

McCaskill Family Services, PLLC
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OUTPATIENT SERVICES CONTRACT

Welcome to McCaskill Family Services, PLLC. This document contains important information about our 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.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the clinician and patient, and the particular problems you hope to address. There are many different methods we may use to help you with those problems. 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. Because 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 actively participate in the process and it often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees as to what you will experience.

Our first 1- 3 sessions are used to gather information as part of a consultation of your needs. By the end of the consultation/evaluation, your clinician will be able to offer you some first impressions of what the work will include and a treatment plan to follow, if you decide to continue with therapy. Therapy is a process, and, in some situations, it may take significant amounts of time and it is not always a quick and simple fix. You should evaluate this information along with your own opinions about whether you feel comfortable working with your clinician and engaging in the therapeutic process. At the end of the consultation/evaluation, your clinician will notify you if he/she believes that he/she is not the right therapist for you and, if so, he/she will give you referrals to other practitioners whom may be better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very particular about the clinician you select. If you have questions about any procedures, we should discuss them whenever they arise. If at any time during therapy you feel that your clinician is not the appropriate therapist for you, you have the right to change clinicians or seek a second opinion and we will help you with that process.

We would like to inform you that we do not have an expertise in court-ordered evaluations or legal proceedings, including divorce, custody and parenting time issues. We ask that any and all information and/or clinical notes kept during the course of psychotherapy and/or psychological assessment (past, present, and future) for yourself, your child or any member of your family with McCaskill Family Services, PLLC, will remain completely confidential. Using this information during any court proceedings is not the intention of entering into professional services with us and you understand that signing any forms authorizing clinical records/correspondence to be released to the court or any members associated with court proceedings (i.e., attorneys) is not in the best interest of you or your child. If you become involved in legal proceedings that require your clinician's participation by court order, you will be required to pay for any professional time we spend on your legal matter, including requests that come from another party. We charge \$500 per hour for professional services that we are asked or required to perform in relation to your legal matter. We also charge a copying fee of \$1.00 per page for records requests.

Neuropsychological and Psychoeducational Testing

Step 1: Parents or adult clients attend a one-hour clinical interview with one of our clinicians during which we gain a thorough understanding of the current concerns, as well as document a detailed developmental, medical and educational history. Parents of young adults/college-aged students are encouraged to participate in this initial clinical interview to provide childhood background information. During this meeting we determine if testing is recommended at this time and provide you with more information about the testing process.

Step 2: Testing in the office (4-6 Hours): Adults participating in an adult assessment are taken to a quiet room with the clinician to complete the evaluation, with short breaks throughout the testing. With children, we try to make the experience as fun and comfortable as possible. Upon arriving to their appointment, children are greeted and given a general overview of the reason (previously agreed upon with the parents) for the evaluation in a "child friendly" manner. Once the child is comfortable separating from his/her parent, he/she is brought to the testing room to begin the evaluation process. Parents are welcome to stay in the waiting room or may choose to leave during the evaluation. Most of the testing is similar to schoolwork, such as completing puzzles and pencil/paper tasks. Positive reinforcement and continuous 1:1 praise and attention help the child feel comfortable and confident in their performance. Almost all children truly enjoy the evaluation process, and many ask if they can come back again. Adult testing is similar, with short breaks offered throughout the testing.

Step 3: Feedback (60 Minutes): After minimally two weeks following the testing, parents or the adult client meet with the clinician to review and discuss the testing results and recommendations. In this session, a "roadmap" is provided with specifics on how to proceed to ensure optimal academic, employment, social, behavioral and emotional success.

There will be certain documents (report cards, parent/teacher report forms, etc.) that you, as the parent, will be required to provide as part of the comprehensive evaluation. If these documents are not submitted to McCaskill Family Services by the deadline, there may be limits to the information that can be comprehensively presented at the Feedback Session. Any additional sessions after the feedback session will be charged a regular session fee.

At times, your clinician may need to obtain assistance from another clinician at McCaskill Family Services in reviewing report cards and other documents, scoring protocols, and writing content for the final report to ensure timely delivery of your results. This clinician is also legally bound to keep the information confidential. Ordinarily, you will not be informed about this assistance unless we believe that it is important to our work together.

