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Psychotherapy Service Contract

Thank you for scheduling an appointment with me. Welcome to my practice. The following pages contain important information about my professional services and business practices. **Please read carefully through this important information.** If you have any questions, jot them down so we can discuss them in our next meeting. Understand that when you sign this document, it will represent an agreement between us.

About Therapy: The therapeutic process is not easily described in general statements. It varies depending on the personalities involved and the particular problems you bring forward. There are many different methods I may use to deal with the problems you hope to address. Therapy is not like a medical doctor visit because it calls for a very active effort on your part. In order for 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. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, therapy has been shown to have benefits for people who go through it including better relationships, solutions to specific problems and significant reduction in feelings of distress. However, there are no guarantees of what you will experience.

Sessions: I find that weekly meetings are optimal for treatment. It is for that reason that I set up a regular time and day of the week to meet on an ongoing basis. In effect you are “renting” that time slot from me and that time is reserved for your exclusive use. Sessions are 45 minutes in length.

Attendance:

Cancellations: You must notify me at least 48 hours before our scheduled appointment that you will be cancelling by voicemail, text or email. My contact information is:

Email: timlewispsyd@gmail.com

Phone/Text: 415-350-9611

If you are cancelling with less than 48 hours before your scheduled appointment, forget your appointment or otherwise no-show, I will do my best to reschedule you that week at no charge. If I do not have any other openings or we cannot mutually determine a time that works to reschedule that week you will be charged for the session in full.

If you are using insurance: Please note that **insurance companies do not reimburse providers for late cancellations, no-shows or forgotten appointments.** I will bill you directly the equivalent of your insurance reimbursement rate and co-pay in such cases.

Excessive Absences and Cancellations: I like to be as flexible as possible, but sometimes client's vacations, business trips, sick days, etc. come to take a very high percentage of time in which their hour is going unused. It is important for my business practices that I utilize my time in the office as efficiently as possible. Therefore, if you have cancelled or missed more than 1/3 of our regularly scheduled meetings over the course of a two month period we will need to discuss either a transition in treatment or possibly scheduling you on an as needed basis.

Payment

I accept payment **at the time of service** in cash, check, credit card or Square Cash.

Though it is rare that insurers do not reimburse for services after the fact, please remember as a general rule that you are ultimately responsible for all fees incurred in your treatment.

Please note that if your account has not been paid in 60 days I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such an action is necessary, these costs will be included in the claim.

Disclosure

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a therapy patient you have certain rights that are important for you to know. There are also limitations to these rights that you should be aware of. As a psychologist, I have corresponding responsibilities to you.

My responsibilities include:

I. Confidentiality

With the exception of certain specific exceptions described below, you have the right to absolute confidentiality in your therapy. I cannot tell anyone what you have told me or even share that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or member of your family about you without your prior consent, but I will not do so unless the situation is an emergency.

The following are examples of emergencies that would compel me to break confidentiality:

- 1) If I have a good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- 2) If I have a good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone

who is doing this, I must inform Child Protective Services or Adult Protective Services immediately.

- 3) If I believe that you are in imminent danger of harming yourself, I may call the police or the Mobile Crisis Unit Team for assistance. I am not obligated to do this, and I would attempt to explore all other options with you before taking this step.

I will always act to protect your privacy even if you do not release me in writing to share information about you. You may direct me to share information about you to whomever you choose and you can change your mind and revoke that permission at any time.

You are also protected under the Federal Health Insurance Portability Act (HIPPA). This law insures the confidentiality of all electronic transmission of information about you.

Please note that I cannot guarantee the confidentiality of email. All emails are retained in the logs of our respective internet service providers.

II. Record Keeping

Your record will include copies of forms you have signed, fee and other billing information, dates that you attended therapy, what interventions were utilized and topics discussed. Any communication that we have outside of session will be noted in your record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing and to look at alternatives that might work better. You can feel free to ask me to do something that you feel might be helpful. You can ask me about my training related to the concerns you are bringing to therapy. You can request that I refer you to someone else if you decide I am not the right therapist for you. You are free to leave therapy at any time.

Insurance

If you are utilizing insurance for treatment I will obtain your member ID, date of birth and address to receive an authorization of services. I will then report back information about your coverage to you. Please be advised that I do not guarantee these benefits. **It is very important that you speak directly to your insurer's member services to be**

clear about your coverage and benefits. Please be advised as with any doctor, you are ultimately responsible for all charges incurred if they should prove unwilling to reimburse for services rendered.

You should be aware that in order to submit claims to your insurer, I must provide a clinical diagnosis and dates of our meetings. Please be advised that I utilize a professional billing person who coordinates my insurance claims processes. In order to conduct this business on my behalf, this person must have access to your personal data including your name, contact information, member ID, date of birth, diagnosis and dates that we meet. This person also acts to protect your confidentiality and will only release your personal data to your insurer. They do not have access to my notes on our sessions. Your claims are submitted electronically through Practice Mate, a secure medical billing service. Very rarely I am obligated to provide additional clinical information to your insurer. I would discuss any additional release of information with you first. Please understand that all information I share with your insurer will become part of the insurance company's files and will probably be stored on a computer. I have no control over this information after it is released to your insurer. I will provide you of a copy of any records of my communications with your insurer at your request.

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

Client(s) Signature

Date

Tim Lewis, Psy.D. CA PSY24514

Date