



Elyse Corbett, Ph.D.  
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## PSYCHOTHERAPY SERVICES AGREEMENT

Welcome to my practice! I am pleased to have the opportunity to work with you and I have prepared this document to further introduce you to my practice policies and procedures. My intention is to help you feel that you have all you need to make an informed decision as we consider working together. **I strongly recommend you read this document entirely and carefully as you will be asked to sign that you have read it and I will expect that you are aware of its contents.**

### PSYCHOLOGICAL SERVICES:

Psychotherapy is not an exact science, but it is often an effective way to address issues, both longstanding and newly arisen, in your life. I view therapy as a collaborative process where we work together to identify concerns, areas for growth, as well as your strengths. My role is multidimensional; I will provide you with professional guidance and support during our sessions as well as help you consider how you can continue your work outside of our meetings.

The process of psychotherapy can, at times, be uncomfortable. Some of what we discuss may feel upsetting, increase your anxiety, or adversely affect your mood. You may also experience discomfort or resistance from people in your life who have been accustomed to dynamics that are now changing as a result of your personal growth and change. Although there are no guarantees of specific outcomes from therapy, the research indicates that therapy can be helpful in bringing about positive change. Factors that contribute to the likelihood of these positive outcomes include being motivated to change, having open communication between you and your therapist, feeling respected and understood by your therapist, attending sessions regularly, and considering before each session how to best use your time.

Our first few sessions will involve an evaluation of your needs, after which I will be able to offer you some first impressions of what our work will include and a treatment plan to follow should you choose to continue therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment on your part and I encourage you to be thoughtful about the therapist you select. If you have questions or concerns about my approach, we should discuss them when they arise. Should you feel that I am not

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the right therapist for you, I am happy to provide you with referrals to another mental health professional.

**DISCLOSURE STATEMENT:**

THERAPIST NAME: Dr. Elyse Corbett

DOING BUSINESS AS: Bella Vita Counseling

DEGREE: Ph.D., Counseling Psychology, Colorado State University

LICENSE: Maine #PS1384

**MEETINGS:**

I usually consider our first 1-3 sessions to be an evaluative time where I am working to better understand you and your concerns and you are exploring what it would be like to continue working together. Should we feel that I am a good fit for you, I will typically schedule one 50-minute session per week at a time we agree on, although we may decide to meet more or less frequently.

**FEES:**

Fees for my services are as follows unless we have discussed alternative arrangements:

- Individual Intake: \$150
- Couples Intake: \$150
- Individual Therapy: \$125/50-minute session
- Couples Therapy: \$125/50-minute session
- Psychological Assessment: \$150/hour (typically \$1500-\$2000 out-of-pocket cost. Reimbursement rates can apply should you choose to use in- or out-of-network insurance)
- Administrative Tasks: \$100/hour, prorated in 15-minute intervals. This includes email, telephone conversations with you or others whom you have authorized me to speak with on your behalf, and any other tasks you ask of me outside our scheduled sessions
- Legal Proceedings: \$200/hour for preparation and attendance at any legal proceeding

*PAYMENT FOR SERVICE:* Clients are expected to pay for services at the time they are provided unless other arrangements have been made. Payment may be made by check, cash, or credit/debit card (Visa, MasterCard, Discover).

*INSURANCE REIMBURSEMENT:* In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for therapy. If you have a health insurance policy, it may provide some coverage for mental health treatment. I will 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 company 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 be happy to help you

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understand the information you receive from your insurance company. If necessary, I am willing to call the insurance 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. Some plans may require you to receive treatment from a therapist who is on their provider panel. 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 clients feel they need more services after insurance benefits end.

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 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 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 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 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 (unless prohibited by my contract with the insurance company).

**CANCELLATIONS: A minimum of 24 hours notice is required** for rescheduling or cancellation of an appointment. Without such notification, fees will be charged to you (not your insurance company) as follows:

- Cancellations within 24 hours of the appointment: \$75
- No-shows (missed appointment without notification): \$125

You may avoid a cancellation or no-show fee if we are able to reschedule within the same week *as dictated by my schedule and availability*. Please note that insurance companies do not provide you reimbursement for missed sessions.

**UNPAID ACCOUNTS:** If you experience difficulties meeting your payment obligations, please discuss this with me so we can agree on a reasonable payment plan. Overdue accounts (those unpaid for 90 days or more) may be turned over to a collection agency as a final resort for non-payment.

### **CONTACTING ME:**

I may be reached by calling (207) 619-3424. I am often not immediately available by telephone, as I do not answer the phone when I am in session. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call within 24 hours, with

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the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available.