SESSION MEETINGS

Following your initial consultation/evaluation period, if we agree to begin psychotherapy, you will be directed to the front office staff to schedule your sessions (usually one 45-minute session per week but may be more or less as determined by your clinician/treatment plan), at a time that is mutually agreed upon. We strongly encourage you to schedule appointments in advance many weeks at a time so that we can insure time in the schedule to see you. Once an appointment time is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (except in cases of illness or emergency).

PROFESSIONAL FEES:

Initial Clinical Interview (Therapy, first session): \$250.00
Individual and Family Therapy (per 45-minute session): \$155.00 – \$175.00
Group Therapy Services (per meeting): \$175.00
Full Psycho-Educational Assessment** \$2800-\$4600
School Visit (per hour, additional travel fees may apply): \$250.00
Legal fees (per hour): \$500.00
Record Review (Academic, Clinical, etc., per 15 minutes): \$50.00
Telephone/Email Communication, per 15 minutes: \$50.00
**Evaluation Price quoted at Intake is valid for 90 Days.

You will be expected to pay for each session at the time it is held, unless we agree otherwise. It is easiest to register your credit card information in our secure vault to be charged at the time of service. We also accept cash or check made payable to McCaskill Family Services. Payment schedules for other professional services will be agreed to when such services are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or utilizing small claims court. We truly do this as a last resort following failed attempts to contact you to arrange

payment. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we will release regarding a patient's treatment is his/her name, address, phone numbers and the dates, times, and nature of services provided, and the amount due. We do not disclose diagnostic information.

INSURANCE

If you expect to file for reimbursement from your insurance company, we will provide you with suitable receipts at the beginning of each week, once you connect to the Patient Portal system by responding to the link sent to you through email. Prior to the date of your connection to the Patient Portal, you may request receipts that are not in there. It is the client's responsibility to contact your insurance company to clarify what your insurance plan covers for an "out-of-network" provider specifically. Submission of forms or receipts to the insurance company is, in all cases, the client's responsibility.

MISSED APPOINTMENTS

Clients are requested to provide a 24-HOUR NOTICE of intention to cancel an appointment. To ensure delivery of notice to cancel your appointment, please e-mail the office at office@mccaskillfamilyservices.com and call (734)-416-9098, Ext. 1. Without such notice, the missed appointment may be charged as professional time.

CONTACTING YOUR CLINICIAN

Your clinician may not be immediately available by telephone. Our telephone is answered by front office staff during normal business hours whenever possible. If no one is available to answer your call, you will be directed to leave a message on our confidential voicemail. You can also email our office at office@mccaskillfamilyservices.com. Our front office staff makes every effort to return your call on the same day or within 24 hours, with the exception of weekends and holidays. They will be able to schedule an appointment or phone session with your clinician.

If you are unable to reach us and feel that you cannot wait for us to return your call, contact your family physician and ask for the physician or nurse on call. If your clinician is unavailable for an extended period of time, our staff at McCaskill Family Services will contact you and connect you to another clinician for urgent care or transfer of care, if necessary. Please be advised that we are not a crisis center and our front office staff is not trained in responding to urgent clinical matters and you are advised to call 911 or go to your nearest emergency department in the event of an emergency.

For Parents: We value the information that you have regarding your child during the treatment process. The best way to provide us with information is to attend your child's appointment and speak to their clinician during the first few minutes of the session. If you are unable to attend the session with your child and you wish to send your clinician information, you may do so by sending an email to the office and your clinician will

review the content of the email during the first few minutes of your child's session. We are not able to respond to email that you sent other than to confirm that the information was provided to your child's clinician to be read at the start of their session.

CONFIDENTIALITY

In general, the privacy of all communications between you and your clinician is protected by law, and we can only release information about you to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some legal proceedings, a judge may order your clinician's testimony if he/she determines that the issues demand it, and we must comply with that court order.

