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OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document 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 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 patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems 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 the therapy to be most successful, you may 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 also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few 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 a treatment plan to 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.

PSYCHOTHERAPY SESSIONS

If you and I decide to work together, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a mutually agreed time. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.

CONTACTING ME

I am often not immediately available by telephone. Messages may be left for me at the above telephone number. I routinely check my voice mailbox for messages during regular business hours and 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 experience a life-threatening emergency, go to the nearest emergency room and request to be seen by a mental health professional.

PROFESSIONAL FEES

My hourly fee is \$130.00. In addition to weekly appointments, it is my practice to charge the rate of \$130.00 per hour on a prorated basis for other professional services you may require, such as report writing or consultations with other professionals that you have authorized. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. My fees may increase periodically, no more than once per year. I will inform you in advance of any changes in fees.

If your insurance reimburses for out-of-network mental health services, I will provide you, at your request, a monthly statement that you may submit to your insurance company for partial reimbursement of your payment. In order to receive reimbursement, this statement will include a diagnosis code, dates of treatment, and duration of each session.

In addition to weekly appointments, it is my practice to charge the rate of \$130.00 per hour on a prorated basis for other professional services you may require, such as report writing or consultations with other professionals that you have authorized.

If you become involved in litigation that requires my participation, you will be expected to pay for the professional time required, even if I am compelled to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless you and I agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. 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 such cases, the only information I would release about a client's treatment would be the client's name, the nature of services provided, and the amount due.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. 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. You 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 patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. The only exceptions are in specific circumstances where you have authorized the release of information to another party or when reporting is mandated by law.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some 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.

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 patient's treatment. For example, if I believe that a

child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient 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 patient. If the patient 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.

The full text of this practice's privacy policy will be supplied to you separately from this contract.

AUTHORIZATION FOR CONSENT TO TREAT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

SIGNATURES

Client Name Printed

Client Signature Date

Rachel Lefebvre, Ph.D. Date