

Davis Consultants, P.C.

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OUTPATIENT SERVICES AGREEMENT AND INFORMED CONSENT

Welcome to our practice.

This document contains important information about our professional services and business policies.

OUR SERVICES

At Davis Consultants, PC we provide a variety of services including psychotherapy, biofeedback, and psychological evaluation/examination. The services which we will provide to you will depend upon the circumstances that bring you to our offices.

BENEFITS AND RISKS

Psychotherapy and biofeedback have been shown to have many benefits including improved relationships, solutions to specific problems, stress and pain reduction, improved physical health, and significant reductions in feelings of distress. While we cannot guarantee that you will benefit from the services we provide, we can say with certainty that the services we provide will likely be of little value without active effort on your part to learn and practice the skills and behaviors we will teach you. Since psychotherapy, biofeedback, and psychological evaluation/examination all may involve discussing unpleasant aspects of your life, at times you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Biofeedback involves attaching one or more sensors to your body to measure physiological processes such as muscle tension or skin temperature and as such some physical contact between you and your therapist is necessary and there is also the unlikely possibility that you could experience an allergic reaction to some of the biofeedback materials (e.g., tape, sensors). If you have been referred for a psychological evaluation/examination it is important for you to understand that a report of the evaluation/examination may be provided to the person who referred you and that the findings of the examination may or may not be personally helpful or complimentary to you depending upon your situation (e.g., pre-surgical evaluation, worker's compensation evaluation, parental capacity examination, personal injury examination, criminal adjudication examination, etc.). If the referring party is paying for the examination they, not you, are considered our client and they have the right to obtain a copy of the report of the examination even if you disagree with our findings. In such situations we will not provide you with a copy of the evaluation/examination report unless we are authorized to do so by the party that paid for the evaluation/examination.

PSYCHOTHERAPY & BIOFEEDBACK MEETINGS

Your first few psychotherapy or biofeedback sessions may involve an exploration of the history and current status of issues you are seeking assistance with as well as some exploration of your personal history more generally. By the end of this initial assessment period we will be able to present you with a recommended treatment plan for us to pursue together if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. If you do not agree with our recommendations or for any other reason decide that you would prefer to not work with us, we will be happy to refer you to alternative mental health professional. If we do decide to work together, we will usually schedule one 45 to 60-minute session per week, although depending upon various considerations our sessions may be longer or shorter or more or less frequent.

PROFESSIONAL FEES

Dr. Davis's fee for an initial diagnostic intake assessment is \$250.00 and his fee for a standard 60-minute psychotherapy or biofeedback encounter is \$200.00. Ms. Richard's fee for diagnostic intake is \$150.00 and her fee for a standard 45-minute psychotherapy encounter is \$130.00. Dr. Davis also charges \$200.00 per hour and Ms. Richards charges \$150.00 per hour for other professional services such as report writing, telephone conversations, attendance at meetings with other professionals, preparation of records or treatment summaries, and completion of forms including forms related to disability status. We charge in 15-minute increments for any activities requiring more than 5 minutes of our time. Our fees for participating in legal proceedings are \$225.00 per hour for Dr. Davis and \$150.00 per hour for Ms. Richards and these fees are charged for all time spent in preparation, travel, waiting, and testifying. Our fee for all activities involved in conducting psychological evaluations/examinations (e.g., record review, interview, testing, test scoring, report preparation, etc.) is also \$225.00 per hour.

CONTACTING US

We are often not immediately available by telephone. While we are usually in our offices Monday through Friday between 8:00 am and 5:00 pm we usually do not answer the phone when we are with a client. When we are unavailable, our telephone is answered by voicemail. We will make every effort to return your call within 24 hours, with the exception of evenings, weekends, holidays, and vacations. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your primary care provider's office or the nearest emergency room. If we will be unavailable for an extended time, we will provide you with the name of a colleague you can contact, if necessary.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of communications between a client and a mental health provider. In most situations, we will only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. There are, however, a number of situations where we are permitted or required to disclose information without either your consent or authorization. Those situations are described in the *Notice of Privacy Practices* form we have provided to you. If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit our disclosure to what is necessary.

PROFESSIONAL RECORDS

We are required by law and professional standards to keep *Protected Health Information (PHI)* about you in your *Clinical Record*. With some exceptions, you may examine and/or receive a copy of your records if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to non-professional readers. For this reason, we recommend that you initially review them in our presence or have them forwarded to another mental health professional so you can discuss them with that professional.

BILLING AND PAYMENTS

Payment for each psychotherapy or biofeedback session is expected at the time of service unless we agree otherwise or unless you have insurance coverage which requires another arrangement. When psychological evaluation/examination is not covered by insurance, unless otherwise arranged, full payment of the estimated cost of the evaluation/examination will be required in advance. If an account accumulates a balance in excess of \$250.00 and arrangements for payment have not been agreed upon, we reserve the right to discontinue our professional relationship with the client/examinee and to refer the account to a collection agency.

INSURANCE REIMBURSEMENT

We will fill out and submit forms to bill your insurance company for the services we provide. However, you (not your insurance company) are ultimately responsible for payment of our fees. It is your responsibility to find out if your insurance policy covers the services we provide. You should carefully read the section in your insurance coverage booklet that describes the services we will be providing. If you have questions about your coverage, call your plan administrator. Your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you which at a minimum will include a clinical diagnosis and a procedure code. Sometimes we are required to provide additional information such as treatment plans or summaries, progress notes, (e.g., worker’s compensation) or copies of your entire *Clinical Record*. By signing this *Agreement*, you agree that we can provide requested information to your insurance company.

TREATMENT AGREEMENT

When you sign this document, it will represent an agreement between us. You may revoke this agreement at any time by sending a written statement of revocation to the address printed at the bottom of this form. That revocation will be binding on us unless we have already taken action based on the terms of the agreement or unless there are obligations imposed on us by your health insurer having to do with processing or substantiating claims for services provided.

Your signature below indicates that you have read the information in this document and agree to its terms and also serves as an acknowledgement that you have been offered a copy of the Notice of Privacy Practices form described above.

Signature

Date