R O B E R T N O R G A A R D, L M F T

L i c e n s e d M a r r i a g e a n d F a m i l y T h e r a p i s t

psychotherapy and EMDR

mfc 42553

www.robertmft.com

Consent for Services

Outpatient Services Contract

Welcome to my psychotherapy 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 means that you fully understand my office policies and will represent an agreement between us. While this is a comprehensive document, it is not all inclusive. My policies and procedures and fee for services may change at any time. It is your responsibility to periodically ask Robert Norgaard about these policies. Please visit my website for updated versions of this form and my fee which is subject to change at any time based on business need.

Psychological services

Psychotherapy is not easily described in general statements. It varies depending on the personality of the psychotherapist and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Examples of various modalities I may use include, Cognitive Behavioral Techniques, Psychodynamic work, guided imagery, EMDR, Humanistic approaches, Interpersonal approaches and others based on your needs and the amount of time you can commit to our work. Psychotherapy is not like a doctor's visit. Instead, it calls for a very active effort on your part. In order for psychotherapy to be most successful, you will have to work on things we talk about during our sessions and at home.

Psychotherapy can have benefits and have risks. Since 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 of what you will experience.

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 impressions of what our work will include and may present a treatment plan to follow. My clinical impressions of your case should be evaluated by you and should also include your opinions and decision regarding whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. I am always interested in your view of the entire therapy process

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Meetings

I normally conduct an informal evaluation that will last from 2 – 4 sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will schedule a 45 minute session, weekly, although some sessions may be longer or more frequent. If session go longer, I charge in 15 minute increments of time. Once our appointments are scheduled, you will be expected to make payment for that session at the time that we meet and preferably at the start of each session and at the latest, within 24 hours of our meeting. **If you are not able to make our scheduled appointment, I require 24 hours cancellation notice. Same day cancellations are subject to your therapy fee. Please note that should you be 15 minutes late or longer to a session, it will be considered cancelled and you will be charged in full for the session. Please also see the cancellation policy handout.**

Professional Fees

My hourly fee for individuals changes every year on or around January 1 for a 45-60 minute psychotherapy session as well as for a 90 minute EMDR session. Sometimes these fees are negotiable at the start of our work. In that case, you will be given another form to sign indicating our fee schedule. In addition to weekly appointments, I charge this amount for other professional services you may need or for sessions that run over 45 minutes and do so on a prorated basis in 15 minute increments of time. Other services include report writing, letter writing, telephone conversations with you, preparation of records or treatment summaries, working with out of network insurance plans and other miscellaneous services you may request. **Note: Due to the cost of doing business**, I will be instituting an annual fee increase. This fee increase will be discussed with you at least 1 months in advance of your anniversary date. Percentage of increase will be dependent upon the cost of doing business in any given year. I am happy to discuss any concerns you may have about this.

Legal issues/requests-Fees

If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time not only if you are requesting me to attend court but even if I am called to testify by another party regarding your case. My fee to attend court in person is $1000 per day plus travel expenses and incidentals if applicable. My fee to prepare documents for court, make calls on your behalf or any time spent in any way regarding a court case is $240 per hour. The above circumstances are very rare and hopefully we will not have to be in the position of legal action. **Important:** Please note that any legal action may result in the loss of our confidentiality agreement as well as your rights to privacy under the law and may result in the public disclosure of your case including diagnosis and other personal information. Please consult with your attorney regarding the issue of confidentiality and the courts.

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Private Pay clients

As a private pay client, you are choosing to pay out of pocket for my services. At the time of our agreement, you are reporting that either you do not have insurance and/or do not wish to use your insurance. This agreement cannot be amended once we begin working together. You cannot be reimbursed by your insurance later for services agree upon as a private pay client should you decide later that you want to use your insurance if you have it. It is up to you to know if you have insurance or not. Please be sure to check this in advance.

You will be expected to pay for each session at the time of our appointment. If you cannot pay at the time of our appointment, you may be subject to a late fee of $25 per week. I am required to notify you, that if for some reason you fall behind in your fee for service of 30 days, I may have to use legal means to secure payment or use a collection agency. That cost will be added to your outstanding balance. In most collection situations, the only information I release regarding a clients treatment is his/her name, the nature of the services provided and the amount due. **Please note that if you should decide to pay by check, I am unable to hold checks for any period of time. Returned checks will be subject to any bank fees incurred.**