There are some situations in which we are legally obligated to act to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person or disabled person is being abused or has been abused, we must make a report to the appropriate state agency. If we believe that a patient is threatening serious bodily harm to another, we are 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, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, your clinician will attempt to fully discuss it with you before taking any action.

Your clinician may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of a patient. The consultant is also legally bound to keep the information confidential. Ordinarily, we will not tell you about these consultations unless we believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. Your clinician will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice that your clinician is not able to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and we are not attorneys.

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



Patient or Parent/Guardian of Patient Printed Name

Signature



2nd Parent/Guardian of Patient Printed Name

Signature

MINORS: Parent Authorization for Minor's Mental Health Treatment*

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If at any point the custody arrangement changes, you agree to inform us. Our office policy requires consent from both parents for treatment. If you are separated or divorced from the child's other parent, please be aware that it is our policy that the other parent be informed that we are meeting with your child. We believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that would prevent the child from receiving the necessary mental health evaluation or treatment.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the clinician regarding the child's treatment. If such disagreements occur, your clinician will strive to listen carefully so that he/she can understand your perspectives and fully explain his/her perspective. We can resolve such disagreements, or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, parents decide whether therapy will continue. If either parent decides that therapy should end, we will honor that decision, unless there are extraordinary circumstances. However, in most cases, we will ask that you allow your child's clinician the option of having a few closing sessions with your child to appropriately end the treatment relationship and make necessary referrals.

Individual Parent/Guardian Communications with Your Child's Clinician: In the course of treatment of your child, your clinician may meet with you either separately or together. Please be aware, however, that, at all times, the patient is your child – not the parents/guardians nor any siblings or other family members of the child. If your clinician meets with you or other family members in the course of your child's treatment, notes of that meeting will be documented in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

Mandatory Disclosures of Treatment Information: In some situations, we are required by law or by the guidelines of our profession to disclose information, whether or not we have your or your child's permission. Confidentiality cannot be maintained when:

1. A child tells us they plan to cause serious harm or death to themselves, and we believe they have the intent and ability to carry out this threat in the very near future. We must take steps to inform a parent or guardian or others of what the child has told us and how serious we believe this threat to be and to try to prevent the occurrence of such harm.
2. If a child tells us they plan to cause serious harm or death to someone else, and we believe they have the intent and ability to carry out this threat in the very near future. In this situation, we must inform a parent or guardian or others, and we may be required to inform the person who is the target of the threatened harm and possibly the police.
3. If a child is doing things that could cause serious harm to themselves or someone else, even if they do not intend to harm themselves or another

person. In these situations, your clinician will need to use professional judgment to decide whether a parent or guardian should be informed.

4. Child patients tell their clinician, or it appears that a child is being neglected or abused--physically, sexually or emotionally—now or in the past. In this situation, we are required by law to report the alleged abuse to the appropriate state child-protective agency.
5. We are ordered by a court to disclose information.

Disclosure of Minor’s Treatment Information to Parents: Therapy is most effective when a trusting relationship exists between the clinician and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a “zone of privacy” where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. If you would like to communicate with your child’s clinician, it is best to meet with the clinician at the beginning of the scheduled session or in a mutually agreed upon session.

It is our policy to provide you with general information about your child’s treatment, but NOT to share specific information your child has disclosed without your child’s agreement. This may include activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child’s risk-taking behavior becomes more serious, then your clinician will need to use professional judgment to decide whether your child is in serious and immediate danger of harm. If we feel that your child is in such danger, we will communicate this information to you.

Example: If your teenager reports that he/she has tried alcohol at a few parties, we would keep this information confidential. If they report that he/she is drinking and driving or is a passenger in a car with a driver who is drunk, we would not keep this information confidential from you. If your teenager reports, or if we believe, that they are addicted to drugs or alcohol, we would not keep that information confidential.

Example: If your teenager reports that he/she is having voluntary, protected sex with a peer, we would keep this information confidential. If your teenager reports that, on several occasions, he/she engaged in unprotected sex with strangers or in unsafe situations, we will not keep this information confidential.

