

Contract For Services & Fee Policy

1. Following is the contract for services between your provider (Clinician) and _____ (Client). This contract is dated ____/____/____, and will remain in effect until both parties agree to written changes.

2. Credentials:

- Your Clinician is a qualified licensed professional in independent practice. Agreements are made between the Client and Clinician based on the Client needs and the Clinician's expertise. Your Clinician is committed to providing professional mental health care or nutritional consultation to Client.

3. Client Rights and Important Information:

- Client is entitled to receive information about methods of therapy, therapy techniques used, the duration of therapy (if it can be determined by Clinician), and fee structure.
- Generally, the information provided by and to Client during therapy sessions is legally confidential, meaning that the Clinician cannot disclose confidential information without the Client's consent. Noted exceptions to this general rule are: *For more detailed information, see the attached Notice of Privacy Practices (NPP).
 - If you sign a written Release of Information for a specific person.
 - When the clinician suspects or determines, the client is a danger to themselves or others.
 - Information concerning abuse of children or vulnerable adults.
 - Case consultation with other mental health professionals. *No identifying information will be shared.
 - When a court order or subpoena requires release of Client records.
 - To defend myself in a lawsuit by a client.
 - *Note, if you are using Employee Assistance Program (EAP) services, the EAP, not your employer, will be notified of your session dates, assessed issues, and the therapist's clinical recommendations.
- We ask Client to also discuss any dissatisfaction with Clinician directly so we can improve the quality of our care. Client may also contact Vivian A. Shelton, Psy.D. Director, Evolutionary Wellbeing. Client has the right to express any grievances regarding dissatisfaction with therapy services. Client may send a written complaint to the Secretary of the U.S. Department of Health and Human Service.

4. Fee Information:

- Fees are due at the end of each session. Clients are required to fill out a Credit Card Authorization form for any deductibles not met, copayments/co-insurance which are not transparent or met at the time of service, and late cancellation or missed appointment fees.
- Fee Structure for Sessions:
 - 60 Min. Assessment: \$200
 - 53-60 Min. Individual: \$185
 - 45-50 Min. Individual: \$165
 - 53-60 Min. Couple/Family: \$185

- Psychological Evaluations for Bariatric Surgery Fee is \$495.00.
 - Report Writing Fee: \$250 per hour
 - Client may be charged a fee for requests to fill out a form for work, school, or other. Fee is dependent on the request of information and amount of time required to complete the form. Defer to your Clinician.
 - *Note, if you are using EAP services, the EAP is responsible for payment for all authorized visits.
- **Full fee will be charged for any missed or canceled appointments with less than 24 business hours notice.** Monday appointments must be canceled by Saturday. One “exception pass” will be given each year for an emergency, illness, or circumstance beyond your control.
 - There will be a \$35.00 fee for any returned checks.
 - Outstanding payments that are not received within 60 days will be charged a \$25 late fee.
 - Payments not received 6 months or later may be sent to a collections agency if arrangements have not been made or followed through.
 - No charges will be assessed for brief or occasional telephone calls. However, if there are frequent telephone calls lasting more than 10 minutes, Client will be billed at a prorated rate of an individual 60 minute session..
 - Fees may change in the future and Client will be notified in writing at least 30 days prior to any fee change.
 - Fee Payments or Co-payments are due at the end of each appointment. If the Clinician is paneled with the Client’s insurance company, as a courtesy, insurance companies are billed through the Evolutionary Wellbeing office. Attempts will be made to obtain information from insurance companies regarding the Client’s coverage. However, there are times when the information given, is not accurate. While attempts will be made to try and collect from insurance companies, please note that ultimately the Client is responsible for the bill.

5. Office Policies

- Effective psychotherapy or consultation requires a good match between Client and Clinician. The first couple of sessions will determine if Clinician is the right provider for Client. If not, Clinician will help you find a provider who could better meet Client needs.
- Clinician will do their best to help Client achieve their goals, but cannot guarantee any particular result. The more active a role Client takes in treatment, the more Client will benefit from the services rendered.
- Lateness on the part of the Client does not alter the session fee or the ending time of the session. Lateness on the part of the Clinician will always be made up.
- In the event of inclement weather, please call the office to find out if sessions are cancelled. If Fairfax County Government is closed, and Client is unable to make it to their scheduled appointment, Client will not be charged for the missed session.
- Court reports, recommendations for custody, disability applications, or psychological testing may not be offered services by your Clinician. If you require these documents, Clinician can refer you to a specialist. If your Clinician is able to provide any of the above documentations, Client will be charged the report fee per hour.
- While sessions may be intimate emotionally and psychologically, it is important to know the relationship between Client and Clinician is professional and not a friendship. Contact is limited to paid therapeutic sessions as well as phone or email contact for the purpose of administrative needs or scheduling requests.
- The Protected Health Information about Client in the clinical record is available for you to review. Unless disclosing the record to Client will likely endanger Client or someone else’s safety, Client can review or receive a copy of the records if a request is made in writing 30 days in advance. Due to the sensitive nature of these records, it is recommended to review them with your clinician present. There is a standard copying fee of \$.25 per page.

- Alternatively, Client has a right to a summary of services sent to Client or to another provider.
- Client has the right to terminate services at any time. It is most helpful and recommended that Client discuss termination with Clinician before discontinuing.

6. Emergencies and After Hours:

- Office phone is for non-emergency voicemail only. Your clinician does not offer after hour emergency services.
- **If you have an Mental Health or Medical emergency, please call 911, go to your nearest emergency room.**

By my signature I am affirming that I understand and accept the policy described in this document and that I have received copies of the Notice of Privacy Practices. By agreeing to psychotherapeutic treatment, I understand that services will be rendered in a professional manner, consistent with accepted ethical standards.

Client Signature

Date

Guardian Signature (if Client is under 18)

Date

If Client is under eighteen years of age, responsible Guardian agrees to all terms and conditions of contract and is legally bound by the same terms as Client.

_____ (Guardian's name).