### **EMERGENCIES:**

I do not provide 24-hour or emergency therapy services. Although I make every effort to be available to you if crises arise, *you cannot depend on me to be available in emergency situations*. I will provide you with contact information for a colleague so that you may have interim support (if necessary) if I am out of town or unavailable for an extended period of time. If you are experiencing a crisis and cannot reach me immediately, please contact:

1. The Maine Crisis Hotline: (207) 774-HELP
2. 911
3. Go to your nearest hospital Emergency Department.

If one or both of us is aware that you may require care with greater emergency availability, I will help you identify other area resources to better meet your needs.

### **INDEPENDENT PRACTICE STATEMENT:**

I am an independent practitioner and have no professional affiliation with any of the other therapists, physicians, or health care professionals in this office building.

### **PROFESSIONAL RECORDS:**

The laws and standards of my profession require that I keep Protected Health Information about you in your client records. You are entitled to receive a copy of your records if you request this in writing, or I can prepare a summary for you. 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 together with me or have them forward to another mental health professional so you can discuss the contents. Clients may be charged an appropriate fee for any professional time spent in responding to information requests, including \$1.00 for the first 25 pages and \$0.25 cents for each page thereafter, as well as postage or other costs associated with furnishing these records.

### **CONFIDENTIALITY:**

The law protects the privacy of communications between a client and Licensed Psychologist. In most cases, information can only be released about your treatment if you sign an authorization form that meets certain legal requirements imposed by HIPAA.

#### ***Exceptions to confidentiality include:***

- At times, I will utilize the services of office managers to assist with scheduling, billing, and other clerical duties. These professionals are bound by the same confidentiality requirements as I am and are not allowed to release confidential information without written consent.
- If you use health insurance to pay for any portion of your treatment, I may be required to release some treatment details to your insurance company.

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- At times, I find it helpful to consult with other health and mental health professionals to most effectively serve my clients. During these consultations, I make every effort to protect your identity. The professionals I consult with are also required by law to keep the information confidential. Consultations that take place will be noted in your file to further protect the privacy of your information.

There are some situations when I am permitted or required to release information with your consent. These include:

- Generally, if you are involved in a court proceeding, I cannot disclose any information about you without your written consent or a court order. In the event that I am court ordered to disclose your information, I am legally obligated to do so.
- If a government agency requests some information for health oversight, I may be required to comply.
- If a client files a complaint with a licensing agency or lawsuit against me, I may disclose relevant information in order to respond to the complaint.
- If a client files a worker's compensation claim, I may be required to comply with legal requests. This may include disclosure of your record to parties involved in the claim.

Certain Federal and Maine State laws require that I take action that I believe is necessary to prevent harm. If I am required to break confidentiality, I take care to only disclose necessary information.

- If I have reason to believe that you or someone you know is or may be abusing or neglecting a child, and elderly person, or an otherwise impaired or disabled person, then I am required by law to report this to the proper authorities.
- If you threaten to harm either yourself (e.g., suicide threats) or someone else, and I believe your threat to be imminent, I am required by law to take whatever actions seem necessary to protect you and/or others from harm. This may include disclosing confidential information to the police, the potential victim, and appropriate authorities.
- If treatment involves others close to you such as your parents, spouse, or child(ren), then I will strive to clarify my role in relationship to each person. In most cases, there is only one identified client and my responsibilities are first and foremost to that person. There are exceptions, such as when I am providing couples or family therapy to more than one person. In this case, the *relationship* is the "client" and, therefore, I cannot "take sides" with one party (e.g., testify for one or the other in divorce or child custody disputes).

### **MINORS AND PARENTS:**

The law allows parents and legal guardians of non-emancipated clients under 18 to examine their child's clinical record and psychotherapy notes unless I determine that doing so would be likely to cause harm or injury to the child. It is my policy to request an agreement from parents that they allow clinical information to remain confidential unless I believe that the child is in danger. If parents agree, I will provide them only with general information about the progress of the child's treatment.

If you are a legal minor (i.e., a non-emancipated person under 18 years of age) or you otherwise have one or more legal guardian(s), then your legal guardian(s) is(are) considered by law to be the one(s) responsible for making treatment decisions, including decisions about access to your clinical record.

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**CLINICAL AGREEMENT:**

Signing this document represents an agreement between us. You may revoke this agreement in writing at any time, which invalidates from that point forward (not retroactively).

Your signature below indicates that you have read the information in this document and agree to the terms stated above.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Guardian Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client or Parent/Guardian Signature

Parent(s)/guardians agree to limit their access to their child's information except in these situations:

\_\_\_\_\_

\_\_\_\_\_  
Client or Parent/Guardian Signature

I understand Dr. Corbett's policy for missed appointments and that I may be responsible for my session fee if I do not provide 24 hours notice of cancellation. I also understand that most insurance companies do not reimburse for cancelled or missed sessions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elyse Corbett, Ph.D.

\_\_\_\_\_  
Date

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