

## SERVICE AGREEMENT FORM

Welcome to the Anxiety & OCD Behavioral Health Center. This document contains important information about our professional services and business policies. ***Please read it carefully, initial each section, and sign the document.*** This will represent an agreement between us.

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**Services**Initial:

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**Treatment:** The Anxiety & OCD Behavioral Health Center provides empirically supported treatments, specializing in cognitive-behavioral therapy (CBT) and related approaches. Our clinicians have expertise in exposure therapy, exposure and response prevention (ERP), behavioral activation, mindfulness and acceptance-based practice, trauma-informed care, emotion regulation skills, communication skills, parent/family-based therapy, and other cognitive and behavioral interventions. The treatment offered is evidence-based, which is most likely to help you or your loved ones overcome anxiety, OCD, or related conditions.

**Initial Assessment:** The first step to beginning treatment involves a comprehensive assessment that spans 60-180 minutes that can be completed in one full session or in two to three separate appointments. Patients stepping down from residential, partial hospitalization (PHP), or intensive outpatient (IOP) treatment may want to schedule one 3-hour assessment to aid transition into outpatient services at AOBHC. The initial assessment sessions typically include an introduction to the practice policies and procedures, completion of a comprehensive clinical interview and standardized questionnaires.

**Intake Forms & Questionnaires:** Please download, review, and complete forms from our website <http://anxietybehavioralhealth.com/first-visit.html> and bring them in to your first appointment. By completing the forms prior to your appointment, you will save valuable time during your session as your clinician can focus on reviewing only relevant and pertinent information for your assessment and treatment. At the end of your first appointment, your clinician will ask you to complete a set of evidence-based standardized measures to further evaluate your symptoms. These questionnaires are used to measure the severity of your symptoms and are given every 3 months to assess your improvement over the course to therapy. This ensures that your clinician is delivering their interventions efficaciously and that you are fully engaged and participating in the treatment process.

**Treatment Planning and Psychoeducation:** After the initial assessment, 1-2 sessions are dedicated to treatment planning and psychoeducation (e.g., learning about the nature of your symptoms, learning the CBT model). A patient's treatment plan may include one or a combination of the following: cognitive-behavioral therapy (which can include family members), exposure therapy (which may include sessions conducted outside of the office), referral to a psychiatrist for medication evaluation, or referral to a physician for medical evaluation. Additionally, consultation and/or collaboration with outside provider(s), and/or school personnel may be necessary as part of an effective treatment plan.

**Frequency/Length of Sessions:** Frequency and length of therapy sessions as well as course of treatment is different for each person and will be discussed and agreed upon based on

treatment needs during planning of treatment. While the average number of treatment sessions typically lasts from 12 to 20 (45-minute to 1-hour sessions), this is enormously variable depending on the concern being dealt with. Typically, patients attend appointments once per week depending on the presentation and severity of symptoms. Patients with more severe symptoms will be recommended to attend sessions on a more frequent, intensive basis.

**What is Expected of You:** In order to ensure treatment success, you (and potentially family members) must make a commitment to work on your treatment goals **every day** between sessions, not just during therapy sessions. Early in treatment, you and your clinician will identify specific goals for which you will have home practice assignments. You will discuss what interventions are necessary or most appropriate for you to ensure compliance with home practice assignments (e.g., scheduled phone sessions, email/voicemail check-ins). The goal is to provide the appropriate level of support with the expectation of increasingly independent coping skills.

**Cancellations, No Shows, Lateness:** Your appointment time is reserved for you. Chronic tardiness or inconsistent attendance greatly interferes with your treatment. Contact us 24 hours in advance if an appointment must be canceled. See cancellation and fee policy below. If you fail to show for two consecutive appointments without calling to cancel, or if you miss three consecutive appointments despite calling to cancel in advance, or if your attendance is inconsistent, your clinician will discuss termination from treatment with you.

