

## **OUTPATIENT SERVICES AGREEMENT**

Emilee Conrad Counseling, LLC

Welcome to Emilee Conrad Counseling, LLC. This ***Outpatient Services Agreement*** (the “Agreement”) contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this Agreement, it will represent a legal contract between us.

### **PSYCHOTHERAPY SERVICES**

I provide psychotherapy for the treatment of mood and anxiety disorders, issues of adjustment, relationship problems, grief and loss, identity concerns, coping with trauma, and trauma-related symptoms. I respect and affirm all aspects of culture and identity which may be important or relevant for clients, such as race or ethnicity, nationality, gender, sexuality, spirituality or religion, and physical ability. All services are provided through my professional practice, Emilee Conrad Counseling, LLC (“ECC”).

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, and the particular concerns you bring forward. My approach to psychotherapy integrates cognitive and behavioral principles, interpersonal process approaches, and mindfulness-based approaches. The methods I utilize are informed by theory, professional literature, research evidence (when available), and “best practices.” In order to provide you with the best possible services, I am engaged in ongoing professional development activities, such as reading professional publications, seeking consultation with colleagues, and attending continuing education and training events.

Psychotherapy can have benefits and risks. Therapy usually involves a substantial commitment on your part in terms of time, money, and energy. In my experience, clients who put more effort into working on their goals between sessions tend to have greater benefits from counseling. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. You should know that sometimes people find that they feel worse before they feel better. Making changes in your life, working through emotional difficulties, shifting your ways of thinking, trying new behaviors, developing new patterns, and gaining self-awareness or insight is often challenging. Although it is impossible to guarantee outcomes, if we decide to work together, I will make every effort to help you succeed.

Your sessions are your time to discuss any topics that you feel are appropriate. You may end our counseling relationship at any time. You also have the right to refuse any of the suggestions I make, and to initiate discussion about how the therapy is going for you. I invite you to provide honest and direct feedback about the therapy process, and any concerns you may have about counseling or about me. Please talk with me about these things so that we may address them. I

may also initiate discussions about your progress. If it seems that you are not making progress toward your goals or benefiting from therapy, I may recommend that we end counseling.

### **MEETINGS (SESSIONS)**

Our first session (or sometimes 2-3 sessions) will be an initial consultation. During this time, I will assess your needs and offer you some first impressions. Together we will set goals for therapy and I will make treatment recommendations to help you reach those goals. We can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually recommend weekly sessions (typically 53 minutes per appointment) initially so that we can build a therapeutic relationship and establish some momentum in our work together. As we continue to meet, we can re-evaluate whether meeting more or less frequently would be appropriate.

### **PROFESSIONAL FEES**

My fee is \$175.00 for the initial consultation. Subsequent individual therapy sessions are \$150.00 (53 min.). In addition to weekly appointments, my fee schedule for other professional services you may need is detailed on ECC's ***Fee Agreement and Financial Policy***, which will be given to you along with this Agreement and the ***Notice of Privacy Practices***.

### **INSURANCE REIMBURSEMENT**

I am in-network with select insurance companies. For us to set realistic treatment goals and priorities, it is important for you to evaluate what resources you have available to pay for your treatment.

#### **In-network:**

I am in network with **Optum, United Healthcare, United Behavioral Healthcare, and Harvard Pilgrim**. If using insurance, I will obtain a copy of your card and attempt to verify your benefits prior to our first appointment. I will inform you of the quoted cost for our sessions. I encourage you to contact your insurance company to verify the information provided to me. The quote is not a guarantee of coverage. I will submit the claim to your insurance company after our session. Once they process the claim, they will send me any covered amount and you will be responsible for the remainder of my negotiated rate (the uncovered portion), never to exceed my full practice fee. In the event the insurance company does not cover the session due to policy exclusions or exceptions, you will be responsible for the full session fee. ***For high deductible plans:*** please know that even though I am in-network, your plan may require you to meet your deductible before reimbursing me. In this situation, you would be responsible for paying the contracted rate per session (never to exceed my full fee) until your deductible is met.

#### **Out-of-network:**

Many insurance plans include coverage for out-of-network providers and often reimburse 50%-80% of the cost (some up to 100%). If you have insurance through a company other than those listed above and would like to receive services from me, I encourage you to submit for out-of-network reimbursement. You will be responsible for the full fee of the session at the time

of the session, and I will attempt to file an out of network claim on your behalf. If I am unable to do so, you may submit a superbill I provide to you. In both cases, reimbursement will be sent directly to you. Please refer to the ***Fee Agreement and Financial Policy*** for more information about insurance.

### **CONTACTING ME**

I am often unable to answer phone calls because of being in session with other clients, but you may leave me a confidential voicemail message. I check voicemail frequently and will make every effort to return your call within 24 hours, according to my work schedule (Tuesday-Friday, 9am-4pm) except for weekends and holidays.

**HOWEVER, if you feel that you are in crisis or experiencing an emergency, you should call 911 or go to the nearest emergency room.**

### **Other crisis resources:**

- **Maine Crisis Hotline 1-888-568-1112**
- **National Suicide Prevention Lifeline: (800) 273-8255**

### **ELECTRONIC COMMUNICATION**

I cannot the guarantee confidentiality of any form of communication through electronic means. Please do not e-mail or text me *anything related to our work together*, especially about urgent or sensitive matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait until we can discuss it during your next therapy session.