You can always ask your clinician questions about the types of information we would disclose. You can ask in the form of “hypothetical situations,” such as: “If a child told you that he or she were doing ____, would you tell the parents?” Even when we have agreed to keep your child’s treatment information confidential from you, there are times we believe that it is important for you to know about a particular situation that is going on in your child’s life. In these situations, we will encourage your child to tell you, and we will help your child find the best way to do so. Also, when meeting with you, we may sometimes describe your child’s problems in general terms, without using specifics, in order to help you know how to be more helpful to your child.

Disclosure of Minor’s Treatment Records to Parents: Although the laws of Michigan may give parents the right to see any written records we keep about your child’s treatment, by signing this agreement, you are agreeing that your child or teen should have a “zone of privacy” in their meetings, and you agree not to request access to your child’s written treatment records.

Parent/Guardian Agreement Not to Use Minor’s Therapy Information/Records in Custody Litigation: When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although our responsibility to your child may require helping to address conflicts between the child’s parents, your clinician’s role will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither of you will seek to subpoena our records or ask us to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing our opinion about parental fitness or custody/visitation arrangements.

Please note that your agreement may not prevent a judge from requiring our testimony, even though we will not do so unless legally compelled. If we are required to testify, we are ethically bound not to give our opinion about either parent’s custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, we will provide information as needed, if appropriate releases are signed or a court order is provided, but we will not make any recommendation about the final decision(s). Furthermore, if we are required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for our participation agrees to reimburse us at the rate of \$500.00 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

Parent/Guardian of Minor Patient: Please initial after each line and sign below, indicating your agreement to respect your child’s privacy:

Initial Here

_____ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Initial Here

_____ Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child’s/adolescent’s treatment.

Initial Here

_____ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the clinician’s professional judgment, unless otherwise noted above.

Sign Here

Parent/Guardian Signature _____ Date _____

Sign Here

Parent/Guardian Signature _____ Date _____

**If your child is age 14 or older, we will review this information with them in session and have them sign the Minor Consent to Treatment.*

ELECTRONIC CORRESPONDENCE AND PHONE MESSAGES

Complete

Patient: _____ Parent/Guardian Name(s): _____

E-Mail Address: _____ E-Mail Addresses: _____

Circle

Permission to communicate via e-mail: Yes No

Circle

Permission to email clinical documentation containing confidential personal patient information as an attachment to an email in PDF format: Yes No

Circle

Permission to email information about upcoming events and workshops, associated with McCaskill Family Services, your name and e-mail address are kept private and will not be seen by anyone other than office staff: Yes No

Although our email system is secure and confidential according to HIPAA privacy and security laws, if you choose to respond to electronic email, you cannot 100% assume anything that you communicate electronically is confidential or will not be read unwittingly, mistakenly or purposefully by another party. Although reasonable measures are taken to protect electronic communication, there are no guarantees that your communication will be private. If you are concerned that another party may ultimately read what you have written, don't write it or send it via e-mail. McCaskill Family Services will NOT be able to respond to clinical issues via email. Due to the nature of patient confidentiality, issues are best addressed during session, in person. However, at times, it may be more convenient to schedule appointments with the office manager via email at: office@mccaskillfamilyservices.com. If you have an urgent matter regarding a change in schedule, please also leave a message on our voicemail at (734) 416-9098.

I give McCaskill Family Services permission to call me at all of the numbers listed on my background questionnaire.

Sign & Complete

Signature of Patient or Parent/Guardian: _____

Relationship of Personal Representative to the Patient: _____ Date: _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES

Even though Psychologists have always placed a high priority on safeguarding patient confidentiality, we also have to legally document compliance with the privacy rule of the Health Insurance Portability and Accountability Act (HIPAA) that ensures privacy protection for all health information. By signing below, you have indicated that you have reviewed and/or been made aware of HIPAA Privacy Policy, Version 6/04 that protects your rights as a patient to protected health information.



Patient Name: _____



Patient or Parent/Guardian of Patient Printed Name **Signature**



2nd Parent/Guardian of Patient Printed Name **Signature**



Relationship of Personal Representative to the Patient: _____



Date: _____