

Lynne Logan Ph.D., L.M.F.T.



Welcome

This document contains important information about my professional services and business policies. Please read it carefully and ask any questions you might have. When you sign this document, it will represent an agreement between us. Please sign each page and fax back to me or bring to your appointment.

Psychotherapy Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you describe. Therapy involves an active effort on your part. For therapy to be successful, you will be asked to work on things we talk about during our sessions.

Psychotherapy can have benefits and risks. Since 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. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no predictions of what your experience will be like.

Our first few sessions will involve an assessment and evaluation of your needs. After a couple of sessions of gathering history, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. Therapy involves a commitment of time, money, and energy, so you should be thoughtful about the therapist you select, and certainly feel comfortable. Please feel free to ask any questions regarding my clinical experience and how it may pertain to your specific needs.

Contacting Me

When I am in session with a client, I do not answer my phone, however, I do check my messages frequently. You can expect a return call from me usually the same evening, when I return most of my calls. When you leave me a message, please leave your phone number and the nature of your call. In the event of a true emergency, please call 911.

Appointments

The initial evaluation to gather important information about your life will last from 2 to 3 sessions. After which, I will then usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Although I do offer phone counseling sessions, insurance companies do not usually cover them. If you desire a phone counseling appointment for any reason, it must be paid for privately. I accept Pay Pal, major credit cards or bank checks through Pay Pal. You do not need a Pay Pal account to use Pay Pal.

Late Appointments

If you are late for any reason, I will be unable to make up the time due to following appointments. If I run late in my office, which may happen occasionally and usually no more than a few minutes, I will always make up the time of your appointment, so that you do not miss your full appointment time.

Cancellation Policy

Cancelling your appointment must be within 24 hours, so I have time to fill the appointment with someone who is on the waiting list for a last minute appointment. If you cancel in less than 24 hours, you will be responsible for making payment.

Professional Fees

My hourly fee is \$ 110.00. In addition to your appointments, I 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.

Other services include report writing, telephone conversations lasting longer than 5 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 financially responsible for my professional time even if I am called to testify by another party.

Billing and Payments

All payments for service are to be paid each visit, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. In circumstances of personal financial stress.

PLEASE consider how valuable your therapy session time is. For your benefit, and the best use of your session time.....

PLEASE make your payment or co pay out before your session, so this does not interfere with your therapy time. If you are paying thru credit card or Pay Pal, you may go to my website and pay thru Pay Pal.

Insurance Billing

If you have a health insurance policy of which I am a provider, it will provide some coverage for mental health treatment. I will check your eligibility and verify your coverage and co payment. Your co pay will be due at time of your session. I will also bill your insurance company for services rendered, however, you (not your insurance company) are responsible for full payment of fees. You are urged to contact your insurance directly to verify your mental health benefit coverage, ask all questions regarding what they pay, how many sessions per year you have, and your co pay amount.

Please be aware your insurance company will require you to authorize me to provide them with a clinical diagnosis. I will provide you with a form to authorize for me to provide this information to your insurance company. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. In some cases, they may share the information with a national medical information databank. You always have the right to pay for my services yourself if you wish to avoid these issues [unless prohibited by contract].

Professional Records

The laws and standards of my profession require that I keep treatment records. You may receive a copy of your records, or I can prepare a summary for you instead. If you ask me to prepare copies of your records, or authorize me to prepare copies of records for a third party, a prorated fee will be charged for professional time spent in responding.

Confidentiality

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

There are some situations in which 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. These situations are:

1. The client threatens suicide or other physical harm to self. The therapist will report this situation to any family member and/or appropriate authorities.
2. The client threatens homicide or other physical harm to another person. The therapist will warn all intended victims, appropriate family members of the intended victims, and appropriate authorities.
3. The therapist has reasonable suspicion that the client a) has committed child abuse in any form (e.g., sexual, physical, mental) or b) is a minor and has been or is currently being abused c) has committed or is the victim of dependent adult or elder abuse (e.g., sexual or physical). All suspected abuse will be reported to the appropriate agency by the therapist. Reports will be both verbal and in writing.
4. If a referring agent requires updates on the participant's attendance and/or cooperation. The therapist will need a signed release by the client before reporting information.

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.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. You also agree to the above limits of confidentiality and will not hold the therapist liable for breach of confidentiality under the conditions stated above.

Client, Print Name _____ Date _____

Client, Signature _____ Date _____