Insurance Billing

A pre-auth may be required for all insurance. It is your responsibility to make sure your insurance is "active" and that our services are authorized. Typically, I will call in advance to verify your benefits. Sometimes copays or coinsurance may change without my knowledge. If this happens, you will be asked to pay me for my services retroactively. If your insurance does not cover a particular service that our work should require, you may be asked to pay out of pocket for that said service or I may refer you to another therapist. Out of Network: If you have OON benefits and decide to use them, you will need to pay for your sessions in full at the time we meet. At the end of the month, I will provide you with a summary of services that you will need to submit to your insurance for reimbursement. I am not required and do not work with Out of Network plans. Reimbursement for services I provide for you are between you and your OON insurance in which I am not involved. Any time that I might need to spend assisting you with your OON insurance plan will be subject to an hourly fee equal to that of your negotiated hourly rate for psychotherapy. Any special requests to work with your insurance are at my discretion and are subject to a 30 day response period and are based on my availability to respond to your request. NOTE: In order to use your MH benefits for psychotherapy, the insurance company requires a diagnosis. Insurance companies may also call me to check up on your case-these calls are not subject to your authorization. **Deductibles:** Your plan may be subject to a deductible. Please let me know immediately what your deductible is and when it will be met. If you overpay your deductible, I will credit future co pays. A credit is only good for 4 sessions of copays no matter how much you may have overpaid. Please avoid overpayments but keeping track of your deductible and communicating with me where you are at. Your deductible may include other medical services you use with other providers. I do not give cash refunds.

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Contacting Me

I am not available for emergencies. Please contact 911 or go to the closest emergency room. I am often not immediately available by phone. My voicemail system will notify me when I receive a message but I may not be able to respond right away. However, I check voicemail frequently and make every effort to return your call on the same day with the exception of Sundays. If you are difficult to reach, please leave me the best time to reach you and your phone number even if you think I have it.

Email/Text Policy: I only use email for administrative issues such as scheduling and billing issues. **Please do not send me documents or clinical information via email or text.** If you send me information over email or text, you do so at your own risk as I cannot guarantee the security of the transmission.

Emergencies

Unfortunately, I am not available for emergencies. *In an emergency, contact your treating physician or call 911. You can also call your nearest emergency room and ask for the clinician/psychiatrist on call*. If I am unavailable for an extended period of time, I will offer you a colleague to contact if necessary.

Professional Records

The laws and standard of my profession (HIPAA) require that I keep treatment records. I do not keep detailed records of our sessions as a protection to you. Notes of our work usually are a brief sentence or 2, a date of the meeting and fees paid. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I would be happy to send them to a mental health professional of your choice. *Typically, I will provide a 1 page summary* to the entity requesting information about your case, given we have had a detailed conversation about releasing your records, the pros and cons. A 1 page summary is the most efficient means of sharing your information. Because they are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, if appropriate, I will recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any time spent in preparing information requests. In addition, I am entitled to take up to 30 days to respond to your request for any type of record. Remember, if you chose to share your mental health record/summary with someone else, that information may no longer protected by law and may be considered public information. Once all releases are in place and your PHI has been released to a third party I am no longer responsible for any 'fall out" that may occur because of your decision to release your personal,/mental health information. *Please think seriously as to whether or not it is absolutely necessary to share information about yourself with a third party.*

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Virtual Meetings

Meetings that are held Virtually are subject to HIPPA regulations unless there is an emergency situation. I use DOXY as the preferred medical platform. DOXY and EMDR REMOTE and ZOOM for medicine are HIPPA compliant. On occasion, I will use FaceTIME when no other platform is available to us. If using a non HIPPA compliant platform, YOU are aware that I, Robert Norgaard, am not responsible for any data breach, hack or interruption by a third party that would compromise your confidentiality while on the call. It is also my policy that you please close any open programs or apps and notifications while on our call. This will help increase bandwidth and decrease distractions. If while on the call you are having a medical emergency, I will call 911 and have them come to your home. I may also call your emergency contact on file. If you miss a virtual session, the cancellation policy applies. It is not my responsibility to email you or text you if you are late to our virtual session.

Your Responsibilities

Please review my website for updated information and explanations about how I work and what my expectations of you are. In short, it is your responsibility to be active in the work, show up on time, ask questions, inquire, do homework as requested and participate. It is also your responsibility to understand your insurance benefits, if you have them and to pay your co pay or fee's on the day we meet.

Confidentiality

In general, the law protects the privacy of all communications between a client and a psychologist, and I can release information about our work to others only with your written permission. But there are a few exceptions.

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 as important issue, a judge may order my testimony if he or she determines that the issue demand it. 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 client's treatment. For example, if I believe that a child [elderly person, disabled person] is being abused, I must [may be required to] file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threats to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any actions. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless that it is important to our work together.

Confidentiality regarding spouse or partner who chooses to join in a psychotherapy session as a "visitor": This signed document will provide as a release of confidential information from you, the patient, for the therapist to share information about our work together, should it become relevant, should a spouse or partner join in one of our sessions. Due to the nature of conjoint therapy, information shared in the process of our work together that may come out in a conjoint session cannot be determined or protected within the session.

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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. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.] Please also see your HIPAA Notice of Privacy Practices form.

Your signature below indicates that you have read this Consent for Services form, (pages 1-5), understand my office policies and related information about your rights in this document, that you understand my fee's, cancellation policy, virtual consent and have signed the HIPAA, Notice of Privacy Practices form, and agree to abide by my office policies and its terms during our professional relationship.

I fully understand Robert Norgaard's policies. **Initials:** _____

Please LEGIBLY print your name and date:

Please LEGIBLY sign AND date here:

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