

J. Gary Dolinsky, Ph.D.

Licensed Psychologist Provider

100 Cummings Center, Suite 429-K

Beverly, Massachusetts 01915

(978) – 750 – 1990 phone

info@jgarydolinskyphd.com - email

www.jgarydolinskyphd.com - website

Psychologist-Patient Treatment Agreement (the Agreement)

Welcome to my practice. This document (the Agreement) contains important information about my professional services and policies. When you sign this document, it will represent an agreement between us. Please read the Agreement carefully and ask me any questions you have.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client / patient, the therapist's training and treatment philosophy, and the particular problems you are experiencing. There are many different methods we 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 engagement on your part. In order for the therapy to be most successfully, you will have to work on things we talk about both during session 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, anxiety, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to solutions to specific problems, significant reductions in feelings of distress, better relationships, and a higher quality of life. 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, we will discuss what our work would include and a treatment plan, if you decide to continue with therapy. It is best that you carefully evaluate the treatment recommendations and whether you feel comfortable working with me. If you have questions about my practice, please discuss them with me whenever they arise.

PAGE TWO

If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions (each lasting **50 minutes**). During this time, 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 see patients for one **50 minute session** per week at a time we agree on (some sessions may be slightly longer or more frequent). Priority for scheduling goes to patients with established weekly appointment times. Being on time for your session is very important; if you arrive late, you will still pay the full session fee/copayment and our session will end on time. (Client Initials _____)

PROFESSIONAL FEES

My fee for regular therapy services is: \$160.00 for a 50 minute session. The Initial Evaluation-Session of 60 minutes is \$175.00. In addition to weekly appointments, I charge this amount for other professional services you may need, however I will pro-rate the hourly cost if I work for periods of less than one hour. Other services include report/letter writing, completion of various forms, clinical telephone conversations lasting longer than 10 minutes, preparation of clinical records or treatment summaries, and the time spent performing any other service you may require of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation, consultation with attorneys, and transportation costs even if I am called to testify by another party. Because of the difficulty of legal involvements, my regular fees will be typically higher (I have a specific statement of fees for legal proceedings available should you wish). I reserve the right not to take on patients involved in legal proceedings and increase fees annually. (Client Initials _____)

PAGE THREE

TELE-THERAPY SESSIONS

I am able to meet with you using online/internet technology. I use a HIPAA compliant software called VSEE which is a free application. I will send you a link to VSEE if you decide you want the option of having sessions via the Internet. I conduct my web sessions from either my office in Beverly or from the office in my home in Danvers. You are able to connect via smart phone, tablet, or computer/laptop from anywhere you have an internet connection. I recommend you locate a safe and quiet space for us to talk during your Tele-therapy session.

PLEASE NOTE: Due to State Licensing Laws for Psychologists, I can only provide you with Tele-therapy if you are within Massachusetts at the time of your therapy appointment. Payment is collected by credit or debit card using the Square software. Payment is required at the time of the session. I can run your card at the time of the session and send you a receipt via email or text.

CANCELLATIONS AND MISSED APPOINTMENTS

A 72 hour notice is required to cancel a session. **If you are unable to give 72 hour notice, you will be charged for the session.** I do make exceptions for severe illness, a medical emergency or accident. If you miss a scheduled session, you should contact me to find a time to reschedule. If you miss 2 sessions in a row, we will discuss whether the timing for therapy is convenient for you. Therefore, you will be responsible for the full session fee should you cancel less than 72 hours prior to your scheduled appointment or fail to show for your scheduled appointment.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held by personal check, cash or credit card, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. Upon request, I can provide you with a statement at the end of the month that includes all information typically required by insurance companies for reimbursement.

PLEASE NOTE: All fees for services rendered are payable at the START of each session. Please have checks written out in advance.

PAGE FOUR

Failure to keep current with appointments and payments may result in an interruption of therapy. This will be discussed with you in advance of any such action being taken. 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 payment. This may involve hiring a collection agency or

going through small claims court which may require to disclose otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided and the amount due. If such legal action is necessary, its costs will be included in the claim. (Client Initials _____)

LIMITS ON CONFIDENTIALITY

In general, the law protects the privacy of communication between patient and psychologist or other health care professionals. To insure the highest quality of care, I may sometimes confer with other health professionals about your treatment. In most situations, I can only release information about you, if you sign a written authorization. This legal "Authorization" will remain in effect for a length of time you determine. You may revoke the authorization at any time, unless I have taken action in reliance on it. However, there are some disclosures that do NOT require your Authorization, which are as follows:

- ! Disclosures required by health insurance companies or to collect overdue fees.
- ! If you are involved in a legal proceeding, I may have to provide your personal information under a court order.
- ! If a government agency is requesting the information for oversight activities, I may be required to provide it.
- ! If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend my self.

PAGE FIVE

There are some situations in which I am legally obligated to take actions which I believe are necessary to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are very rare in my practice.

- 1) If I know or have reason to suspect that a child (or elderly/disabled person) has been or is in danger of being neglected mentally physically or sexually abused, the law requires that I file a report with the appropriate governmental agency – such as Child Protective Services/Department of Children and Families. Once such a report is filed, I may be required to provide additional information.
- 2) Patients under 18 years of age, please be aware that the law may provide your parents with the right to examine (parts of) your medical record.
- 3) In an emergency, if I believe that a patient presents a substantial risk of imminent and serious injury to him/herself, I may be required to take protective actions including notifying individuals who can protect the patient or initiating emergency hospitalization.
- 4) If I believe that a patient presents a substantial risk of imminent and serious injury to another individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the Police, or seeking hospitalization for the patient.

In all other situations, I will ask you for an advance authorization before disclosing any information about you. 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 now or in the future. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed. (Client Initials _____)

PAGE SIX

TERMINATION POLICY

All relationships have a beginning, middle and end. This is true in psychological treatment. Successful relationships are those in which the participants agree on how each phase will be handled, work together to increase the probability of success, and accept when it is time to end. It is the position of this office that the client and Dr. Dolinsky should mutually agree when it is time to terminate the therapeutic alliance. Ideally, this time comes when the client's treatment goals have been achieved and there are reasonable expectations that the gains will be maintained. There are, however, circumstances in which there is not mutual agreement, and these are addressed below:

Patient Initiated Terminations

A client may terminate treatment at any time. At the client's request, the treating psychologist can furnish three referral sources for individuals or agencies that could continue the client's treatment.

Psychologist Initiated Terminations

It is extremely rare that the psychologist would decide to terminate treatment without the client's consent, but it could happen under the following conditions:

- *The goals of treatment have been met and treatment is no longer needed.
- *The goals of treatment have not been met, and are unlikely to be within a reasonable time frame.
- *The Client fails to pay fair and negotiated fees.
- *The Client refuses to cooperate with treatment.
- *Lack of progress despite appropriate treatment.
- *Conflict of interest.
- *Illness or disability of psychologist or family member requiring a reduction in or absence of work. (Client Initials: _____)

PAGE SEVEN

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your Clinical Record. Except in unusual circumstances that involve a substantial risk of imminent psychological impairment or imminent serious physical danger to yourself and others, you can have access to a copy of your record if you request it in writing. I will notify you if anything is withheld. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. (Client Initials: _____)

Please sign, return one copy to Dr. Dolinsky, & retain one copy for your records.

My signature below indicated that I have read and received the Psychologist-Patient Treatment Agreement (the Agreement). I agree to abide to all terms outlined above. I have informed Dr. Dolinsky of any ongoing or pending legal proceedings I am (or could be) involved in.

Patient's Signature: _____ Today's Date: _____

Patient Name (PRINT): _____ Date of Birth: _____