



Generations

A Family Place Inc.

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Agreement for Psychological Services

Welcome to my practice. This contract contains important information about my professional services and business policies. Please read it carefully and ask any questions you might have so that we can discuss them. Once you sign this contract, it will establish an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described. It varies depending on the therapist, the client, and the particular problems you are experiencing. Numerous approaches can be utilized. 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 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. Therapy often requires recalling unpleasant aspects of your history, which can be very difficult. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to significant reduction in physical and emotional distress, better problem-solving and coping skills as well as improved relationships, and resolutions of specific problems. However, there are no guarantees of what you will experience.

MEETINGS

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 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 please discuss them with me whenever they arise.

If you decide to start therapy, I will usually schedule one 50-minute session (one appointment hour of 50 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 attend. You must call to cancel an appointment at least 24 hours before the time of the appointment. If you do not cancel and do not show up, you will be charged a Late Cancellation/No-Show Fee for that appointment of \$75.00 (unless we both agree that you were unable to attend due to circumstances beyond your control). If possible, I will try to find another time to reschedule your appointment.

PROFESSIONAL FEES

My fees are \$250.00 per clinical hour for an intake, \$170.00 per clinical hour for individual therapy sessions of 45-50 minutes, \$185.00 for sessions exceed 50 minutes, \$200.00 per clinical hour for family, relationship, or marital therapy and \$200.00 per clinical hour for consultation. I charge \$200.00 per clinical hour for work outside of my office such as home visits, observations in the community, review of records or documents, or attendance at meetings with other professionals you have authorized. I charge \$170.00 per clinical hour 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. A clinical hour is 45-50 minutes. Other services include report writing, telephone conversations lasting longer than 10 minutes, 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 party. Because of the complexity and difficulty of legal involvement, I charge \$200.00 per hour for preparation and \$250.00 per hour for attendance at any legal proceeding. Preparation includes time spent reviewing your records, consulting with you about the legal issues, and consulting with any lawyers or officers of the court (e.g., child custody investigators, probation officers) in regard to the legal matter in question. Please note that "attendance" includes travel time, time waiting to be called to testify, as well as time actually spent in testimony or being deposed. I charge a minimum of two hours of professional time for giving testimony or being deposed. Full payment of the expected fee will be required in advance.

CUSTODY INVESTIGATIONS

When appointed by Court Order as a custody investigator I charge \$200.00 per hour for my professional time. I bill in units of ¼ hour (i.e. \$50.00/ 15 minutes). I charge \$250.00 per hour for testimony – either in deposition or in court. I charge \$100.00 per hour for travel within one hour of Anchorage. For travel outside of Anchorage beyond 100 miles I charge a daily rate of \$1000.00 plus mileage and expenses. The retainer for my services must be paid in advance. The retainer for a limited custody investigation is \$2000.00; a full investigation with one child is \$4000.00; a full investigation with two children is \$5000.00; a full investigation with travel outside of Anchorage is \$6000.00. Whereas I do my best to keep costs down to the clients, if the scope of the work uses up the retainer before the work is finished, the retainer must be replenished in order to finish the work. I will provide notice to the parties when the retainer has been depleted by 75% and provide an estimate of what will be needed to complete the investigation as ordered.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. **I do not bill all insurances.** I will give you a receipt so that you can submit a claim to your insurance company if necessary. It will be your responsibility to check with your insurance carrier or other third party payor in regard to eligibility and reimbursement for therapeutic services. Regardless of insurance coverage, you are responsible for total charges incurred. 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 client's treatment is his/her name, the nature of services provided, and the amount due. I prefer not to use this option so please speak to me about any financial problems you may be having as soon as possible.

CONTACTING ME

I am often not immediately available by telephone. My telephone is answered by a confidential, automatic voice mail. Although, I am with clients most of the day, I check my voice mail on a frequent basis. I will make every effort to return your call on the same day you make it, with the exception of nights, weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, I rely on the Psychiatric Emergency 24-hour crisis line (**563-3200**) for emergency coverage when I am not immediately available. If I will be unavailable for an extended period of time, I will discuss this with you during our appointment time and let you know when I will return.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. 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 or have them forwarded to another mental health professional to review with you. There may be a charge for reproducing records or for the time required to review them with you.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are 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. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychotherapist's Policies and Practices to Protect the Privacy of Your Health Information).
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychotherapist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I am required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, the law requires that I file a report with the appropriate governmental agency, usually the Office of Children's Services (OCS).
- If I have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect; or that a disabled person has been abused, the law requires that I file a report with adult protective services and/or police department.
- If a patient communicates an immediate threat of serious physical harm to an identifiable victim, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will try to limit my disclosure to what is necessary.

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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Your signature also indicates that you have received a copy of "Notice of Policies and Practices to Protect the Privacy of Your Health Information."

_____ Name

_____ Date

_____ Allen L. Levy LPA

_____ Date

My signature below indicates that I have been provided with a copy of:

Notice of Policies and Practices to Protect the Privacy of Your Health Information

as required by the federal government under the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and other health care operations.

_____ Name

_____ Date