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SERVICE AGREEMENT

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 now or at our next meeting. Please initial on the left edge of the paragraphs indicating that you agree to comply with my policies. Once you sign this, it will constitute a binding agreement between us. I apologize in advance for the “legalese.”

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client and depending on the particular concerns that the client brings. There are a number of different approaches that can be utilized to treat the problems you hope to address. Psychotherapy is not like visiting a medical doctor, in that it requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home.

Psychotherapy, like everything in life, has both benefits and risks. The risks of psychotherapy sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, disappointment, loneliness and helplessness. Sometimes psychotherapy involves recalling and talking about unpleasant events in your life. Psychotherapy also has been shown to have benefits for people who undertake it, often leading to a significant reduction of feelings of distress, better relationships, and/or the resolution of specific problems. But, as with most things in life, there are no guarantees about what will happen.

By the end of our evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your own sense about whether you feel

comfortable working with me. Therapy involves a large commitment of time, money, and energy, and much of its success depends on the particular alchemy between therapist and client. If you have questions about my procedures, we should discuss them in your session whenever they arise. It is an important part of your treatment to voice any concerns you have. I am a willing listener and I will work to understand your point of view. If at any point you feel that our work is not longer productive or that for whatever reason we cannot work well together, I will help you secure an appropriate consultation with another mental health professional.

Meetings

My normal practice is to begin with a period of evaluation that will last from 2 to 4 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 objectives. If we continue, I will usually schedule one 50 minute session per week at a mutually agreed time, although sometimes we can schedule sessions that will be longer or more frequent.

Cancellation policy

Your appointment time has been reserved for you. Your commitment to your scheduled time is a part of your treatment agreement and changes to it should be addressed in session as part of your treatment plan. If for some reason you must miss your regular visit, my policy is to charge you for a session that is cancelled without 24 hours notice and then enable you to schedule a make-up session within the next week or two. If a makeup session within the next two weeks is not possible due to our schedules, you will be charged for the canceled appointment. Insurance will not reimburse for missed or canceled sessions. If you simply do not attend your session without notice, you are charged for that session.

Professional fees

My fees vary depending on the service provided. I will provide you with a claim form to submit to your insurance company with my usual and customary charge. Insurance reimbursement will vary depending on your plan. In addition to weekly appointments, it is my practice to charge for other professional services you may require such as: psychological testing, report writing, telephone conversations which last longer than 10 minutes, emails or texts beyond scheduling information, attending

meetings or consultations with other professionals which you have requested, preparing records or treatment summaries, or the time required to perform any other service which you may require of me. In unusual circumstances, you may become involved in a litigation which may require my participation. If that were to happen, you would be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$425.00 per hour to prepare for, travel to, and attend at any legal proceeding.

Billing and payments

You are 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 at the time these services are requested. In circumstances of unusual and extreme financial hardship, I may be willing to negotiate a fee adjustment or an installment payment plan. Please ask and allow me the opportunity to negotiate this with you upfront.

If your account is more than 30 days in arrears and you have not make arrangements with me to pay your bill, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, I am entitled to recover the costs of bringing that proceeding. In most cases, the only information that I release about a client's treatment would be the client's name, the nature of the service provided, and the amount due.

Cash or check are preferred forms of payment. I do have a billing system that allows credit cards for a fee for the convenience. If you need to use a credit card, that fee is your responsibility (about \$4 per \$150). I work to make the costs as low as possible for all of us. If your check is ISF (Insufficient Funds) my bank charges me for that and that fee (about \$35) is also your responsibility.

Our office is equipped with a security system that ensures safety and a great deal of privacy for our clients. A key fob will be provided to you for a deposit of \$25 and needs to be returned at the end of treatment. Your deposit is returned when your key fob is returned.

