



## **OUTPATIENT SERVICES CONTRACT**

CONSENT FOR TREATMENT

**Melissa R. Davies, Psy.D.**

Welcome to my practice. This document contains important information about my professional services and policies. Although it is somewhat lengthy, please read it carefully and jot down any questions you might have so we can discuss them at our scheduled meeting. When you sign this document, it will represent an agreement between us.

I am a licensed clinical psychologist. I am trained to provide a range of therapeutic and assessment services for children, adolescents and adults. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and the client, and the particular problems that you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a visit with a medical doctor. Instead, it calls on you to be very active in the treatment. In order for therapy to be successful, you will need to work on things we talk about both during our sessions and at home.

As with any treatment, psychotherapy has benefits and potential risks. We will often talk about unpleasant aspects of your life and you may experience uncomfortable feelings like sadness, guilt, anger, frustration and helplessness. On the other hand, psychotherapy has been shown to have benefits for those who complete it. It often leads to better relationships, solutions to specific problems and significant reductions in stress.

Our first few sessions will involve an evaluation of your needs. I will be able to offer some first impressions of what our work will include as we begin to identify goals for treatment. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy. If you have questions about my procedures, we should discuss them whenever they arise.

### **CONFIDENTIALITY**

The information you share with me is confidential and protected by law. Generally, I can only release information to others with your expressed written consent. There are few exceptions.

1. I am legally obligated to take action to prevent clients from harming themselves or others.
2. I am legally obligated to prevent the abuse or neglect of dependent persons (i.e. children, elderly, dependent adults).
3. In court proceedings in which your emotional condition is an important issue a judge may order my testimony if he/she determines that it is warranted. (This situation occurs very rarely.)
4. For patients using health insurance or worker's compensation, know that I am required to send them information relevant to the services I provide. This can include your

diagnosis, treatment plans, or copies of your entire record. By signing this agreement, you are consenting for release of such information to your health insurance carrier or managed care organization. Should you disagree with release of such information in this manner, you have the option of waiving usage of these benefits.

## **COMMUNICATION**

You are welcome to reach me by phone at 419-782-2800. If you choose to communicate with me via email or texting, you understand and accept that confidentiality may be at risk. Electronic means of communication are particularly susceptible to hacking and other threats. Unknown or third parties may electronically intercept the information. I do not use encrypted email services. If you choose to participate in electronic forms of communication with me, you accept these risks. Your participation in such communication authorizes me to communicate with you electronically.

I am not immediately available at any given time. However, I usually return calls and emails within 24 hours, Monday – Friday. Messages left on Saturdays or Sundays will be returned on the following Monday. If you experience a mental health emergency, you should call Comprehensive Crisis Care at 211 or 800-468-4357. You can also go to your nearest emergency room.

If you need to cancel or reschedule an appointment, please contact me as soon as possible. We can arrange a convenient time to reschedule. If you must cancel an appointment, please provide **24 hours notice** so that I might have an opportunity to schedule others who are waiting to be seen. If you forget to cancel your appointment, you will be charged the regular session rate (\$135). If you cancel your appointment with less than 24 hours notice, you will be charged a \$35.00 late cancellation fee (except in emergency situations). Please know that insurance companies do not reimburse for missed appointments.

## **INSURANCE REIMBURSEMENT**

Most health insurance policies provide coverage for mental health treatment. I will submit claims. I will 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 payment for services rendered. It is very important that you find out exactly what mental health services your insurance policy covers before entering treatment. I am an in-network provider for most insurance panels. Consider calling your plan administrator to learn the specifics about your coverage. Be sure to determine whether I am an in-network provider for your plan. You will also want to know about deductibles and copays, for which you are responsible. These payments are due at time of service. Cash, check and credit cards are acceptable forms of payment. Please note that payment by Credit or Debit Card results in a record of transactions on your account statement.

Patient account balances which are left unpaid beyond 60 days will be turned over to a collection agency.

## **Fees are the following:**

<b>Initial Diagnostic Appointment</b>	<b>\$200</b> (60 minute session)
<b>Individual Psychotherapy</b>	
<b>Adult -</b>	<b>\$135</b> (45-50 minute session)
<b>Children -</b>	<b>\$135</b> (45-50 minute session)

**Family Therapy**                      **\$150** (60 minute session)  
**Psychological testing**              **\$200** (60 minute session)

**Correspondence Fees (report writing, letter writing) vary from \$30.00 to \$100.00**  
depending on the length and time involved.

\*In the rare event that I am called to testify on your behalf in a court of law, fees will be charged at the normal hourly rate (\$125) including preparation time.

**INFORMATION FOR DIVORCED/SEPARATED PARENTS OF CLIENTS**

For legal reasons, if the identified patient is a child under the age of 18, and parents are divorced or separated, proof of custody will be needed before the initiation of services. Only custodial parents can consent for treatment. Under shared parenting arrangements, both parents retain custody. As long as parental rights have not been terminated, both parents have the right to be involved and informed of treatment. It is my policy to seek involvement and input from both parents before commencing treatment with a child.

**Requests for letters authorizing Emotional Support Animals**

Dr. Davies does *not* provide letters in support of emotional support animals (ESA's). If requested, Dr. Davies can help patients identify a qualified provider who can assess for needs related to ESA's.

**Consent for Treatment**

I have read and understood the above procedures, limitations, and fees and consent to receive psychological services from Dr. Davies. I understand that I am responsible for paying all fees, co-payments, etc, which are not covered by my insurance company.

\_\_\_\_\_  
(Name of intended client)

\_\_\_\_\_  
(Client's Date of Birth)

\_\_\_\_\_  
Signature of client/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Melissa Davies, Psy.D.  
Licensed Clinical Psychologist

\_\_\_\_\_  
Date

*\* We will review all information on this sheet during the first appointment. You may wait to sign it during the appointment or sign it now. Please bring this information sheet with you to our first meeting.*