



Two Doors Down, PLLC  
4026 NE 55<sup>th</sup> Street, Suite E250  
Seattle, WA 98105  
megswan73@gmail.com

## **PSYCHOLOGICAL SERVICES CONTRACT**

### **For the Parent**

Welcome to my 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 at a schedule time. When you sign this document, it will represent an agreement between us, as I provide psychological services to your teen.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems brought forward. There are many different methods I may use to deal with the problems addressed by your teen. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on the part of your teen. In order for therapy to be most successful, it will be most important for your teen to work on and apply things he/she and I talk about both during our sessions, at school, and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your teen's life, he/she 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 consistently participate in 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 your teen will experience, and it is most helpful for your teen and you to stay open to his/her experience and set aside any specific expectations.

My first few sessions will involve establishing rapport and evaluating your teen's expressed needs. By the end of the evaluation, I will be able to offer your teen some first impressions of what our work will include and a treatment plan/goal setting to follow, if your teen decides to continue with therapy. Your teen should evaluate this information along with his/her own opinions of whether they feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so your teen should be very careful about the therapist he/she selects. If your teen or you have questions about my procedures, please bring them forward for us to discuss, whenever they arise. If your teen's doubts persist, I will be happy to help him/her to set up a meeting with another mental health professional for a second opinion.

## **MEETINGS**

My therapy sessions are 45-55 minutes in length. After the first few sessions, your teen and I can decide if I am the best person to provide the services needed in order to meet his/her treatment goals. If psychotherapy is begun, we will weekly or biweekly, at a time your teen and I agree on, although some sessions may be longer or more frequent, depending on issues that may arise and require more time. Once an appointment hour is scheduled, you will be expected to pay for it unless you or your teen provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. If your appointment is on a Monday, the 24-hour cancellation is by the previous Friday. If your teen is unable to attend his/her regularly scheduled appointment, I will try to find another time to reschedule.

## **PROFESSIONAL FEES**

The fee for 45-minute sessions is \$150 and \$165 for 55-minute sessions. In addition to weekly appointments, I charge this amount for other professional services your teen may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than

30 minutes, attendance at meetings with other professionals your teen has authorized, preparation of records or treatment summaries, and the time spent performing any other service you or your teen may request of me. If you become 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.

### **BILLING AND PAYMENTS**

If you have insurance in which I am a preferred provider, my biller will submit billing to your insurance company. She will send you an invoice on a monthly basis. You will be expected to pay for each session and/or copay at the time it is held, or unless we have arranged another time frame. Payment schedules for other professional services will be agreed to when they are requested.

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. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] 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.

If a check is returned due to insufficient funds, I will charge you for the additional amount including any bank fees applied.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your teen's treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment of your teen. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services for your teen. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if your teen requests it.

Once we have all of 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 they run out before your teen may feel ready to end our sessions. It is

important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, you may leave me a voice message at 206-769-6792, that I monitor frequently. You may also reach me by email at: [megswan73@gmail.com](mailto:megswan73@gmail.com) and I will make every effort to return your call or email on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available.

### **EMERGENCIES**

If you are unable to reach me and feel that you can't wait for me to return your call or email, your options are to call 9-1-1, the crisis clinic 24-hour helpline 1-866-847-2727, contact your family physician, or go the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### **PATIENT RIGHTS**

As a client receiving psychological services, your teen has a number of rights. Your teen is entitled to receive full information about my psychological training and qualifications, treatment philosophy, and explanation of fees for my services. Your teen has the right to ask questions about his/her therapy, and to refuse any course of treatment suggested by me. Further, your teen has the right to terminate therapy at any time, without penalty. Your teen has the right to request access to his/her treatment records and to request a copy of those records or to request to correct those records. Your teen also has the right to request in writing that no treatment records be maintained. Your teen has the right to have his/her psychologist release appropriate information from his/her treatment records to another entity, provided he/she sign a release of information. Your teen has the right to discuss his/her treatment with anyone he/she chooses.

## **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 your teen's to others with his/her written permission. But there are a few exceptions.

In most legal proceedings, your teen has the right to prevent me from providing any information about his/her treatment. In some proceedings involving child custody and those in which parent-child emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues 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 your teen's treatment. For example, if I believe that a child, minor, elderly person, or disabled person, is being abused, I must file a report with the appropriate state agency.

If I believe that your teen 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 your teen. If your teen threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact you, 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 action.

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 patient. 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 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 a scheduled time. 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.]

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

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Parent Signature and Date

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Psychologist Signature and Date

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