

# Lunden Psychological Services, Inc.

## Consent to Treatment:

### **OUTPATIENT SERVICES CONTRACT**

This document contains important information about the professional services and business policies at Lunden Psychological Services, Inc. Please read it carefully and write down any questions you may have so we can discuss them at our next meeting. Your signature on this document will represent an agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy depends on the personalities of the psychologist and client, and the specific problems and particular difficulties that are brought forth in treatment by the patient. I tailor the course of treatment to match your personality, distress tolerance threshold, current circumstances, and specific problems based on validated research and experience. There are many different methods I may use to effectively deal with the difficulties you hope to address. Psychotherapy is not like a visit to a medical doctor; instead it necessitates a very active effort on your part. It is an active collaborative effort and a commitment. In order to get the most benefit from therapy, you will have to work on things we talk about during our sessions, at home, and wherever life takes you.

Psychotherapy has many benefits and risks. Individuals who are committed to treatment often have better relationships, solutions to specific problems, and significant reduction in feelings of distress, leading to increased meaning, purpose, wellbeing, and a restored life. Psychotherapy may also arouse unpleasant feelings and emotional experiences, particularly in the initial phase of treatment. You may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Relationships with significant others may also undergo substantial change during the course of treatment. If treatment is terminated early, it is more likely that these risks will be longer lasting. If you find yourself contemplating the termination of treatment, please schedule a closing session to discuss progress, outcomes of treatment, any further clinical recommendations, and/or referral.

Your 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 as well as a treatment plan to follow. Please carefully contemplate the information I share with you, along with your own thoughts, feelings, and opinions of whether you feel comfortable working with me. Therapy requires a large commitment of time, energy, and money; therefore it is wise to be very careful about the therapist you select. If any questions arise concerning procedures, please bring them up for discussion as soon as possible. If doubts persist after discussion, I will be happy to refer you to another mental health professional for a second opinion.

PHONE

FAX

WEB

## **SESSIONS**

After the initial evaluation, that lasts one to two sessions, the work of psychotherapy begins. Typically, weekly 60-minute therapy appointments are scheduled at a time we agree upon. Under certain circumstances sessions may be longer, more frequent, or less frequent and shorter, depending on what is clinically required. Once a therapy hour is scheduled, you will be expected to attend it, unless you provide a *24-hour* advance notice of cancellation. You are expected to arrive at least *15 minutes* before your scheduled appointment, in order to prepare by gathering your thoughts and spend a few minutes in quiet meditation. If you arrive late to an appointment, you will be deducting time from your appointment. If you arrive over *15 minutes* late, you will need to reschedule, unless I do not have another client scheduled after your appointment. If you miss a scheduled appointment without giving appropriate notice, you will be charged *\$50.00*. If you completely miss three consecutive appointments without providing proper notice you will be dismissed from my care. If you do not attend a closing session and sign a summary of progress, outcomes of treatment, any further clinical recommendations, and/or referral, then your signature on this document will serve as consent to termination.

## **PROFESSIONAL FEES**

My fee is *\$120.00 for each 60-minute session*. In addition to weekly appointments, I charge this amount for other professional services you may require, though I will break down the hourly cost if I work for periods of less than one hour. Other services include test scoring, FML paperwork, short-term disability paperwork, long-term disability paperwork, report writing, telephone conversations lasting longer than 15 minutes, attending meetings, consultations, court, mediation, preparation of letters, treatment summaries, records, and time spent performing any other required/requested service. If you write a check to pay for my services and it is processed as "insufficient funds," you will be expected to pay for the services in cash along with a *\$50.00 fee*.

## **BILLING AND PAYMENTS**

Fees are established before the first appointment, or during the initial session, and are paid at the beginning of each session by cash, check, or credit card. Having payments ready in advance avoids using therapy time for processing.

You will be expected to pay for each session at the time it is held. If your account has not been paid for more than *30 days* and arrangements for payment have not been agreed upon, I will send you a letter asking you to pay your bill before *30 more days* have passed. If your account has not been paid for more than *60 days*, I have the option of using legal means to secure 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 client's treatment is his/her name, the nature of services provided, and the amount due.

## **INSURANCE REIMBURSEMENT**

Dr. Lunden is credentialed with a number of insurance companies. For the most up to date list of insurance companies please contact my assistant at (727)240-1922. Dr. Lunden has employed a biller. As a benefit your insurance company will be billed for psychological services provided upon your consent. Let it be known that signing this document gives consent to Lunden Psychological Services to bill your insurance company. There

are insurances that Dr. Lunden has chosen not to work with. Dr. Lunden is considered an “out of network provider” also referred to as a “point of service” for insurance companies that I do not have a contract with. Upon request, we can provide a billing statement that contains necessary codes and provider information for insurance processing. The length of time it takes to receive reimbursement varies with each insurance company and is not under our control. If you expect to follow through with reimbursement on your own please check your coverage carefully before initiating therapy. Ask the following questions of your health insurance provider:

