of sessions. It may be necessary to seek approval for additional sessions, which may or may not be allowed.

Most insurance agreements require you to authorize me to provide a clinical diagnosis, treatment plan or summary and, in rare cases, a copy of the entire record. This information becomes part of insurance company files, may be computerized, and may be shared with a national medical data bank. I have no control over what they do with it. If you request it, I will provide you with a copy of any report I generate.

Once we have all 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 the insurance benefits run out before you feel ready to end your sessions. Of course you have the right to pay for my services yourself and avoid involvement with insurance.

CONTACTING ME: I am not always immediately available by telephone. I usually do not interrupt therapy sessions with clients to take calls. When I am unavailable, an electronic answering machine answers my telephone. I will attempt to return your call on the same day with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you will be available. In emergencies, you can call me on my mobile phone at 207-227-3678. If you cannot reach me, and you feel that you cannot wait to speak with me, you should call your family physician, the emergency room at the nearest hospital, or the 24-hour Crisis Helpline at 888-568-1112.

PROFESSIONAL RECORDS: It is required by law and my profession that I keep appropriate treatment records. You are entitled to receive a copy of the records. Because

these are professional records, they can be misinterpreted and/or can be upsetting. If you wish to see your records, I recommend that you review them in my presence so that we can discuss what they contain. I am required to retain your records for 13 years after you complete your treatment.

MINORS: If you are less than 18 years of age, the law may provide your parents with the right to examine your records. I usually provide parents with only general information about how your treatment is going unless I feel that there is a high risk that you will seriously harm yourself or another, in which case I will notify them. Before giving parents information I will discuss the matter with you and will try to resolve objections if you have any.

MEETINGS : During the first session or so we will decide if you want to make a commitment to psychological treatment with me. I usually schedule one appointment of forty-five to fifty minutes duration per week at a mutually agreed time. Sometimes sessions will be more or less frequent. Once this appointment is scheduled, you will be expected to pay for it unless you provide 24-hour advance notice of cancellation, or unless we both agree that you were unable to attend due to circumstances beyond your control.

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

CLIENT NAME (PRINT)

SIGNATURE (Client, Parent, or Guardian)

Date