



LiveWell Psychological Services Policy Letter

Welcome to my private practice. I am pleased to have the opportunity to serve you. As a licensed psychologist, I have over fifteen years of experience in providing individual, family, couples, and group psychotherapy addressing a wide range of presenting problems. Specializing in the treatment of eating disorders, I also have extensive experience in treating such issues as depression and anxiety, adjustment and developmental concerns, stress management, and other emotional or personal difficulties.

Appointments

All clinical services are by appointment only. Appointments are typically 50 minutes in length, but may be longer if you prefer. **I do charge my regular fee for clients who cancel appointments without 24 hours' notice, except in the case of emergency or illness.** A pattern of missed appointments may result in termination of treatment.

Fee Structure

The fee structure for clinical services is based on the usual, customary and reasonable fee profiles for this area. **My fee for psychological services is \$160.00 per fifty minute session**, and it covers telephone consultations with other professionals, including dietitians, exercise physiologists, cardiologists, physicians, and psychiatrists. Fees for session time beyond the standard 50 minutes are prorated according to the designated time requested. Additional requested services, such as psychological testing will require an additional fee. Clients will always be informed in advance of the fees for any clinical services. Because I understand that some people cannot afford to pay the full fee, I do have a sliding-fee scale empowering my clients to set their fee along a continuum between the endpoints of \$100 to \$160 per session. **Payment is due in full at each session.** For your convenience, I accept cash, checks, or MasterCard/Visa. **There will be a late fee of \$15.00 attached to fees that are not collected at each session.**

In the event that court or legal issues arise in the course of treatment, a \$350.00 fee in the form of a cashier's check will be collected for preparation of medical records and other pertinent documentation. This fee is to be paid one week prior to the service rendered. If I am required to go to court or to complete a deposition, the minimum required fee will be \$300.00 per hour for eight hours. The payment must be received in the form of a cashier's check ten days prior to the court date.

Insurance and Managed Care

Due to my personal philosophy and code of ethics, I have chosen not to work directly with managed care or insurance companies. The limitations of managed care make it difficult to ensure confidentiality and the highest standards of treatment. I do, therefore, expect payment to be made at the time of service. If you have insurance coverage and plan to file for reimbursement, you will be given a detailed statement that contains my provider information and your relevant diagnostic code(s). The statement may then be attached to one of your insurance claim forms which you may file for reimbursement.

If you are relying on your insurance company to reimburse you for part or all of the charges for therapy, it is important that you have thoroughly reviewed and understand your insurance company's reimbursement policies, the amount of your deductible, the percentage the company will reimburse you for outpatient psychotherapy, and any limitations to treatment that may be a dimension of your policy. The contract for reimbursement is between you and the company, rather than between the insurance company and me.

Client Rights and Confidentiality

At any time, a client may question and/or refuse therapeutic or diagnostic procedures or methods, or may request whatever information they wish about the process and course of therapy. Confidentiality is protected by ethical practice and the law. There are important exceptions to confidentiality that are legally mandated. Some of these exceptions are stated below:

1. When there is risk of imminent harm to the client or another person, the psychologist may have the legal and ethical duty to do whatever is necessary to protect life.
2. When a court of law orders a psychologist to release information, that person is bound by law to comply with such an order.
3. When an individual has reason to believe that a child or an elderly person is in danger of, or is being physically, emotionally, or sexually abused, the psychologist is obligated by law to report such abuse to the proper authorities.
4. When a client reports that a previous counselor or therapist has sexually abused the client, the current psychologist has a legal duty to report that abuse to the proper authorities. Such a report need not include the client's name.
5. Because confidentiality may not extend to criminal proceedings in Texas, if a client is or becomes involved in a criminal lawsuit, the client's file may be open for court inspection.

In order to protect the special nature of the therapeutic relationship, and in accordance with ethical standards established for the practice of psychology, limits will be set to avoid dual relationships in business and/or social settings.

Finally, I cannot guarantee that e-mail communications will remain confidential. Should you choose to use email as a form of communication with me, please be aware that you do so at your own risk.

Medical Clearance

When a client is being treated for an eating disorder, medical clearance for outpatient treatment will be required. This clearance may include a cardiac evaluation and an evaluation by your primary care physician, pediatrician, and/or gynecologist. Other medical evaluations, such as bone density tests, may be required as needed. I will be happy to provide you with referrals to medical professionals with expertise in the treatment of eating disorders.

Termination

Termination of psychological services may occur at any time and may be initiated by either the client or the therapist. It is generally recommended that approximately 3 to 6 months is necessary for treatment progress; however, each case is unique. Addictive disorders, such as eating disorders may require longer treatment due to the chronic nature of the symptoms. Any decision to terminate treatment should be discussed with the therapist so that closing issues may be addressed and your file closed. If a client leaves treatment without discussion with the therapist, the client's file will be closed. If the client wishes to change therapists, three references will be provided. In the event that the client should refuse to comply with specific treatment recommendations that may potentially affect his/her physical health, the therapist may choose to terminate treatment due to serious medical risks. Similarly, the psychologist reserves the right to terminate treatment due to missed appointments.

Infrequently, during the course of treatment inpatient hospitalization or the use of medication must be considered. I do not prescribe medication, but if it is clinically appropriate, I will refer you to a psychiatrist who will evaluate you for medication management or hospitalization. This decision will always be addressed and discussed in advance, so that you may be an active part of your treatment planning.

Closing Comments

I hope that your experience in psychotherapy will be enlightening and that you will leave the process with a sense of autonomy and independence that fosters positive self-esteem and emotional well-being.

Should you have any questions or concerns during the course of our work together, please do not hesitate to contact me at the number below. Your signature on the form "Therapist/Client Service Agreement" indicates that you have read this document and agree to abide by its terms during our professional relationship.

Warmest Regards!

Laura Roberts, Ph.D.
469-556-0648



Therapist/Client Service Agreement

I have read and understand the contents of the LiveWell Psychological Services Policy Letter. My questions about these policies have been fully answered and I agree to all professional policies and financial obligations. I agree to enter a therapeutic relationship with this therapist as indicated by my signature below.

Client Signature _____ Date _____

Printed Name _____