Birmingham Anxiety and Trauma Therapy

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**AGREEMENT FOR PSYCHOLOGICAL SERVICES AND INFORMED CONSENT**

Welcome! This document contains important information about professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them. Once you sign this, it will constitute a binding agreement between us.

**ABOUT YOUR THERAPIST**

Dr. Paulk is a **licensed psychologist** with a bachelor's degree (double major) in Psychology and Music Therapy, Master of Science and Education Specialist degrees in Counseling and Human Systems, and a PhD in Counseling Psychology. She is also a Nationally Certified Counselor. Before establishing her private practice, Dr. Paulk provided a wide variety of psychotherapy, assessment, supervision, and outreach/consultation services in settings such as university counseling centers, a community mental health center, a rape/spouse abuse crisis center, and in the public school system. She has worked with various clients who presented with thought disorders, personality disorders, eating disorders, behavior problems, identity issues, career indecision, communication issues, sexual orientation issues, multicultural issues, relationship struggles, relationship violence, grief, depression, suicidality, substance abuse, and anxiety. Dr. Paulk currently provides individual counseling, psychological assessment and evaluation, and consultation to individuals in central Alabama. She is also a former research assistant professor in the Department of Psychology at the University of Alabama-Birmingham.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems that the client brings. There are a number of different approaches which can be utilized to address the problems you hope to address. *In order to be most successful, you will have to work both during our sessions and at home.*

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness or helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolutions of specific problems. However, there are no guarantees about what will happen.

If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

**MEETINGS**

My normal practice is to begin by gathering information which lasts from one to three sessions. During this time, we can both decide whether I am the best person to provide the services that you need in order to meet your treatment goals. After that, I will usually schedule a one-hour session per week or every other week at a mutually agreed upon time, although sometimes sessions will be longer or more frequent. Most sessions are scheduled for the same time every week, if possible. Because I have reserve time in my schedule for you, I expect you to give me at least 24 hours notice if you need to cancel or reschedule the session**. All missed sessions with no notice will be charged a $35 no-show fee**. ***If you miss more than 3 sessions without giving me 24 hours notice, I will take this as your message to me that you no longer wish to receive my services.***

**PROFESSIONAL FEES**

My fee is $125.00 per hour for counseling services and $185.00 per hour for evaluation services. In addition to appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require, such as testing and evaluation, report writing, attendance at meetings or consultations with other professionals that you have authorized, preparation of records, or the time required to perform any other service which you may request of me.

Legal related services are either those ordered by a court or those for which reporting on progress to a court or court officer is expected, or cases in which a subpoena is likely. For legal related services such as depositions and court appearances, my fees are $185.00 per hour plus a $250.00 preparation fee. If services are provided any place other than my office, travel time is charged as part of my fee.

**BILLING AND PAYMENTS**

At the beginning of each session, you will sign a form designating payment of services. This form is a record of your payments/co-payments, and allows us to bill a 3rd party/insurance company for services provided to you (including providing a diagnosis when required) when appropriate. **You will be expected to pay for each session at the time it is held** **unless we agree otherwise**. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of financial hardship, I am willing to negotiate a fee adjustment or installment payment plan.

If your account is more than sixty days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information I release about a client’s treatment is the client’s name and address, the nature of the services provided, and the amount due. Please Note: *There will be a $25.00 service charge for all returned checks.*

**INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment. You are responsible for any portion of the fees not covered by your insurance company. The general process is as follows: You pay your co-pay at time of session, your services are submitted to your insurance company, and you are then billed by RCS for any costs not covered by your insurance company.

*At this time, I file claims with Blue Cross Blue Shield of Alabama and for programs covered by American Behavioral Benefits Management.*

For clients with insurance policies that are not covered above, **please note that you are responsible for paying for my services at the beginning of each session, and then providing receipts of those services to your insurance company for reimbursement.** However, I will provide you with whatever assistance I can in facilitating your receipt of the benefits to which you are entitled, including providing you with the appropriate forms to file your insurance. It is important to note that you, not your insurance company, are responsible for full payment of fees to which we have agreed. Therefore, 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, you should call your plan and inquire. The number for this inquiry is usually noted on the back of your insurance card at the bottom. Of course, I will provide you with whatever information I can, based on my experience and will be happy to try to assist you in deciphering the information you receive from your carrier.

**Managed health care plans such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services.** These plans are often oriented towards a short term treatment approach, designed to resolve specific problems that are interfering with one’s usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In my experience, while quite a lot can be accomplished in short term therapy, many clients feel that more services are necessary after insurance benefits expire.

You should also be aware that insurance agreements may require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases they may share the information with a national medical information data bank.

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 the insurance benefits 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 and avoid the complexities that are described above.* Please note: Insurance rarely covers forensic psychology services.

**CONTACTING ME**

My contact number is **205-807-5372**. I am not always immediately available by telephone, especially when I am in a meeting with another client. For *non*-emergencies, I will make every effort to return your call on the same day you make it, including calls I receive after office hours. Otherwise, it may be the next day before I can respond to a *non*-emergency call. If you are difficult to reach, please leave some times when you will be available. If it is an emergency and you feel that you cannot wait for me to return your call, you should ***call your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. OR CALL 911.***

**MINORS**

If the client is under eighteen years of age, please be aware that the law may provide the parents (in the case of divorces, the custodial parent/s) with the right to examine the client’s treatment records. I will usually provide parents only with general information on how the client’s treatment is proceeding, unless I feel that there is a high risk that the client will seriously harm him/herself or another, in which case I will notify them of my concern. I will also provide them with updates of the client’s treatment. Before giving them any information I will discuss the matter with the client and will do the best I can to resolve any objections the client may have about what I am prepared to discuss.

**CONFIDENTIALITY**

In general, the confidentiality 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 the written permission of the client or his/her guardian. However, there are a number of exceptions:

In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances, such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

When there is a court order for my services, generally the court will expect a report of attendance and progress.

There are some situations in which I am legally required to take action to protect others from harm, even though that may require revealing some information about a client’s treatment. If I believe a minor, an elderly person, or a disabled person is being abused, I must 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, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him/herself, I may be required to seek hospitalization of the client, or to contact family members or others who can help provide protection. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential. Unless you 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 which you may have at our next meeting. As you might suspect, the laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

**PROFESSIONAL RECORDS**

I am required to keep appropriate records of the professional services I provide, and you have the right to review your records. (For more information on this, refer to the HIPAA Privacy Statement.) However, because these records contain information that can be misinterpreted by someone who is not a mental health professional, it is my general policy to discourage clients from viewing their files. Instead, if you request, I will provide you with a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to forward the summary to another appropriate mental health professional who is working with you.

**MULTIPLE RELATIONSHIPS**

I make all attempts to avoid multiple relationships in regard to my clients engaged in counseling services. A multiple relationship occurs when a psychologist/counselor is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has a professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. Although some multiple relationships are unavoidable, multiple relationships have the potential to impair my objectivity and effectiveness in my role as a therapist. Therefore, I usually refrain from providing individual services to more than one member of a family.

PLEASE NOTE: Your signature below indicates that you have read the information in this document, and agree to abide by its terms during our professional relationship. Your signature below also signifies that you have received a copy of the RCS HIPAA Privacy Notice (2007 form).

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Printed Name: Signature:**

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Client Client

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Parent/Guardian (if client is under 18 years of age) Parent/Guardian (if client is under 18 years of age)

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Licensed Psychologist/Licensed Professional Counselor