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#### OUTPATIENT SERVICES CONTRACT

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 will represent an agreement between us. By signing this document you give consent to me to provide therapeutic [psychological] services to your son /daughter.

#### 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, your child will have to work on things we talk about both 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 your child will experience.

#### PSYCHOTHERAPY SESSIONS

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. If psychotherapy is begun, I will usually schedule one 45 minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation [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. However, if you should have health care insurance, which pays for all or part of your psychotherapy sessions, missed sessions cannot be billed to your health care insurer or carrier and you will be expected to pay the full fee (the rate that your insurance company set for the session).

#### PROFESSIONAL FEES

Those utilizing insurance for my services will be responsible for remitting a Co-Payment, assigned by your insurance company, prior to each session. If I am not an insurance provider in your network, or you choose to obtain my services outside of insurance as a PRIVATE PAY patient, you will be charged a fee of \$150 per 45 minute session / \$175 per 60 minute session.

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. Insurance plans do not cover most of these other professional services. Dr. Hartman will discuss with you approximate fees prior to rendering these services, so that you are apprised of potential costs in advance and can make an informed decision.

#### BILLING AND PAYMENTS

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

agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If you wish to cancel an appointment, please call at least 48 hours prior to the scheduled appointment - there will be no fee. However, if an appointment is missed or cancelled within the 48 hour period prior to an appointment, your will be required to pay the full fee stated above. This fee is not covered under insurance company policies. The only exception to this policy is if both you and Dr. Hartman agree that the reasons for the cancellation were due to extraordinary circumstances.

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. 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.

#### CONTACTING ME

I am often not immediately available by telephone. I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently, or by my secretary who knows where to reach me. I will make every effort to return your call 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. "Although I will make every effort to treat you in times of crisis, if you are in crisis or there is an emergency and you cannot reach me, you must immediately call 911 and/or go to the nearest emergency room." If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

#### PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging. If I believe that I must deny you access to your child's records for your own well-being I must do so within ten days of your request and I will supply you with a form to the New York State Department of Health with instructions on how to appeal my denial. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. I am sometimes willing to conduct a review meeting without charge.

#### 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 our work to others with your written permission. But there are a few exceptions.

#### EXCEPTIONS TO CONFIDENTIALITY

##### Child Abuse

I am required by law to report suspected child abuse or neglect by a parent, legal guardian, or person acting as a parent of an individual below the age of 18.

##### Potential Harm to Self or Others

If your child tells me that he/she intend to harm another person, I must try to protect that person and will do so by any means necessary, including contacting the police, the other person, or any other health care professional involved with the person. If your child tells me he/she intends to harm him/herself or that life is in imminent danger, I will try to protect his/her life, including, by telling others, such as you, your relatives or friends, contacting the police, or any other health care professional involved with you.

##### Legal Proceedings

Although in many legal proceedings, you have the right to prevent me from providing any information about your treatment, in some I may be required to reveal information about that treatment. Such situations include child custody disputes, child abuse proceedings, personal injury or other lawsuits where your

psychological or emotional condition is at dispute, civil commitments, or any lawsuit or complaint against me.

Managed Care or Insurance Company Involvement

Often insurance companies or managed care plans request that I provide them information about your treatment and I will comply with those requests.

Collection of Overdue Account

If your account with me becomes past due, and we are unable to negotiate a payment plan, and you are refusing to pay me, I have the right to take legal action against you for the collection of your past due account. If this is necessary, I will be forced to reveal a limited amount of information regarding you including your name, address, type of treatment, dates of treatment, and amount due.

These situations occur rarely in my practice. However, should one arise, I will attempt to discuss it with you before any confidential information is revealed, and I will reveal only the least possible amount of information that is necessary.

AGREEMENT

I have fully discussed the material in this document with Dr. Steven Hartman, Psy.D. We have discussed the psychologist's policies regarding scheduling, fees, and cancelled and missed appointments. I have been informed of the general nature of psychotherapy, record keeping and confidentiality, the method of treatment to be used with me, the goals and length of treatment, its benefits and possible risks, and alternative methods of treatment.

By signing this document below, I am indicating that I have read and understood this material and this document, that I have fully discussed all that is written with Dr. Steven Hartman, Psy.D., and that I give my consent to treatment of my son/daughter

\_\_\_\_\_ (name of child).

\_\_\_\_\_  
Parent Guardian Signature                      Printed Name                      \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature                      Printed Name                      \_\_\_\_\_  
Date