



**TRACY SAFF DOW** Psy.D.  
Doctor of Clinical Psychology

OUTPATIENT SERVICES CONTRACT

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 them at our meeting. When you sign this document, it will represent an agreement between us.

**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 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 medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will need to work on things we talk about during our sessions and at home.

Psychotherapy can have benefits and 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 a treatment plan to follow, if you decide to continue with therapy. 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, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**MEETINGS**

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need to meet your treatment goals. If psychotherapy has begun, I will usually schedule one 55-minute session (one appointment hour of 55 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

**PROFESSIONAL FEES**

My initial consultation is a 60–90-minute session, which costs \$300–\$350. A 55-minute fee for ongoing sessions is \$250. In addition to weekly appointments, I charge this amount for other professional services you 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 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you 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



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party. Because of the difficulty of legal involvement, I charge \$400 per hour for preparation and attendance at any legal proceeding.

#### BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held unless we agree otherwise. 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 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.

#### INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important for you to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. 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. If you have questions about 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.

#### PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

#### MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.



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## CONFIDENTIALITY

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

1. A professional may disclose confidential information:
  - a. to a government agency if the disclosure is required or authorized by law (including physical or sexual abuse of a child);
  - b. to medical or law enforcement personnel if the professional determines that there is a probability of imminent mental or emotional injury to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
  - c. to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (2);
  - d. to a person who has written consent of the patient, or a parent or other guardian if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
  - e. to the patient's personal representative if the patient is deceased;
  - f. to individuals, corporations, or governmental agencies (including Medicaid) involved in paying or collecting fees for mental or emotional health services provided by a professional;
  - g. to other professionals and personnel under the professional's direction who participate in the diagnosis, evaluation, or treatment of the patient;
  - h. in an official legislative inquiry relating to a state hospital or state school as provided in Subsection (3);
  - i. to health care personnel of a penal or other custodial institution in which the patient is detained if the disclosure is for the sole purpose of providing healthcare to the patient;
  - j. to an employee or agent of the professional who requires mental health care information to provide mental health care services in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:
    - i. will not use or disclose the information for any other purposes; and
    - ii. will take appropriate steps to protect the information; or
  - k. to satisfy request for medical records of deceased or incompetent person pursuant to Section 4.01(e), Medical Liability, and Insurance Improvement Act of Texas (Article 4590I, Vernon's Texas Civil Statutes).
2. Personnel who receive confidential information under Subsection (1)(h) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report in any other manner.
3. The expectation in Subsection (1)(h) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.
4. A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection does not apply to a person listed in Subsection (1)(d) or (1)(e) who is acting on the patient's behalf.



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**SUPERVISION**

I may occasionally find it helpful to consult other professionals about a case. During consultation, I make reasonable efforts 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 our 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.

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

Please remember :

- You must notify me 24 hours in advance for cancellation, or you will be expected to pay for the appointment.

Please initial \_\_\_\_\_

- There is a \$400 charge for preparation and attendance to any legal proceedings.

Please initial \_\_\_\_\_

- There may be an additional fee if I am requested to provide my services on the weekend.

Please initial \_\_\_\_\_

SIGNATURE OF PATIENT \_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_