

®



Razzino and Associates, LLC

Therapy and Assessment Services (since 2004)

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SERVICES AGREEMENT

(Child/Adolescent)

This document (the Agreement) contains important information about my professional services and business policies. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems the client is experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort the client's part. In order for the therapy to be most successful, your child and possibly you (as parent/caretaker) will have to work on things addressed both during our sessions and at home.

MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your child's treatment goals. For those primarily seeing me for a child-adolescent baseline assessment and orientation to the Alpha-Stim® technology (for anxiety, depression, insomnia), I meet for one session before loaning or selling the device. If psychotherapy is begun, I will 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. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours [2 days] advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control].** It is important to note that insurance companies do not provide reimbursement for cancelled sessions. [If it is possible, I will try to find another time to reschedule the appointment.]

PROFESSIONAL FEES

I am not on any insurance panels and payment is requested at the time of service. Bills are provided so that you may submit to your insurance for reimbursement, but this arrangement is between yourself and the insurance company. The fee for the initial baseline assessment and orientation to

Alpha-Stim is charged at the \$185.00 meeting rate, plus the 1st month's loan fee. The initial 90-minute intake evaluation fee is \$350.00. Subsequently, my hourly fee is \$185.00. In addition to weekly 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 15 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. 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 difficulty of legal involvement, I charge **\$240.00 per hour** for preparation and attendance at any legal proceeding.]

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. While I am usually working between 11AM and 7 PM, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. This record allows me to track treatment planning and outcomes.

MINORS & PARENTS

Children of any age have the right to independently consent to and receive mental health treatment without parental consent and, in that situation, information about that treatment cannot be disclosed to anyone without the child's agreement. While privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment, particularly with younger children and this requires that some private information be shared with parents. I request an agreement between my client and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. 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

BILLING AND PAYMENTS

As mentioned my practice is not on any insurance panels and you will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. 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 which will require me to disclose otherwise confidential information. 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.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Charges for Ancillary Services

Please be aware that it is our policy to charge for non-clinical services. Such services include, but are not limited to, telephone consultations with other providers or schools, writing letter on behalf of clients, completing paperwork at the request of clients, and fielding emergency calls. Charges will reflect the time needed to complete the service and is billed in 15 minute increments at a rate of \$185/ (45-minutes).

For example:

15 minutes = \$46.25

30 minutes = 122.10

45 minutes = \$185

I have read, understand, and agree to the above office policy.

Signature of Patient, Parent, or Guardian

Date