**Termination:** The end of your treatment will typically be a collaborative decision between you and your clinician as you achieve your treatment goals. However, your clinician may terminate services prior to your goal completion if: 1) You are not compliant with your treatment plan (e.g., not completing homework assignments or participating in session activities); 2) Your symptoms appear too severe for outpatient services and is in need of a more intensive treatment (e.g., residential, inpatient); 3) Your symptoms are beyond the area of your clinician's expertise; 4) Billing and payment issues arise without resolution; 5) If you or someone you have a relationship with threatens (i.e., verbal, physical), harasses, or is violent to your clinician, any of the clinic staff, or their families. Your clinician will attempt to discuss these matters with you prior to termination and offer you referrals to other sources of care; however, there is no guarantee that these referrals will accept you for therapy.

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**Confidentiality and Professional Records**Initial:

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**Confidentiality:** In general, the law protects the confidentiality of all communications between a patient and a therapist. At AOBHC, we apply best practices to secure your personal health information, including encryption of all computers and electronic records, and securing of all paper records in locked filing cabinets. The content of therapy sessions and information collected will only be available to your clinician and those he/she consults with. There is no audio or video recording of any sessions without the patient and the therapist's consent. All information gathered in therapy can only be shared with individuals outside of the clinic with the patient's written consent. However, there are a number of exceptions. If one of our clinical staff believes that a child, an elderly person, a disabled person, or an animal is being abused or neglected, he/she is required to file a report with the appropriate state agency (e.g., Illinois Department of Child and Family Services). If our clinical staff believes that the patient is at

imminent risk of threatening serious bodily harm to him/herself or to another person, the clinician is required to contact the appropriate authorities or individuals (e.g., seeking appropriate hospitalization, contact family members or others who can help provide protection, notifying the potential victim, notifying police). Furthermore, our clinical staff is required to release confidential information if ordered by the court of law. These situations have rarely occurred in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

**Professional Records:** The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in our presence so that we can discuss the contents. ***Patients will be charged an appropriate fee for any time spent in preparing information requests.***

**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 our policy to request an agreement from parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern.

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**Insurance, Fees, and Payment Policies**

Initial:

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**We are Out-Of-Network Providers:** Do not let the term 'out-of-network' scare you. By choosing to work with our clinicians, you are choosing to receive higher quality and personalized treatment that you should come to expect from a specialty clinic. Therapists at clinics that accept insurance are often constrained by an insurance company's rules and regulations. These rules usually involve how many visits a patient can receive in a year, how frequently the insurance company will authorize visits during a plan of care, or the insurance company deciding when a patient is "all better" (at which point the patient isn't permitted to continue treatment or the insurance company will no longer reimburse for the service). That means the insurance company, and not the patient or the therapist, decides how often, how long, and essentially, **how** a patient's treatment should be carried out. By choosing to work with our out-of-network providers, you are in full control in collaborating with your therapist on how your evidence-based treatment should be delivered. Without insurance constraints, our therapists are free to provide treatments the way it is intended, including longer, more frequent, or greater number of sessions than what insurance might cover, doing exposure therapy out of the office (e.g., in your home or out and about), and online video therapy. Furthermore, if you decide not to involve insurance at all, you will not be involving any third parties in billing or paperwork, which ensure accuracy, privacy, anonymity, and confidentiality of your health information.

**Will I Get Reimbursed?:** Yes, in most cases. As a courtesy, our business office can verify your out-of-network mental health benefits prior to starting treatment. However, ***it is ultimately your responsibility to confirm your out-of-network outpatient mental health benefits with***

***your insurance company before beginning therapy.*** Twice a month, you or the patient's guarantor will receive a statement on the patient portal with the proper diagnostic and service codes, as well as other pertinent information needed for submission to your insurance company for reimbursement. Or you may wish to just save the statement for your financial records.

***You will be reimbursed directly by your insurance company per the terms of your policy. We are not responsible for any successful or unsuccessful reimbursements as this is considered a matter between you and your insurance company. It is also your responsibility to check the status of your claims and reconcile any discrepancies or problems that may arise with your reimbursement.***

Occasionally your insurance company may require our clinicians to contact them to discuss your treatment and progress. We are happy to respond to brief requests for information. **In the event that extensive information or written reports are requested, your clinician will notify you and discuss the likely fees associated with providing these services.**

**Patient Portal:** After your first appointment, you will be sent an email asking you to set up your patient portal online. Please activate your patient portal *immediately*. The patient portal allows you to update your email address and phone number, check the date and time of your next appointment(s), and access patient statements for insurance submission.

