

Elaine Alyson, LMFT

Office Locations:

**29 Ravenscroft Drive, Ste.209
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Asheville, NC 28801**

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between us.

PSYCHOLOGICAL SERVICES

I am licensed as a Marriage and Family Therapist (#1673) in North Carolina. My approach to psychotherapy is from a psychodynamic perspective incorporating elements of mindfulness, cognitive and behavioral therapy, emotionally focused therapy, and EMDR.

Psychotherapy results from the interaction between the therapist and the patient and requires active participation on your part, both during and outside of sessions. Psychotherapy, like other kinds of treatment, has both risks and benefits. Risks sometimes include experiencing difficult feelings like sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to significant reductions in feelings of distress, to better relationships, to increased personal and professional satisfaction, and to the resolution of specific problems. But there are no guarantees about what will happen.

GETTING STARTED

The initial evaluation takes place over the first two sessions. During this time, we can both decide whether I am the best person to provide the services that you need in order to meet your treatment goals. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan. As you decide whether to continue you should evaluate this information, along with your own assessment as to whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so it is important to be careful about the therapist you select. If at any time you have questions about my procedures, it is important to raise them for us to discuss. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

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MEETINGS

At the beginning of psychotherapy, I will usually schedule one fifty-five minute session per week at a time that is mutually agreeable. Sometimes sessions will need to be more or less frequent. I endeavor to be as prompt as possible both in starting and ending sessions. I ask that we take care of scheduling and session's payment or co-payment at the beginning of each meeting.

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Exceptions may include unplanned hospitalization or weather that creates unsafe travel conditions. Confidential voicemail is available 24 hours a day for messages. There will be no charge for a missed appointment if I am able to fill the hour, or if we are able to reschedule the same week.

PROFESSIONAL FEES

My hourly fee is \$120 for the initial meeting, \$120 for couples sessions, and \$100 for individual sessions. I also charge \$100 per hour (on a prorated basis) for professional services you may require in addition to face-to-face meetings. Such services may include report writing, telephone conversations lasting more than 5 minutes, attendance at meetings with other professionals that you have authorized, preparation of treatment summaries, or the time required performing any other service that you may request of me.

PAYMENT FOR SERVICES

You will be expected to pay for each meeting at the time it is held, unless we agree otherwise. If health insurance coverage is available to you, it may cover outpatient psychotherapy. **It remains your responsibility to understand your insurance coverage and to pay the fee whether or not the insurance company honors your claim.**

Regarding insurance coverage, it is important to be aware of: 1. Whether your insurance company requires prior authorization for mental health services; 2. The maximum limit of outpatient mental health coverage per year; 3. The percentage of the submitted fee your insurance pays and the dollar amount of co-payments expected of you; 4. The amount of deductible and whether it has been met for this year; 5. The waiting period for mental health benefits if your insurance is new; 6. **I am an authorized provider for only a few health insurance plans. If your insurance coverage changes, tell me immediately so that we can identify whether your new insurance will still cover my services. You are responsible for the cost of all sessions that are not covered by your insurance.**

You should be aware that in order for claims to be processed, insurance companies require psychotherapists to provide them with a diagnosis and, in some cases, specific information about your treatment including a treatment summary. This information becomes part of your records in the insurance company's files and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential. You always have the right to pay directly for my services if you wish to avoid the involvement of your health insurance company.

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CONTACTING ME

If you need to reach me between appointments you may call my cell phone, (828)390-0466, and leave a confidential voice message. I will answer messages left on my voicemail within 24 hours. You may text me for routine appointment changes on my cell phone, but I prefer to speak by phone or in person regarding other topics.

In case of emergencies, if you cannot reach me and feel you cannot wait for me to return your call, you should call 911, or Mobile Crisis at (888)573-1006.

CONFIDENTIALITY

In general the confidentiality of all communications between a client and a psychotherapist is protected by law, and I can only release information about our work to others with your written permission. However, there are some exceptions to this rule, which follow:

In most judicial proceedings you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

There are also certain situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. 1. If I believe that a child, an elderly person, a disabled person, or a domestic partner is being abused, I may be required to file a report with the appropriate state agency. 2. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. 3. If a client threatens to harm him/herself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection.

If your account is more than 60 days in arrears, and if suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, such as small claims court or a collection agency. In such cases, I am permitted by law to release information necessary for the collection of fees, usually limited to the client's name, dates, nature of professional service, and amount due.

These situations have rarely arisen in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking action.

I may occasionally find it helpful to consult about a case with another professional, in order to provide the highest quality of care. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential.

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PROFESSIONAL RECORDS

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of the records, but if you wish, I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or can be upsetting. If you wish to see your records, I recommend that you review them in my presence so that we can discuss what they contain. Clients will be charged an appropriate fee for any preparation time required to comply with an information request.

INFORMED CONSENT

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 or Legal Guardian

Date

Client or Legal Guardian

Date

Witness

Date

Late Cancellation/Missed Appointment Fee:

I understand that I will be charged the following amount for missed appointments or cancellations with less than 24 hours notice: \$ 60.00

Credit/Debit Card # _____ Expiration: _____ 3 digit code: _____
(will be used for no show and appointments cancelled within 24 hours of appointment)

Client or Legal Guardian

Date

Client or Legal Guardian

Date