### **E-mail**

You may contact me by e-mail at [emilee@conradcounseling.com](mailto:emilee@conradcounseling.com) to correspond about scheduling, payments/billing, or other logistics and business matters. E-mail correspondence may become part of your clinical record. ECC e-mail is secure and encrypted and meets HIPAA standards for protected health information, but your email service provider might not have the same level of security in place, and ECC cannot be responsible for disclosure of confidential or protected health information that is not under our control. Please do not e-mail me about clinical issues, especially urgent or sensitive matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait until we can discuss it during your next therapy session.

**HOWEVER, if you feel that you are in crisis or experiencing an emergency, you should call 911, go to the nearest emergency room, or call the Maine Crisis Line: 1-888-568-1112**

### **Text messages**

You may text me at (207) 200-1477. I cannot ensure the confidentiality of communication through text messages but recognize that it may be appropriate to text in some situations. For

example, you may text to tell me you are running late or need to reschedule. Text communication may also be used in extenuating circumstances as part of a separate agreement we have made for the sake of your treatment (e.g., as part of a Safety Plan or a Surgery Recovery Plan). Please do not text me about clinical issues, especially urgent or sensitive matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait until we can discuss it during your next therapy session.

**HOWEVER, if you feel that you are in crisis or experiencing an emergency, you should call 911, go to the nearest emergency room, or call the Maine Crisis Line: 1-888-568-1112**

### **Website**

The ECC website at [www.conradcounseling.com](http://www.conradcounseling.com) has a contact form that is for use by potential clients inquiring about services. Current clients should not use this contact form as a means of communicating with me. Instead, you may contact me by e-mail at [emilee@conradcounseling.com](mailto:emilee@conradcounseling.com) or by phone or text at (207) 200-1477.

### **Client Portal**

ECC's practice management system has a Client Portal feature. You will be provided a secure link to the portal where you can create a unique login. You can use the portal to manage your appointment schedule with me, fill out forms, sign documents, view account statements, and pay invoices.

### **Appointment reminders**

On the Client Portal you may opt to receive appointment reminders by e-mail and/or text message. I encourage you to set up 48- and 24-hour reminders. Please note that these are auto-generated reminders sent by the practice management system and cannot be used to send a reply. Instead, you may contact me by e-mail at [emilee@conradcounseling.com](mailto:emilee@conradcounseling.com) or by phone or text at (207) 200-1477.

### **Social media**

I do not communicate with any of my clients through social media like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you on social media, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. ECC does, however, participate on various social networks, but only for marketing, general informational purposes or in my private, personal capacity – but not as a means of communicating with clients in any manner. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. Social media communication or relationships with clients could compromise our professional relationship or lead to disclosure of confidential information. Therefore, please do not try to contact me in this way. I will not respond and will terminate any online contact.

### **Facebook specific disclosure**

Facebook poses some specific confidentiality risks. Many people do not realize they have granted Facebook access to their contact list and their location. If you have granted location access to Facebook, it is possible that you could be sitting in the lobby and see the face of another person in the lobby pop up under the “people you may know” on Facebook. If this happens, it is because you have your location turned on and the other person does too. Facebook has determined you are near that person and therefore you may know them. This is a setting you can change so that Facebook cannot access your location.

### **Web searches**

I will not use web searches to gather information about you without your permission. However, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, some of which may actually be known to us and some of which may be inaccurate or unknown. If you are concerned about any information you encounter about me through web searches, or in any other manner, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

### **Online reviews**

There are various websites that compile and publish consumer reviews of their health care providers. Unfortunately, mental health professionals cannot respond to such comments - and related errors - because of confidentiality restrictions. If you encounter such reviews of me, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you on any of these websites while we are in treatment together. This is because it has a potential to damage our ability to work together. Furthermore, I will never ask for a rating or review from you - or any other current or former client - because of ethical and professional considerations so that I may provide the best possible service.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to request that I provide a copy of the records to you, or to another health care provider that you specify. You must sign a written authorization for release of confidential information in order for me to fulfill requests for records. If you would like a copy of your records, I recommend that you schedule a session to review them together so we can discuss the contents. Also, you should be aware that because these are professional records they can be misinterpreted and/or upsetting to untrained readers. If I believe that providing your records to you would be emotionally damaging or harmful, I may deny access. My fee for records requests is \$15. **PLEASE NOTE, if you choose to keep a copy of your records, I am no longer able to guarantee the confidentiality of the record once it leaves my office and cannot be responsible for any disclosures of information from your records that are not in my possession and control.**

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents in which they accede to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is high risk that you will seriously harm yourself or someone else, or that you have been seriously mistreated by an adult (e.g., physical or sexual abuse). In either case, I will notify your parents of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have to the information that I am prepared to discuss with them.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a psychotherapist is protected by law, and I can only release information about our work to others with your written permission. However, many of the tools of modern communication may compromise confidentiality, such as email, text messages, social media, cell phones, faxes, and any other information transmitted over the Internet. I do use these forms of communication but make every reasonable effort to protect your privacy. Please see additional information provided in my ***Notice of Privacy Practices***, which you have been given along with this Agreement and the ***Fee Agreement and Financial Policy***.

## **LIMITATIONS OF CONFIDENTIALITY**

Limitations of confidentiality exist and are listed below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself/ themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or other specific identifying information.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**By signing below, I am agreeing that I have read the information in this Agreement and have had the opportunity to ask questions and discuss the terms with Emilee Conrad. I understand this Agreement and I agree to abide by its terms during our professional relationship. I acknowledge that I have access to a copy of this Agreement, the Fee Agreement and Financial Policy, and the Notice of Privacy Practices for Emilee Conrad Counseling, LLC.**

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Client name (printed)

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Client signature

Date

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Legal guardian name (printed) if client is a minor

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Legal guardian signature if client is a minor

Date

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Emilee Conrad, LCSW

Date