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Psychologist-Patient Services Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care options. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, please read them carefully. I will be happy to discuss any questions you have about the procedures at any time. When you sign this document, it will represent an agreement between us and may be revoked by you at any time in writing. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Training and qualifications: I am a fully-licensed psychologist in the state of Michigan. I received my Ph.D. in Counseling Psychology in 1989, from Andrews University. I have experienced the delivery of psychotherapy and psychological evaluations since 1985. I am a member of the American Psychological Association and listed in the National Register of Health Service Providers in Psychology.

Services provided: I provide psychological services to adults, couples, adolescents, children, and families, and have special training in marital therapy, sexual abuse therapy, stress management, divorce adjustment, developmental issues, and dealing with depressive disorders and anxiety attacks. I provide services that include: psychotherapy, psychological assessments, diagnosis, and counseling.

COVID-19 arrangements: Due to the safety of all my clients, I will be conducting the counseling sessions via zoom.us which is an online service where you will be asked to login with the link I send you weekly via text so that we can meet online from the safety of your home. Sessions will be conducted for 50 minutes as usual and billed in the normal way.

Our work together: I have aimed my treatment approach at clarifying your concerns, and then developing a treatment plan to reach the specific goals you desire. This process is a collaborative one. As we work together, we will try to remove obstacles, define and solve problem areas, and gain insight into the dynamics in your life that block you from experiencing the well-being you wish to achieve. Psychotherapy may be as brief as a few visits or may take

longer, depending on your presenting concerns, the therapist's clinical judgment, and how quickly we accomplish reaching our therapeutic goals. There are both benefits and risks associated with treatment. Risks may include experiencing uncomfortable feelings and recalling unpleasant memories. Benefits might consist of decreased depression and/or anxiety or increased self-esteem and improved relationships. Your best interest will be foremost in all we do. Although I cannot guarantee any specific results, we will work together to achieve the best possible outcomes for you. I do not treat clients whom, in my professional opinion, I cannot help using the techniques I have available. I will, therefore, enter our relationship with optimism and an eagerness to work with you.

Professional Records: The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Records except in unusual circumstances that disclosure would physically endanger you and/or others or makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. 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. If I refuse your request for access to your records, you have a right of review (except for information supplied to me confidentially by others), which I will discuss with you upon request.

Patient Rights: HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your record; and the right to a paper copy of this Psychologist-Patient Services Agreement form and the attached Notice form. I am happy to discuss any of these rights with you.

Minors & Parents: Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that patients over 14 can consent to (and control access to information about) their own treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually my policy to request an agreement from any patient between 14 and 18 and his/her parents allowing me to share general information with parents about the progress of treatment and the child's attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I

will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Fees: My current fee for a 60-minute session is \$280.00. My services will be billed through your insurance and if you must pay a co-pay or decide to pay the full amount without going through your insurance, I prefer that it is paid at the time of each session. Please check with your insurance to verify your coverage for mental health services. I also charge this amount 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. These services may include: report writing, psychological evaluations, telephone conversations, school visits and the time spent performing any other service you may request of me.

Limits on Confidentiality: The law protects the privacy of all communication between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. You should be aware that I practice with other health care professionals (physicians, psychologists) and may consult with them about your treatment. I will not reveal your name to them without your permission. Also, when I am out of town or unavailable, another psychologist may answer phone calls for me or handle emergencies. All health care professionals are bound by the same rules of confidentiality. I also use an administrative staff to take messages, for scheduling and billing and for quality assurance. Please be informed that all staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without my permission. Disclosures required by health insurers are discussed elsewhere in this letter.

By law, this confidentiality is broken only in a few rare circumstances without your permission: (1) if I decide that you are a danger to yourself (i.e. suicidal) or others (i.e. homicidal), (2) when I suspect a minor or an elderly person is or will be a victim of abuse or neglect, and thus must inform Protective Services, (3) or when the court obliges me to respond to an appropriate court order (i.e. subpoena).

Health Insurance: Most of my services as a licensed psychologist are partly reimbursable to you under many health insurance plans. Please read your plan's booklet or call their office to find out the extent of the mental health insurance benefits your plan offers. You should be aware that insurance companies require me to give them a diagnosis that identifies the disorder being treated before they will agree to reimburse you. Sometimes I am required to provide additional clinical information such as a treatment plan or summaries or copies of your Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will inform you of any report I submit, and by signing this Consent Letter, you agree that I can provide requested information to your carrier. It is very important that you find out exactly what mental health services your insurance policy covers since you (and not your insurance carrier) is responsible for full payment of my fees.

Contacting Me: Due to my work schedule, I am often not immediately available by telephone. You may leave routine messages (i.e. cancel or reschedule appointments) with the secretary at (269) 473-2222, either during or after office hours.

Emergencies: In an emergency, call (269) 473-2222. The person answering will page me or my associate if I am out of town. We will attempt to call you back immediately. If you are unable to reach me and feel that you cannot wait, contact your family physician or the nearest emergency room and ask for the psychologist on call for an evaluation.

Appointments and Cancellations: An appointment is a commitment to our work. Your time is reserved for you and is an important part of our contract to work together. Please cancel appointments 24 hours before the scheduled visit. Failure to cancel appropriately will result in the charging of the normal fee, except in a situation which both of us would see as an unpredictable emergency.

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Psychologist-Patient Services Agreement
Acknowledgment Form

Your signature below indicates that you have read the Psychologist-Patient Services Agreement form and agree to abide by its terms during our professional relationship, as well as serves as an acknowledgment that you have received the HIPAA Notice Form.

_____ Date: _____
_____ Date: _____
_____ Date: _____
(Signature of Guardian of a Minor)

Also, if during our work together there is an emergency or I become concerned about your personal safety or the possibility of your injuring someone else, I am morally and legally obliged to contact this person:

Name: _____

Telephone: _____

Relationship to you: _____

