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*Licensed* *Psychologist, MD License #04779*

**OUTPATIENT SERVICES CONTRACT**

Welcome to my practice, Samantha Rodman, PhD, LLC. I am glad to work with you and will do my best to provide you with high quality psychological services throughout the time of our work together. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us.

**MEETINGS**

My initial evaluation is 45 minutes, during which I try to gain an understanding of the issues which brought you into treatment. During this time, we can both decide if I will be a good fit to help you reach your treatment goals. If so, I will usually schedule one 45-minute session per week, or every other week. **Please do not wear perfume or cologne to Dr. Rodman’s office, as many clients suffer from allergies to fragrances or migraines triggered by fragrances.**

**PROFESSIONAL FEES**

The fee for an individual or family (including couple) therapy sessions (45 minutes) is $210. Sometimes, particularly for couples sessions, a double session (90 minutes) is agreed upon; this fee is $420. In addition to therapy appointments, I charge $210 per hour 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. Other services include: letter writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $300 per hour for preparation and attendance at any legal proceeding. **At this time, I prefer not to begin therapy with patients who know or suspect that they will require my involvement in legal proceedings, but I will refer you to another provider who will be willing to work with you.**

If you cannot afford my fee, please discuss this with me. Sliding scale is available in some cases.

**FEES FOR MISSED APPOINTMENTS**

The full fee of $210 will be charged for all missed appointments. A missed appointment is an appointment not cancelled PRIOR to 24 hours before the scheduled appointment time, or in the case of a Monday appointment, not cancelled by the corresponding appointment time of the preceding Friday. If the office is closed you may leave notice on my voicemail. If there is a holiday, this counts as a weekend. For example, since Memorial Day falls on a Monday, you would have to cancel your Tuesday session by the previous Friday. I will notify you in advance of my planned absences or vacations.

**PHONE AND VIDEO SESSIONS**

Phone or Skype sessions are a convenient alternative to face-to-face therapy for many clients with busy schedules or who do not have transportation to my office. My fee is $210 per phone or Skype session, which must be paid via PayPal or, for long-time clients, via check that is received by date of the session. If you are submitting your receipts to your insurance provider, please be aware that most insurance companies do not reimburse for phone sessions; you will have to inquire about video sessions.

Although rare, I understand that there are risks to Internet based services including, not limited to, the possibility, despite reasonable efforts on the part of the platform and/or therapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. Skype and phone are not HIPAA compliant, which means I cannot guarantee that our computers or phones will not be hacked.

By signing this informed consent, you agree that phone or internet-based therapy is under the licensing rules and laws of the state in which I am licensed, Maryland. In a manner of speaking, you use the phone or internet to visit me in my Maryland office; where we meet to do our work.

**BILLING AND PAYMENTS**

You will be expected to pay for each session at the start of the session. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If your check bounces, there will be a $30 bounced check fee. We will have to come to an arrangement for payment to be made before therapy is resumed.

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**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I do not submit forms to insurance companies, but you can call ahead to your insurance and ask if you can submit my receipt for reimbursement. So, you will pay me my full fee up front and then use my receipt to submit to your insurance company. I have opted out of Medicare, but if you have Medicare and wish to pay me out-of-pocket, you can do so only if you sign an extra contract stating that you will not submit my receipts to Medicare. By initialing here, you are stating that you are a Medicare participant and need to sign the extra contract. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUPLES/FAMILY SESSION ISSUES**

If I am seeing two or more individuals together in session, I cannot release any information (eg records) without consent of all parties. Furthermore, I do not hide significant information that one party tells me from another party. Example: if one spouse tells me they are having an affair during an individual session of couples work, this would have to be disclosed to the spouse within the next session; I would not be comfortable with hiding a secret of this magnitude. I find this unethical and it also damages my relationship with the second party.

**PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, but I would prefer to prepare a summary for you instead. 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. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

**MINORS**If you are under eighteen years of age, please be aware that the law may provide your parents 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 notify them of my concern. I will also provide them with updates on treatment progress and a summary of your treatment when it is complete. 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.

**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 with your written permission. I do employ staff to deal with finances but they are aware of confidentiality issues, and they only see names on financial statements, not notes. But there are a few exceptions where I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient’s treatment:

* If I believe that a child, elderly person, or disabled person is being abused or was abused in the past, I am required by to file a report with the appropriate state agency, given that I have the information allowing me to make a report (eg name of the perpetrator).
* If the patient threatens to harm himself/herself, I am required to take protective actions. These actions may include notifying family members or others who can help provide protection, contacting relevant health care providers, contacting the police, and/or seeking hospitalization for the patient.
* If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

Additionally, in most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

**FORMS OF COMMUNICATION**

Text messages and email cannot be considered to be secure methods of communication. If these are used, there is a chance someone else will read them. If you email me about a cancellation and do not receive a response, assume I did not get the message and leave me a voicemail instead. I do not connect with clients on social media, eg Facebook. If I discover we have accidentally connected, I will terminate the connection in order to maintain both of our privacy and professional relationship.

I do not routinely check my voicemail after regular business hours. If you experience a life threatening emergency, please call 911 or go to the nearest emergency room. I do not provide telephone sessions that are not planned in advance. If you need a provider that you can call when you are experiencing a crisis, I can refer you to a colleague.

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 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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