THE MINDSET CENTER
SHREYA PATEL HESSLER, PSY.D. LLC
LICENSED PSYCHOLOGIST
2021A EMMORTON ROAD
SUITE 210
BEL AIR, MARYLAND 21015

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. It will also represent an understanding that this relationship is between you and I, and no other providers of The MINDset Center.

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 will 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 for a second opinion.

MEETINGS

I normally conduct an evaluation the first session. But the evaluation process can take several sessions. 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. Our initial visit will be 45-60 minutes. Individual therapy sessions range from 30 to 60 minutes. However, a standard individual therapy session is 45 minutes unless agreed otherwise. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control**. If it is possible, I will try to find another time to reschedule the appointment.

PSYCHOLOGICAL TESTING AND FEES

In the case of psychological testing, testing batteries are determined on the basis of the referral question. Psychological testing without educational testing measures for a diagnosis of a psychological condition (such as ADHD, anxiety, or depression) is charged at minimum $1800. This fee covers the cost of the hours for direct testing services, scoring, report writing, and the feedback session. Psycho-educational batteries for determination of a learning disability (such as dyslexia, dysgraphia) are charged a fee of $2800. I will review with you the tests that will be included in your child's battery before administration. Testing appointments can and often do occur over two or more days for 2-4 hours each visit. Every effort is made to produce a report within three weeks of the final assessment date. It is important to understand that test results DO NOT GARUNTEE ACCOMMODATIONS FOR HIGH STAKES TESTING SUCH AS THE SAT, GRE, or LSAT.

PROFESSIONAL FEES

My fee is $250 for the initial visit. Weekly 45 minute sessions are charged $150. I charge for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any

other service you may request of me. 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. Because of the difficulty of legal involvement, I charge $300 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. All payments are to be made in cash or check only. A receipt is provided to you after every visit unless requested otherwise.

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 most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

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 your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and 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. I am considered an OUT OF NETWORK PROVIDER.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the out of network 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 in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on

your behalf. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. 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 are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Please be aware that all scheduling information, changes, and queries should be conducted via **PHONE** only and not through electronic communication such as text messaging or email. Scheduling appointments should be made through my administrative assistant at 443-425-2200.

ELECTRONIC COMMUNICATION

While I understand the convenience of electronic communication, please do not communicate therapy related information via text messaging or email. These communications are not protected or be guaranteed as private. If you should send these communications, please understand that there is a risk to a third party accessing your information. I will generally not respond to emails regarding clinical information. If you need to communicate to with me, it is best to do so in person or via telephone.

PROFESSIONAL RECORDS

I am required to keep records of the professional services I provide [your treatment, or our work together.] Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however, I will provide at your request a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly.

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. But there are a few exceptions.

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.

At the MINDset Center, there are other clinicians and providers. They are all bound to confidentiality agreements. If you are obtaining services at The MINDset Center from other providers, such as tutoring or group therapy, release forms will be completed by all parties that will permit communication about collaborative care.

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.

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

INFORMED CONSENT AUTHORIZATION

BY SIGNING BELOW, YOU HAVE READ AND UNDERSTOOD DR. HESSLER'S INFORMED CONSENT AGREEMENT.

_____ _____

Signature of Patient Date

_____ _____

Signature of Psychologist Date