Insurance reimbursement

In order for us to set realistic goals and priorities, it is important to evaluate what resources are available to pay for your therapy. If you have a health benefits policy, it will usually provide some coverage for mental health treatment. I will provide you with a receipt that includes all the information insurance companies need and you can file your own claims. Remember that you, not your insurance company, are responsible for full payment of my fees. Therefore, if your insurance denies a claim for any reason then you will be responsible even if they say you are not.

Please read carefully the section in your insurance coverage booklet, which describes mental health services. If you have questions, you should call your plan and ask the insurance representative. I will, of course, provide whatever help I can in deciphering the information you get from your carrier about your coverage.

The escalation of the cost of insurance has resulted in an increasing level of complexity about benefits that sometimes makes it difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. Many plans are oriented towards a short-term treatment approach designed to resolve specific problems that might be interfering with your usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In my experience, while quite a lot can be accomplished in short-term therapy, many clients feel that more services are necessary after insurance benefits expire.

You should also be aware that most insurance agreements require you to authorize me to provide a diagnosis of mental illness. This diagnosis will become part of your permanent medical record. Sometimes additional clinical information such as a treatment plan or summary or, in rare cases, a copy of the entire record is also required. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases they may share information with a national medical information data bank. If you request it, I will provide you with a copy of any report that I submit to your insurance carrier.

Contacting me

I am often not immediately available by telephone. While I am usually in my office between 8:45 a.m. and 5 p.m., I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I am also available by email or text for brief questions and for scheduling or rescheduling sessions. However, if I do not respond to your email or text, then I have not received your message. Please leave a phone message or send me a text in that instance. I will make every effort to return your call on the same day you make it, except on weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you cannot reach me, and you feel that you cannot wait for me to return your call, you may call your family physician, call 911, or the emergency room at the nearest hospital and ask for the psychiatrist on call. [Please be aware that email and texting is not necessarily secure and that you may breach your confidentiality simply by contacting me in this manner.]

Professional records

North Carolina law and the standards of my profession require that I keep appropriate treatment records. Because these are professional records that can be misinterpreted by someone who is not a mental health professional, it is my general policy that clients may not review them. However, at your request, I will provide a treatment summary to another mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional service and you will be billed directly.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. Normally, I will provide them only with general information on how your treatment is proceeding. However, if I feel that there is a high risk that you will seriously harm yourself or another, I will notify them of my concern. Before giving them any information I will try to discuss the matter with you and will do the best I can to resolve any objections you might have about what I am prepared to discuss.

Confidentiality

In general, the law protects the confidentiality of all communications between a client and a psychologist and I can only release information about our work to others with your written permission. However, there are a number of exceptions.

In most legal 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 she/he thinks that justice can best be served by making me testify.

There are some situations in which I am legally required to take action to protect others from harm, even if that requires revealing confidential information about a client's treatment.

If I believe that a child, an elderly person, or a disabled person is being abused, I am required by North Carolina law to report the suspected abuse to the Department of Social Services.

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.

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.

These situations are very unusual in my practice, but if such a situation should occur, I will make every effort to discuss it with you fully before taking any action.

I may occasionally find it helpful to consult about a case with other professionals. 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. I will not tell you about these consultations unless you object, or unless I feel that it is important to our work together for me to do so.

While this written 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 at our next meeting. As you might suspect, the laws governing these issues are quite complex and I am not an attorney. While I

am happy to discuss these issues with you, should you want specific advice, formal legal consultation may be desirable.

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

Signature of Client A	Date	Signature of Witness	Date
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Signature of Client B	Date	Signature of Witness	Date
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Signature of Parent/Guardian	Date	Signature of Witness	Date
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HIPPA

Your signature below indicates you have been supplied with the HIPPA (Health Information Patient Portability Act) information sheet and are informed as to HIPPA practices and their impact upon your health information.

Signature of Client A	Date	Signature of Witness	Date
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Signature of Client B	Date	Signature of Witness	Date
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Signature of Parent/Guardian	Date	Signature of Witness	Date
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