1. Do I have mental health benefits with my plan?
2. Are there some diagnoses my plan does not cover?
3. What is my deductible and has it been met?
4. How many sessions per calendar year does my plan cover?
5. If it is a family plan, how many sessions are covered per family member, per calendar year?
6. When does my calendar year start and end?
7. How much do you pay for an out-of-network provider?
8. Do I need pre-authorization?
9. Are there other forms my provider needs to complete, besides a coded billing statement and receipt, in order to receive reimbursement? (Depending on the extent of other forms Lunden Psychological Services, Inc. may not be able to comply)

Due to the rising costs of health care, insurance benefits have increasingly become more complex in their contractual restrictions with both out-of-network providers and in-network provides. It is sometimes difficult to determine exactly how much mental health coverage is available, even with in-network providers. “Managed Health Care” plans, such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some clients feel they need more services after insurance benefits end. As a team, we can be in control of the amount of sessions you may need, and our therapeutic relationship will not be interrupted by managed care.

Most insurance companies require a clinical diagnosis for reimbursement. Sometimes I have to provide additional information such as treatment plans or summaries of treatment. This information will become a part of the insurance company’s files and will probably be stored in a computer. 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. In some cases, insurance companies may share the information with a national information databank. I will provide you with a copy of any report, I am asked to submit, upon your request.

#### **CONTACTING ME**

Often, I am not immediately available by phone. You may E-mail me at [drjudylunden@lundenpsychological.com](mailto:drjudylunden@lundenpsychological.com) When I am unavailable, you may leave a confidential voicemail for me. I will make every effort to return your call on the same day, with the exception of Tuesdays, weekends,

and holidays. If you expect difficulty in reaching you, please inform me of some times when you are available, when leaving a message. In emergencies, please call 911 or go to your nearest emergency room. You may also contact suicide crisis helpline at 988, Tampa Bay Cares at 211 or you can call (727) 210-4211. If I will be unavailable for an extended period of time, I suggest you contact your psychiatric provider, if necessary.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep both treatment and financial records. You are entitled to receive a summary of your treatment and/or financial record, unless I believe that seeing your treatment record would be emotionally damaging to you, in which case I would send it to a mental health professional of your choice. The treatment record is a professional record, and may be misinterpreted and/or distressing to untrained readers. If a treatment summary is requested, we will schedule a meeting to review it together, before it is given out. Treatment summaries or records not sent to another provider or physician will be subject to a records fee of \$.50 per page.

### **CONFIDENTIALITY**

In general, law protects the privacy of all communications between clients and their psychologists, and I can only release information about our work together with your written request and permission. There are a few exceptions to law.

1. In most legal proceedings, you have the right to prevent me from providing any information about your treatment, unless I am court ordered or subpoenaed to do so.
2. There are some situations in which I am legally obligated to take action in order to protect individuals from harm. I may have to reveal pertinent information from a client's record to carry out my legal obligation. For example, if I believe that an elderly individual, disabled person, or child is being exploited, neglected, or abused, I must file a report with the appropriate state agency.
3. If there is clinical evidence a client is threatening serious bodily harm to one another or oneself, I am legally obligated to take protective action. Protective action may include notifying the client's significant other, potential victim, contacting the police, and/or seeking hospitalization for a client.
4. The client reports sexual exploitation and/or unethical behavior by a therapist.
5. The client threatens or causes property damage to the practice or a therapist's property.
6. The client does not pay his/her bill necessitating third party involvement.
7. If I am accredited with the patient's insurance provider and said insurance provider requests a chart audit. I am required to release the requested documents without the consent of the patient.

These situations are rare in this practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking action. I am legally obligated to take immediate action.

If you attend therapy with your spouse or significant other, I will need a written authorization from both of you before any information will be released about the services provided.

Occasionally, it may be advantageous to consult with other professionals about a unique case. During a consultation, every effort is made to avoid revealing identifying information, and the consultant is legally

bound to keep information confidential. If sharing identifying information is unavoidable, I will first discuss the matter with you, and ask you to sign a release of information.

A protocol to keep your information confidential is in place should Dr. Lunden retire, become incapacitated, or die. If any of these events occur, it will become necessary for a designated mental health professional, an attorney, or an executor of my will, to take possession of my files and records. If one of the aforementioned events should occur, the designated keeper of my records is required to keep your files for two years, and then destroy the records. If this were to happen, it would be published in the local newspaper and you would be able to collect your records if collected within the two years. State law requires me to keep your complete records for four years and a summary of your records for an additional three years.

It is important to discuss any questions or concerns you may have about confidentiality at our next meeting.

*I have read and understand the informed consent to treatment. My signature below confers my consent to treatment with Judy C. Lunden, Psy.D., Licensed Psychologist of Lunden Psychological Services, Inc. and agreement to abide by the terms described above. My signature also confers consent to bill my insurance company and release records for review and audit when requested by your insurance company.*

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Client's Signature

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Client's Printed Name

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Date

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Signature of Guardian

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Guardian's Printed Name

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Date

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Clinician's Signature

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Clinician's Printed Name

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Date