

## TREATMENT AGREEMENT AND OFFICE POLICIES

This document contains important information about the professional services and business policies of Alexandra Matthews, Ph.D. Please read it carefully and discuss any questions you have with Dr. Matthews. These policies are based on legal advice and on Dr. Matthews' years of experience as a clinical psychologist.

**ASSESSMENT AND TREATMENT:** Dr. Matthews will provide an assessment of your difficulties and available treatment options. If working with her is a treatment option you wish to pursue, she will provide you with primarily cognitive-behavioral therapy. Cognitive-behavioral therapy has been shown, in controlled outcome studies, to provide effective treatment for a number of problems and disorders. Dr. Matthews will review the outcome data most pertinent to your situation. However, outcome data may not generalize to any specific case, and Dr. Matthews can not make any promises or guarantees regarding the success of the suggested course of treatment. There are certain aspects of treatment which you may find distressing, but which are necessary or beneficial to a successful treatment outcome. You may find the process of diagnosis and treatment to be distressing. You might be surprised or distressed to hear Dr. Matthews' diagnostic impressions of your case. You might be surprised or distressed to hear Dr. Matthews' recommendations for treatment and/or further evaluation in your case. There is a risk, although small, that your condition may worsen due to treatment.

Formal psychological testing, medication evaluation, or other evaluation procedures can be helpful in some cases. If Dr. Matthews recommends this in your case, she will let you know what her recommendation is and the reasons for it.

You are entitled to ask questions about all aspects of treatment. Dr. Matthews will help you secure a consultation with another mental health professional whenever it is requested. If you could benefit from any treatment that Dr. Matthews does not provide, she has an ethical obligation to assist you in obtaining those treatments. Dr. Matthews does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy Dr. Matthews assesses that she is not effective in helping you reach the therapeutic goals, she will discuss this with you and, if appropriate, terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Matthews will talk to the psychotherapist of your choice in order to help with the transition.

**THE PATIENT'S ROLE:** Dr. Matthews views her work with clients as a collaboration. You are expected to play an active role in your treatment, including working with Dr. Matthews to outline treatment goals and completing assessment instruments when requested. You may be asked to complete homework assignments between sessions and your willingness to do these assignments is an integral part of successful treatment.

**HOURS/AVAILABILITY:** Therapy sessions are usually scheduled as 50 minute sessions once a week, or as your treatment needs dictate and you agree with Dr. Matthews. If you need to contact Dr. Matthews between sessions, please leave a message on the voicemail, and your call will be returned as soon as possible. In an immediate crisis, you should contact your primary

care physician, the local emergency room, psychological emergency services, or crisis intervention/suicide prevention services. Please also leave a message on Dr. Matthews' voicemail so she can coordinate care with the emergency services contacted.

**CONFIDENTIALITY:** The confidentiality of communications between the patient and the therapist is important and, in general, is legally protected. Dr. Matthews will make every effort to keep the results of all your evaluation and treatment confidential, as required by law.

Information about you will be released only with your permission, with the following exceptions:

When there is suspected elder or child abuse or neglect.

When, in Dr. Matthews' judgment, you are in danger of harming yourself or another person, or are unable to care for yourself. If you state that you intend to physically harm someone else, she is required by law to inform both potential victims and legal authorities.

If Dr. Matthews is ordered by a court to release information as part of a legal proceeding.

As otherwise required by law.

If you seek reimbursement from your insurance company, Dr. Matthews may release information to your insurance company upon their request.

If you fail to pay your bill, and it becomes necessary for Dr. Matthews to use a collections agency to collect your outstanding balance, she will release to that agency information necessary for them to make collections.

Dr. Matthews may have an administrative assistant handle minor office duties, such as filing, appointment scheduling, and photocopying. In these cases, her assistant will access only the information about your case necessary to handle these duties.

Dr. Matthews uses an electronic billing service to issue statements and bills. The billing service measures in place to protect client confidentiality. Dr. Matthews is not responsible should some breach of confidentiality occur due to her use of this service.

**EMAIL:** Email is a very convenient, efficient way to communicate. You are free to email Dr. Matthews about *non-clinical* matters. Please remember that the confidentiality of email communications can not be guaranteed and any third party may be gain access to your email communications with Dr. Matthews. Your email communications with Dr. Matthews become part of your medical record.

**CONFIDENTIALITY DURING CHANCE MEETINGS:** If you see Dr. Matthews by chance in the community, you are welcome to talk to her. However, if you choose to speak to Dr. Matthews when she is with her family, her family she may tell her family members that you are a client. This is because it is very difficult to create a "cover story" that her family members will find convincing. Dr. Matthews would not disclose any *details* of your case to her family members.

**CONSENTS FOR MINORS:** It is agreed that Dr. Matthews may obtain the written or verbal consent of only one parent during the course of treatment for Release of Information, etc.

**CONSULTATION, SUPERVISION, AND TEACHING:** In order to provide you with the highest quality treatment, Dr. Matthews may at times seek consultation with other professionals regarding your case. In this event, she would maintain confidentiality by not revealing identifying information. Dr. Matthews provides education and supervision to other

professionals, and teaches classes in the community. For the purposes of education in these settings, Dr. Matthews sometimes uses case examples. In this event, she maintains confidentiality by not revealing identifying information.

**FEES:** The fee is \$175.00 per 50-minute session. Longer sessions will be prorated. If your session time runs over, you will be charged for the extra time. You will be charged a prorated fee for any time Dr. Matthews spends on your/your child's case, including, but not limited to: telephone calls, field sessions, site visits, review of records, travel time, copying, billing, report writing, letter writing, contact with other professionals, individuals, or entities regarding your case. You would not be charged for the aforementioned consultation. Your fee may be raised once a year.

**PAYMENT:** Payment is due at the time of your session. Please write your check ahead of time in order not to take up session time with writing a check. It is your responsibility to present payment for services rendered. There is no statute of limitations or expiration date on your account balance.

**LATENESS, CANCELLATIONS, AND MISSED APPOINTMENTS:** Your session is special time reserved just for you. It begins at the appointed time and ends 50 minutes later. If you are late, your session will still end on time, and you will pay the fee for the full session.

Dr. Matthews asks for 24 hours notice if you need to cancel your appointment. Sessions cancelled with less than 24 hours notice may be billed the full fee.

In the case of a minor child, the parent/guardian is responsible for notifying Dr. Matthews of cancellations. If you ask your child to cancel a future appointment, and he/she forgets to do so, you may be charged for a missed session.

**REIMBURSEMENT:** You are responsible for collecting reimbursement from your insurance company or other source. Dr. Matthews will provide you with a Statement of Services upon request.

**LITIGATION FEE:** You agree that should Dr. Matthews be involved in any legal proceedings as a result of your involvement in those proceedings in any way (whether you are the plaintiff or the defendant), involving other individuals, agencies, or institutions (such as, but not limited to, disability claims, divorce and custody disputes, personal injury lawsuits, malpractice lawsuits, etc.), you will pay Dr. Matthews a fee of \$300.00 per hour, with a five hour minimum. You will be charged for any time Dr. Matthews spends on the case, including, but not limited to, depositions, telephone calls, review of records, travel time, photocopying, report writing, letter writing, or contact with other professionals, individuals, or entities regarding your case.

**DUAL RELATIONSHIPS:** Therapy never involves sexual or business relationships.

I have read and understood this policy statement and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement

and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Name of patient \_\_\_\_\_

Signature of patient: \_\_\_\_\_

Signature of Mother/legal guardian: \_\_\_\_\_

Signature of Father/legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_