

Barbara Fritts, Ph.D.
Licensed Psychologist



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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. When you sign this document, it will represent an agreement between us and consent to treatment. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action which relied on the Agreement; if there are obligations imposed on me by your health insurer or in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations. In addition, if I make any changes to my business policies I will provide you with written notification of these changes prior to their implementation. I will ask you to sign a form to acknowledge receipt of such a notification at that time.

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 we may use to approach the problems that you hope to address. In my approach to treatment, my goal is to work in collaboration with you in a holistic psychotherapy that addresses unconscious and conscious thoughts, emotions, behaviors, and relationships.

Psychotherapy can have benefits and risks. During the process of therapy, we will often discuss unpleasant memories, feelings, thoughts, and other 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 can lead to better relationships, better insight into your difficulties, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience. Our first couple of sessions will involve us getting to know each other and how we work. By the end of the first one or two sessions, we will talk about your first impressions of therapy with me and we will discuss what therapy might look like in the future, including goals for our work together. If you decide to continue, you should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy often involves a significant commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions throughout our work together, please ask so we can discuss them whenever they arise.

MEETINGS

If we decide to continue therapy together, we will discuss frequency of sessions. Frequency of sessions can range anywhere between once a month to 2 times per week. Therapy sessions last 50-55 minutes (1 therapeutic hour). Please be on time as I make a point of beginning and ending sessions according to what we have scheduled.

PROFESSIONAL FEES

My hourly (55-minute) fee is \$180 for all psychological services that I provide (including psychological assessments, individual psychotherapy, family, and couple's therapy). **This fee is due at the time of service.** I charge this amount for other professional services you may need as well, though I will break down the hourly cost if I work for periods of less than one hour. If other services are needed outside of

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our session meetings, payment is expected for the time used during these services, including travel and waiting time. Other services may include telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized (e.g. attendance at school meetings/consultations or legal proceedings), preparation of records, treatment summaries, letters, and the time spent performing any other service you may request of me. My fees are subject to periodic change, and you will be notified in advance of such changes. Please be aware that additional services such as described above are not typically covered by insurance plans.

If you need to cancel or reschedule a session, you must provide at least 24-hour notice (please review the cancellation policy below). Please note that insurance will not reimburse you for this fee.

BILLING AND PAYMENTS

For psychotherapy, you will be expected to **pay for each session at the time it is held** unless we arrange a different payment schedule. I accept cash, check, Venmo (@**Barb-fritts**), or credit/debit/HAS/FSA card. If paying by check, please make the checks out to: **Barbara Fritts**. In the event of a returned check, you will be responsible for any bank fees I have incurred. Payment schedules for other professional services will be agreed to when they are requested. 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. I am not an in-network provider for any insurance plans. Health insurance policies typically include some coverage for mental health treatment. It is recommended that a call be placed to Member Services (usually listed on the back of insurance cards) to confirm what coverage is available. If there are out-of-network benefits available, I will happily complete any necessary forms to assist patients in using these benefits and receiving whatever reimbursement is available to them. Please note, however, when using out-of-network coverage, there is often a deductible to be met and payment is due in full by the patient at each session. Insurance companies in turn provide some reimbursement of the fee directly to the patient after the deductible has been met. I will assist with any questions about insurance coverage along the way. Please be aware that even out-of-network insurance will only pay for services that are attended by you. They do not pay in the event of late cancellations or no-shows.

CANCELLATION POLICY

****Please pay attention to this 24-hour cancellation policy****

Once an appointment hour is scheduled, you will be expected to pay for that session in full unless you provide 24-hour advance notice of cancellation. The 24 hours gives me a chance to rearrange the calendar and possibly find another time when we can meet. It also allows time for me to find someone else to fill that hour. The only time I waive this fee is in the event of a medical emergency, such as

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hospitalization or contagious illness. Please be aware that minor illness and family and/or work conflicts do not excuse you from paying for the session. If you call for a last minute reschedule, I will try to find another time **that day** to move to (without charging for the missed session). **If we cannot find another time that day, you will be charged for the missed session (even though you were not present) and we will then schedule our next session.** Keep in mind that insurance will not pay for a missed session. If there is some sort of conflict that arises that prevents you from being in the office, but you could talk on the phone (for example, if you have a minor illness, or if a family member was sick and you were visiting them in the hospital), please let me know and we can do a phone session. Regular fees will apply.

Please make every effort to attend every session scheduled. If a conflict arises, remember how important your mental health is and consider your emotional and financial investment in therapy.

Note: If **I** have to cancel a session for a personal reason, you will not be charged for the cancelled session and we will reschedule.

CONTACTING ME

My business line is 508-505-4473, though keep in mind that due to my work schedule and the nature of my work, I am often not immediately available by telephone. When I am unavailable, my phone is answered by a voicemail system. My voicemail is confidential, and when I receive your message, I will make every effort to return your call on the same day you make it, if not by the next day. You may also email me, however, be aware that confidentiality over the internet cannot be guaranteed. I do not answer calls outside of business hours and do not have a crisis line. **If you are unable to reach me and/or have an emergency and cannot wait for me to return your call, contact your family physician, call 911, or go to the nearest emergency room.** If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

HIPAA requires that I keep Protected Health Information (PHI) organized in two separate sections. One section constitutes your Clinical Record and the other constitutes Psychotherapy Notes.

