



Laura Holdcraft, Ph.D., LLC

clinical psychologist

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OUTPATIENT SERVICES CONTRACT

Welcome to my practice, and thank you for choosing to schedule an initial appointment with me. This document contains important information about my professional services and business policies. Please read it carefully, and if you have any questions, please discuss them with me as it is important for you to have a clear understanding of these policies. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES AND APPOINTMENTS

Our first session or two 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, how long therapy may be needed, a summary of major goals for therapy, and my clinical plan, including how these goals will be accomplished. I encourage you to evaluate this information carefully to make sure that you are in agreement with it. Therapy may involve a large commitment of time, money and energy, so it is important to be careful when selecting a therapist. If you have questions about my procedures, we should discuss them whenever they arise. If your concerns persist, I will be happy to help you set up a meeting with another mental health professional.

I provide Cognitive Behavioral Therapy (CBT). CBT has been shown to have the potential for benefits such as reducing feelings of distress, improving relationships, and improving symptoms of depression and anxiety. However, the outcome of therapy varies from person to person and there is no guarantee of results. Clients with high motivation and participation levels in their therapy, in my experience, tend to have better outcomes. You should be aware that psychotherapy has certain risks as well. It often involves discussing unpleasant events or distressing thoughts. Uncomfortable emotions such as anger, sadness or guilt are often experienced. Psychological assessment involves describing your personal history including your educational, employment, familial, social and medical background. Uncomfortable emotions may be experienced in assessment as well. If you have any questions about these risks, please discuss them with me.

The initial appointment is typically one hour to 75 minutes. Subsequent psychotherapy sessions are 45-minute or 55-minute appointments and occur at a frequency we will decide together, generally once every one to two weeks. I require at least 24 hours notice for cancelled appointments. If I do not receive 24 hours notice you will be charged a \$75 missed appointment charge, which must be paid before any subsequent appointments are scheduled. Monday appointments must be cancelled by the preceding Friday by 5 p.m.

PROFESSIONAL FEES

My fees are as follows: Initial Consultation and Diagnostic Assessment: \$200; 55-minute individual therapy session: \$175; 45-minute individual session: \$150; brief session of 30 minutes or less: \$125; Family/Couples Therapy: \$220 per 55-minute visit.

Psychological Testing: \$200 per hour, including test administration, interpretation and report writing.

Missed Appointments/Cancellation of less than 24 hours have a \$75 charge which must be paid before any additional appointments will be scheduled. If you are late to an appointment, you will be charged the full amount for the scheduled appointment.

*Other Professional Services: \$200 per hour billed in 15 minute increments. Other professional services include, but are not limited to letters, treatment summaries, billing summaries, phone conversations or consultations lasting more than 5 minutes, meetings or consultation with other professionals and travel time if needed.

**Court Testimony: \$2000 per day, billed in half day increments only. Other Legal System Involvement (documentation, phone consultation, court preparation): \$250 per hour, billed in 15 minute increments.

I am not a forensic psychologist and am not able to give testimony regarding child custody or visitation issues. I do not participate in legal proceedings unless necessary. 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. These fees must be received in advance of any document preparation or court appearances. This charge also applies to any documentation prepared for the court including letters and treatment summaries.

BILLING AND PAYMENTS

I have a private pay practice, meaning that I accept self-pay clients. Some of my clients choose to use out of network benefits, if offered, through their insurance company. To use out of network benefits for my services, you would pay my fee directly to me, and upon request I will provide invoices which will include information that an insurance company would need for reimbursement. You may then submit those invoices to insurance for reimbursement. Payment in full is collected at the time of service. For your convenience, I accept major credit cards for payment. There is a \$25 charge for any returned checks. You will be responsible for filing the appropriate paperwork with your insurance company and seeking reimbursement. Please note that a collection agency is used for any bills over 90 days past due. The collection agency fee is charged directly to the client's delinquent account. 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.

CONTACTING ME

I am often not immediately available by telephone because I do not interrupt client sessions to answer the phone. However, I do monitor my voicemail frequently. I generally return phone calls within 24 hours, Monday through Friday, with the exception of holidays. Phone coaching or phone therapy sessions may be provided in limited circumstances which I will discuss with you if relevant. You may also contact me via email at DrLauraHoldcraft@masonpsychologist.com. Please remember that email is not a secure medium and confidentiality cannot be assured when communicating via the internet. I do not address clinical concerns via unencrypted email, just billing and appointment questions. Email or text appointment reminders are currently used. Receipts for services may be emailed, texted, or printed upon request. If you would like to communicate regarding confidential clinical health information, on request I will initiate an encrypted email conversation with you using a HIPAA compliant email service. I respond to text messages only for purposes of appointment scheduling. If you wish not to be contacted by email or text you may opt out of this communication method.

SOCIAL MEDIA

Maintaining the confidentiality of our clinical relationship is of the utmost importance. For this reason, I do not accept "friend" or contact requests from current clients, former clients or family members of clients on any social networking site (e. g., Facebook, LinkedIn). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy.

EMERGENCIES

I monitor my voicemail Monday through Friday, 9:00am – 5:00pm. If you need to speak to me and can wait for a return call, leave me a voicemail message and I will get back to you as soon as possible. Please do not use email to contact me in a crisis. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. Crisis lines are also available 24 hours a day in Butler County, 844-427-4747, Hamilton County 281-CARE (2273), and Warren County 1-877-695-6333. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

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, or I can prepare a summary for you instead. Clients will be charged an appropriate fee for any professional time spent in responding to information requests and for photocopying costs.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. If a situation occurs in which I need to release information regarding your services without your consent, I will make every effort to fully discuss it with you before taking any action. The following situations are exceptions to maintaining confidentiality:

1. 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 client’s treatment. The situations are as follows:
 - A. If a client is (in my assessment) at a clear and substantial risk for imminent suicide, I am obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
 - B. If I believe that a child, vulnerable elderly adult, or disabled person is being abused, by Ohio law I must file a report with the appropriate state agency.
 - C. If I believe that a client is threatening imminent serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police and/or seeking hospitalization for the client.
2. When insurance is used to pay for services, I must disclose certain confidential information to insurance companies or any billing service I may use when applying for treatment authorization or obtaining payment for services.
3. During my extended absences, I often ask a trusted colleague to be available for emergency calls. It may be necessary to update this colleague about your situation so that any emergency may be properly managed in my absence. Such colleagues are also obligated to maintain confidentiality as set forth in this document.
4. At times I seek consultation from colleagues regarding clinical issues. In this situation I would not use your name or identifying information and the colleagues would also be obligated to maintain confidentiality.
5. 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 records and/or testimony if he/she determines that the issues demand it.
6. Parents have a right to know about treatment of minor children.
7. Personal information about you will be sent to a collection agency in the unlikely event that your bills are not paid within 120 days.

NON-AFFILIATION Although Dr. Holdcraft shares space with other providers including, but not limited to, Adult, Child and Family Counseling of Mason, she is an independent provider and maintains responsibility for only her own practice.

CONTRACT: I HEREBY AUTHORIZE Laura Holdcraft, Ph.D. to render treatment and/or assessment to me or to my minor child, or person for whom I serve as legal guardian: _____(print name). I have read the preceding policies and information sheet. I agree to the use of email or texts as described above. I understand the right of confidentiality is not absolute. I assume personal financial responsibility for all treatment and assessments conducted by Laura Holdcraft, Ph.D. per the terms of this contract. Such responsibility is not transferable to any other person even in the case of custody or child support disputes and/or related court decrees.

Signature of client, parent or legal guardian	Date
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Signature of additional parent or legal guardian	Date
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Therapist Signature	Date
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