



Child & Adolescent Psychotherapy Services Agreement

Welcome to my practice! I appreciate your trust and the opportunity to be of help to you and your family. This letter is designed to answer some frequently asked questions about my practice, so please read all of it before signing it. As you read it, please feel free to mark any places which are not clear to you or write in any questions so we can discuss them.

ABOUT PSYCHOTHERAPY

Therapy is a large commitment of time, money and energy and so a therapist should be carefully chosen. I strongly believe you should be comfortable and optimistic with the therapist you choose.

You have the right to ask me about other treatments for your child or adolescent's condition and their risks and benefits. If I believe there are any treatments I cannot provide that may be beneficial, I will refer you to another professional who may help your child/adolescent.

ABOUT OUR APPOINTMENTS

I usually schedule 60 to 90 minutes for the first evaluation session. Therapy appointments are scheduled for 45 minutes. We will arrange appointments during my office hours Monday through Friday. Evening hours are available.

An appointment is a commitment to our work and a contract between us -- we each agree and promise to be here and on time. On occasion, I may not be able to start on time. For this I ask your understanding and assure you that your child will receive the full time agreed to. If you are late I will probably be unable to meet for the full time scheduled, as it is likely that I have another appointment scheduled after your child's.

If you must cancel please do so at least 24 hours in advance. *Missed appointments are not covered by insurance.* If I do not receive 24-hour notice you will be charged \$45 for the first missed appointment, \$100 for the second missed appointment, and \$150 for all other missed appointments. I have voicemail so that you may leave a message 24 hours a day.

CONTACTING ME

I do not take calls when I am with a patient. I make every effort to return calls as soon as possible except weekends and holidays. In an emergency, call 911 or go to the nearest emergency room.

I prefer using email only to arrange or modify appointments. Please do not email me

any other information, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. Do not put anything in an email that you would not put on a post card. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

I check email and voicemail at least once per day, excluding weekends and holidays. You will typically get a response from me within 24 hours of my reading your email or listening to your voicemail. From time to time I send out mailings to patients. Tell me if you prefer not to receive these.

THE BENEFITS AND RISKS OF THERAPY

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of you or your child's life, uncomfortable feelings may arise such as sadness, guilt, anger, or frustration. Sometimes a child's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives.

The benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Patients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

There is no guarantee of what you or your child will experience. Even with my best efforts, there is a risk that therapy may not work out well for you.

THE PROCESS OF THERAPY

Participation in therapy can result in a number of benefits to your child or adolescent. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Dr. Betman will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your child or adolescent experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Dr. Betman may challenge some assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought your child to therapy in the

first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Betman is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Dr. Betman provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within his/her scope of practice.

FINANCIAL CONSIDERATIONS

You will be expected to pay in full for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage. Payment can be made with check, cash, Visa or MasterCard. My professional fees are posted separately. In addition to weekly appointments, I charge 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 ten minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity of legal involvement, I charge a higher rate per hour for preparation and attendance at any legal proceeding.

If you are having a hard time paying for therapy, please discuss this with me. I am not willing to have patients run a bill with me. Patients who owe money past 60 days and fail to make arrangements to pay may be referred to a collection agency.

FEES ARE SUBJECT TO CHANGE EVERY SIX MONTHS.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. Currently I accept certain BC/BS plans. You should read the section in your insurance coverage booklet that describes mental health services. If you have questions about the

coverage, call the plan administrator. I do not accept assignment of benefits, nor do I participate in managed care insurance plans such as HMO's.

If you have insurance, you are responsible for providing me with the information I need to send in your bill. You may owe a deductible. **Co-payments are due when services are rendered.** Please be aware of--and keep track of--your insurance benefits.

If you have insurance other than those I accept, payment is expected at the time services are provided. You may choose to submit a claim to your insurance company. You (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company 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, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Disclosure of confidential information may be required by your health insurance carrier in order to process the claims. If you so instruct Dr. Betman only the minimum necessary information will be communicated to the carrier. Dr. Betman has no control over, or knowledge of, what insurance companies do with the information he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

By signing this agreement, you agree to allow release of information needed to accomplish insurance billing.

ABOUT CONFIDENTIALITY

27620 Farmington Rd., Suite 207 • Farmington Hills, MI • 48334 • 248.324.9094

In general, I will tell no one what you or your child tells me. The privacy and confidentiality of our conversations, and my records, is a privilege and is legally protected by state law and my profession's ethical principles, in all but a few rare circumstances. Confidentiality can be "broken" in certain situations such as emergencies. Other situations include potential danger to self or others (e.g., suicidal plans, physical or sexual abuse involving children, plans to harm others, significant substance abuse), neglect, legal proceedings, or court ordered treatment.

I may consult with colleagues and specialists about our ongoing work. This pursuit of quality assurance never involves your name or any specifics through which you might be identified.

While this brief summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

RECORDS AND YOUR RIGHT TO REVIEW THEM

Both the law and the standards of Dr. Betman's profession require that he keep treatment records for at least 7 years. Unless otherwise agreed to be necessary, Dr. Betman retains clinical records only as long as is mandated by Michigan law. If you have concerns regarding the treatment records, please discuss them with Dr. Betman. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Betman assesses that releasing such information might be harmful in any way. In such a case, Dr. Betman will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Dr. Betman will release information to any agency/person you specify unless Dr. Betman assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Dr. Betman will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

MINORS AND PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that patients over 14 can consent to (and control access to information about) their own treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually my policy to request an agreement from any patient between 14 and 18 and his/her parents allowing me to share general information with parents about the progress of treatment and the child's attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify

the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

SOCIAL MEDIA POLICY

FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

INTERACTING

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone. Direct email at DrJeffB@gmail.com is second best for quick, administrative issues such as changing appointment times. See the email section above for more information regarding email interactions.

LOCATION-BASED SERVICES

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone.

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Betman to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

ENDING THERAPY

Termination is inevitable. It should not be done casually, as it can be made a most valuable part of the treatment process. Either of us may terminate the treatment if we believe it is in your child's best interest. I ask for at least one session after you wish to terminate to review the treatment, goals and accomplishments, any future work to be done, and future options.

AGREEMENT

If you have any questions or concerns about clinic policies, practical matters, or treatment issues, please feel free to raise them with me.

I have read the above policies and my responsibilities, discussed them where I was not clear about them, and had my questions fully answered. I have also received and read the Notice of Privacy Policies. I understand and agree to comply with all the policies in these documents.

Client's Name (print)

Signature _____

Date _____

Psychotherapist's Name (print)

Signature _____

Date _____