**Videoconferencing and Insurance:** While we offer videoconferencing therapy sessions when it is clinically relevant and necessary, it is important to know that only some insurance companies reimburse for videoconferencing therapy sessions at this time.

**Fees:** The clinicians at AOBHC charges for their professional time in 15-minute increments. Services performed in less than 8 minutes will not be charged. The services that our clinicians bill for include, but are not limited to: a) Individual/Family/Group assessment and therapy appointments; b) In-Home/ Out of office/ Community-based therapy/ exposures/practice/support; c) Video Teleconferencing (e.g., Google Hangouts)/Telephone appointments; d) Parent/ Family/ Partner Training Sessions; e) Phone calls (e.g., patient, parents, consult with doctors, insurance reviews); f) Phone/In-person Consultation or Meetings with school or other professionals; g) Requested report writing, letters of opinion, or other documentation.

The fee schedule has been established after careful consideration of what is just and fair based on the specialized services we provide. This takes into account our level of education, experience, expertise, and the customary fee in the geographic area. Fees are subject to change. **All services are 100% non-refundable.**

***Due to the technical difficulty, our clinicians charge double the fee for preparation and attendance of any legal proceedings, including when called to testify by another party.***

**Payment:** Payment is required at the time of service via cash, check, debit card, and all major credit cards (Visa, MasterCard, Discover, American Express). ***You will be required to provide a credit card number to be kept on file for forgotten payments, missed appointments, and out of office appointments. (If you are not willing to provide your credit card information,***

**a signed personal check for the amount of your clinician’s hourly fee will be kept on file instead.) All credit card information and/or filed personal checks will be shredded/deleted once treatment is terminated or if it is clear that you will not be returning for further sessions. A new check will be requested every 6 months (and the old check will be applied as a session payment) if treatment is to extend beyond that time frame.** Late payment and returned checks may be subject to an additional fee.

**Cancellations Policy:** *The hourly fee for the missed session is charged for cancellations with less than 24 hours notice or for no shows.* Charges for missed appointments are usually not covered by insurance and are your responsibility. If you arrive late for your appointment, the clinician will charge for the full scheduled appointment duration. Your credit card on file will be charged for the missed session unless an alternative, prompt arrangement is made and the fee is collected.

**Missed Payments:** All treatment sessions need to be paid in full. Should you miss more than one session of payment due to decline of your credit card on file or failure to provide payment, your therapist will discuss with you plans to resolve your balance prior to, but no later than the outset of your next appointment until the balance is resolved fully. Late fees may be assessed. If you are unable to afford treatment at our clinic, your clinician will provide you the appropriate referrals in order to meet your clinical needs. All outstanding balances must be resolved by the **end of the calendar month** in order to avoid late charges. Failure to pay your bill in a timely manner or ongoing noncompliance with payment terms may incur collections charges. Your bill may then be sent to collections.

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**Phone Contact/Hours/Emergencies**

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**Phone:** Clinicians are often not immediately available by telephone or email though the front desk is available between 9 AM and 5 PM Monday to Friday. The schedules of each clinician are quite variable. When we are unavailable by phone, please leave us a voicemail and we will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of specific times when you will be available for us to reach you. If you are unable to reach us and feel that you can’t wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist/psychiatrist on call.

**Hours:** By appointment only to be scheduled with your therapist.

**Handling Emergencies or Urgent Matters:** This clinic is not designed to provide ongoing crisis management. If you or your child are in a *mental health emergency and require immediate assistance, please call 911 or go to the nearest hospital emergency room* and leave a voicemail message for your clinician to notify him/her of the emergency. If you are uncertain of how to manage a panic attack or a homework assignment or need to discuss a clinical matter with your clinician urgently, please leave a message at the office number. Your clinician will return your message as soon as he/she is in the office and have available time. Otherwise, wait so you can discuss the matter during your next therapy session. Your clinician will not, however, interrupt therapy sessions with other patients or important personal events to return your call. If you believe that you need therapy that provides 24-hour crisis management, your clinician can help



you find a referral to services that can best meet your needs.