The Clinical Record includes information such as reasons for seeking treatment, a description of the ways in which identified problems are impacting quality of life, diagnoses, treatment goals, progress towards those goals, medical and social history, treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone, including reports to insurance carriers.

Upon written request, examination and/or receipt of a copy of the Clinical Record is permitted by the patient or parents/legal guardians, unless I believe that access would be harmful to them. In such situations, I can provide a summary and have the record sent to another mental health professional or attorney for assistance with review. In most situations, I am allowed to charge a copying fee of 0.25 cents a page, and I may charge for certain other expenses.

The other section containing PHI, Psychotherapy Notes, is designed to assist me in providing the best possible treatment. Psychotherapy Notes vary from patient to patient and can include contents of

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conversations, my analysis of those conversations, and how these contents and analysis may impact therapy. While insurance companies can request and receive a copy of Clinical Records, they cannot receive a copy of Psychotherapy Notes without signed, written authorization. Insurance companies cannot require authorization as a condition of coverage nor penalize in any way for refusal. Examination and/or receipt of a copy of Psychotherapy Notes is permitted by patients or parents/legal guardians unless I determine that it would adversely affect the reader's well-being, in which case I can provide a summary and have the Notes sent to another mental health professional or attorney for assistance with review.

You are hypothetically entitled to receive a copy of your records if necessary. 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 in my presence so that we can discuss the contents.

PATIENT RIGHTS

HIPAA provides rights regarding Clinical Record usage and disclosures of PHI. These rights include requesting that a record be amended; requesting restrictions on what information from the Clinical Record is disclosed to others; requesting a summary of disclosures of PHI, determining the locations to which PHI disclosures are sent; having any complaints made about my policies and procedures recorded in the record; and a right to a paper copy of the Agreement, the Notice, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents/legal guardians the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will need to notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. In cases where acute safety is not an issue, but I determine that there is important information to share with parents/legal guardians, I will discuss the matter with the minor, if possible, and do my best to address any concerns he or she might have with regard to the disclosure before it happens. I often encourage minors to participate in disclosing such information to parents/legal guardians together with me. I genuinely welcome the input of parents/legal guardians and appreciate the trust being put in me as the chosen provider for the minor receiving services.

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 if there is a signed written authorization form that meets HIPAA requirements and is very specific as to what information is being shared and with whom. You should be aware, however, of the following exceptions to the professional responsibility for maintaining confidentiality:

- If a judge orders the release of certain records in a court case

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- If your insurance company is reimbursing your treatment, they have a right to know your diagnosis (as outlined in the Diagnostic and Statistical Manual of Mental Disorders, DSM-V)
- If I have reason to suspect that a child (under 18 years of age) or elderly person (over 60 years of age) is being abused or neglected, I am legally obligated to report this information to the appropriate authority
- In circumstances in which, to the best of my professional judgment, I believe that you may be a danger to yourself or another person
- If you were to make your mental health an issue in a court case
- If a government agency request information for health oversight activities, I may be required to provide it
- If a complaint or lawsuit is filed against me, I may disclose relevant information about treatment in order to respond to the complaint
- If a worker's compensation claim is made, I must, upon request, provide appropriate information to involved employers, insurers and/or the Department of Worker's Compensation
- If your account is overdue and arrangements for payment have not been negotiated, a collection agency may be provided with dates of service, type of service and total amount due
- I may occasionally consult about our work together with a colleague who is equally bound by the rules of confidentiality. In such cases, no identifying information is provided
- If I am working with a couples, I will not release records or any other protected healthcare information to either member of the couple or to a third party without written permission from both members of the couple or a judge's order

If any of the above occurs, I will make every effort to fully discuss it with you before taking any action. If you have questions about any of this, please feel free to discuss them with me directly.

*Please note that an additional consideration is as follows: If I am rendered unable to practice as a result of accidental death (or injury that impacts my ability to communicate), a colleague/clinician has been named to contact my patients directly, assist with securing a new provider for them, and to hold my records for the legal duration required. This person is bound by the same confidentiality obligations as I am – all summarized above. This clinician does not have access to any records until such a time as is necessary.

Thank you for taking the time to read this document carefully. I would like to reiterate that I am happy to discuss any questions or concerns about its contents at any time. Lastly, I would like to extend a warm welcome to my practice.

Very Sincerely,

Barbara Fritts, Ph.D.
Massachusetts license #10140

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A signature below indicates you have read the above information, understand and accept the policies and procedures it describes.

Print Name: _____

Patient Signature: _____ Date: _____

2nd patient signature (for couple): _____ Date _____

Parent/Guardian Signature: _____ Date: _____