

# Jeffrey Stine, Psy.D

## Licensed Clinical Psychologist

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### **PSYCHOTHERAPY SERVICES CONTRACT**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them. 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 client, and the particular problems you bring forward. There are many different methods I may use to deal with the concerns 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 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. On the other hand, psychotherapy has been shown to have benefits for people who go through it. It often leads to solutions to specific problems, significant reductions in feelings of distress, and better relationships. However, there are no guarantees of what you will experience.

### **THERAPY EXPECTATIONS**

Therapy consists of regular sessions over an extended period of time which may vary from person to person. A new client should typically expect to attend sessions once a week. Based on your needs, progress, and discussion between us, we may have sessions every other week or even once a month before therapy ends. Therapy consists of building skills, knowledge, insight, and perspective to help you reach your treatment goals. Therapy sessions are 50 minutes in length; however, some sessions may be longer if required.

Our first 2-4 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 outline a treatment plan that we will 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.

### **CLINICAL BACKGROUND**

I obtained my doctoral degree in clinical psychology from the Illinois School of Professional Psychology (ISPP) in 2009. The Illinois School of Professional Psychology is accredited by the American Psychological Association (APA). I am a full member of both the American Psychological Association and the Illinois Psychological Association (IPA), and I am licensed to practice psychological assessment and psychotherapy in the state of Illinois. I am adept at working with any age group, but I have specialized experience in working with children, adolescents, and young adults in the areas of anxiety, depression, trauma, adjustment issues, behavioral challenges, and mild Autism Spectrum Disorder.

### **SERVICE COST**

I charge \$240 for an initial, 90-minute session, and \$170 for each individual therapy session after that. I charge \$180 for family therapy/couples sessions and \$80 for group therapy sessions. In addition to weekly appointments, I charge 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 20 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other services you may request of me.

### **CANCELLING OR RESCHEDULING SESSIONS**

All cancellations must be made 24 hours in advance of the scheduled session. If you do not call to cancel or fail to show, you will be charged a \$100 cancellation fee. If you need to reschedule, contact me as soon as possible and we can discuss another time to reschedule your appointment.

## **CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. 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. If you are unable to reach me and feel that you can't wait for me to return your call, such as in an emergency situation, I encourage you to either call 911 or proceed to the nearest emergency room and ask for a psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

## **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. If your health insurance will pay part of the fee, I will complete the insurance claim forms. Please note if you have a co-pay as a result of your specific insurance plan, as it will be due at the beginning of the session. You can pay in the form of cash, check, or credit card. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

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 patient's treatment is his/her name, the nature of services provided, and the amount due.

## **HOW YOUR HEALTH INSURANCE PLAN WORKS**

In order for us to set realistic treatment goals and priorities, it is important 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 the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will 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.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company’s files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **PROFESSIONAL RECORDS**

The law and standards of my profession require that I keep treatment records. Upon request, 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.

## **CONFIDENTIALITY**

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

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In other proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. I will make every attempt to discuss it with you beforehand.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client 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. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort 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 next 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. If there are other questions that may occur to you at a later time, I will be available to discuss and answer your questions or concerns when we meet.

### **CHILDREN AND ADOLESCENTS**

There are several additional factors to consider that may relate to your child/adolescent's treatment:

- While certain levels of confidentiality apply to children/adolescents, I have the option of disclosing information to you without the child/adolescent's consent if I believe they are at risk for harming themselves or others.
- I will inform you if your child/adolescent does not attend therapy sessions.
- If you decide to terminate treatment, I have the option of having several sessions with the child/adolescent to properly end the clinical treatment relationship.
- If I treat your child/adolescent, you agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements (such as visitation, etc.)
- You agree to instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done.
- If there is a court appointed evaluator, and if the appropriate releases/permissions are signed and court order is provided, I can provide general information about the child/adolescent which will not include recommendations concerning custody or custody-related arrangements.
- If I am required to appear as a witness in court, the party responsible for my participation agrees to reimburse me at the rate of \$170 per hour for time spent preparing reports, testifying, attending, traveling, and any other case-related costs.