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**Electronic Communication**

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Initial:

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Many electronic modes of communication can often put your privacy at risk and can be inconsistent with the law and with the standards of our profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

**Email:** We use email communication only with your permission and ***only for administrative purposes*** unless we have made another agreement. That means email exchanges with your therapist should be limited to things like setting and changing appointments, billing matters, and other related issues. ***Please do not email your clinician about clinical matters because it could compromise your confidentiality and it may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.*** Be aware that all emails are retained in the logs of the Internet/phone service providers.

**Videoconferencing:** Depending on the nature of the problem and agreed upon treatment plan, some sessions may be conducted via videoconferencing. Clinicians at AOBHC will do videoconferencing with patients only for special circumstances (e.g., if patient is out of town for 2 weeks and would like to have a session during that time; patient has worked with one of our clinicians for a period of time and is going away for college but need some booster sessions to help with transition). Otherwise, if patient is moving away permanently or for an extended period of time, then it is encouraged that the patient discuss with his/her therapist regarding finding a new therapist in the new geographic area.

We make every effort to protect the confidentiality of your personal health information when conducting therapy via videoconferencing. We want to ensure that unauthorized third parties cannot record or "listen in" on a videoconferencing session. As such, we use only Google Hangouts, which, in addition to being HIPAA compliant, is audited using industry standards that are the most widely recognized, internationally accepted independent security compliance audits. Please discuss with your clinician regarding policies of sending and receiving video calls.

**Social Media:** The clinic has its own social media sites (e.g., Facebook, Twitter, LinkedIn) for the purpose of disseminating information only. **Do feel free to like these pages.** However, we will not accept *personal* friend or contact requests from current or former patients. We believe that adding patients as personal friends or contacts can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship between you and your therapist. If you have questions about this, please bring them up when you meet with your therapist.

**Web Searches:** It is NOT a regular part of our practice to search for patients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with your clinician via your usual means (coming to appointments, phone, or email) there

might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means, your clinician will fully document it and discuss it with you when you next meet.

**Business Review Sites:** You may find your clinician or AOBHC on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT due to our request for a testimonial, rating, or endorsement from you as my patient. The American Psychological Association's Ethics Code discourages psychologists from soliciting testimonials.

Of course, you have a right to express yourself, tell anyone that you are working with one of our therapists, or how you feel about treatment, on any site or any forum of your choosing. **HOWEVER, we urge you to take your own privacy as seriously as we take our commitment of confidentiality to you.** If you must disclose personal information on a public forum, we urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. Due to confidentiality, we cannot respond to any review on any of these sites or forums whether it is positive or negative because we cannot tell people that you are one of our patients. You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our therapy, there is a good possibility that we may never see it. We hope that you will bring your feelings and reactions directly to our therapy sessions. This can be an important part of therapy, even if you decide we are not a good fit.

If you feel we have done something harmful or unethical and you do not feel comfortable discussing it with us, you can always contact the Board of Psychology (for psychologists) or the Behavioral Health and Human Services Licensing Board (for licensed counselors), which oversees licensing, and they will review the services we have provided.

Indiana:

Professional Licensing Agency

Attn: Indiana State Psychology Board (for psychologist)

OR Behavioral Health and Human Services Licensing Board (for mental health counselors)

402 W. Washington St., Room W072

Indianapolis, Indiana 46204

Phone: 317-234-2051

Email: [pla6@pla.in.gov](mailto:pla6@pla.in.gov)

Illinois:

Department of Financial and Professional Regulation

Division of Professional Regulation

Complaint Intake Unit

100 West Randolph Street, Suite 9-300

Chicago, IL 60601

Phone: 312-814-6910

Patient's Name:

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**Location-Based Services (LBS):** If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a patient due to regular check-ins at the office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from our office or if you have a passive LBS app enabled on your phone

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**Acknowledgement of Agreement**

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I acknowledge that I have read, understand, and agree to abide by the clinic policies described above. I have reviewed this sheet with a staff member, had all of my questions fully answered, and am being given a copy for my records.

**My signature below shows that I understand and agree with all of these statements**

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Patient

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Date

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Parent or Legal Guardian (if patient is age 18 and below)

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Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

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Signature of Clinician

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Date

- A copy of this agreement has been given to the client.
- A copy of this agreement has been kept by the clinician for client records.