



THE CENTER FOR COGNITIVE THERAPY

SERVICES AGREEMENT

Welcome to the Center for Cognitive Therapy and Assessment (CCTA). We thank you for coming to see us today and look forward to getting to know you. Before we start, please take the time to read some important information about our professional services and business policies. By signing this form, you are agreeing to our terms and policies explained below.

You may revoke this Agreement in writing at any time, except in a few situations, which we can discuss together. You can always bring any question or concern about these policies to session, and I will be happy to go over them with you.

PSYCHOLOGICAL SERVICES

Psychotherapy is a two-way, dynamic process that calls for active involvement on your part. In order for the therapy to be most successful, you will have to work on issues we talk about both during our sessions and at home. It has its risks, as it involves discussing unpleasant feelings such as sadness or anger, but also has a range of benefits, such as thinking through solutions to problems, building happier relationships, and overcoming internal obstacles.

At the Center for Cognitive Therapy and Assessment, we spend the first few sessions (generally one to four) evaluating your needs. At the end of this evaluation period, I will present you with a treatment plan that details your goals for therapy. This is also a good time for you to decide whether my services are a good fit for you. If you find that you are not satisfied with what I have to offer, I will be happy to refer you out to other mental health professionals in your area.

MEETINGS

If we decide to move forward with therapy, I will usually reserve a weekly, 45-minute session at a time we agree on. Keep in mind that session length and frequency can vary based upon our discussion of your needs. I always attempt to start session on time, and will try to make up for missed time if I am late, or reflect that time in your payment. If you are late, I will still have to end the session at the scheduled time.

Forty-eight hour notice is required to cancel a session, otherwise you will be charged for that appointment. Please note that insurance companies do not reimburse for canceled sessions.

STAFF

Please place a check in the space next to your therapist's name.

_____ **Katie O'Meara, Psy.D.** is the Director of The Center for Cognitive Therapy and Assessment and a licensed psychologist in the states of Virginia and Maryland and in the District of Columbia. She can be reached at komeara@centerforcbtva.com. Her emergency number is 571-228-2965.

_____ **Kyla Aimone Ph.D.** is licensed in the State of VA. She can be reached at kaimone@centerforcbtva.com. Her emergency number is 773-469-2320.

_____ **Leslie Coates Burpee, NCC, CCTP** is a clinical mental health counselor licensed in the state of VA. She can be reached at lburpee@centerforcbtva.com. Her emergency number is 571-217-6766.

_____ **Emily Danon, Psy.D.** is licensed in the state of VA. She can be reached at edanon@centerforcbtva.com. Her emergency number is 703-679-8332.

_____ **Jaime Fryburg, M. Psy.** is an Extern at CCTA and practices under the supervision of Dr. Alexis Herman. She can be reached at jfryburg@centerforcbtva.com. Her emergency number is 202-643-5244.

_____ **Susannah Harrison, MA, LPC** is a licensed professional counselor in the state of VA. She can be reached at sharrison@centerforcbtva.com. Her emergency number is 703-403-9976.

_____ **Alexis Herman, Psy.D.** is licensed in the State of VA. She can be reached at lherman@centerforcbtva.com. Her emergency number is 202-656-1008.

_____ **Alicia Hodge, Psy.D.** is a psychological associate and practices under Dr. O'Meara's supervision. She can be reached at ahodge@centerforcbtva.com. Her emergency number is 202-618-0640.

_____ **Noura Khayat, Psy.D.** is the Practice Manager of the CCTA. She is a psychological associate and practices under the supervision of Dr. Katie O'Meara. She can be reached at nkhayat@centerforcbtva.com. Her emergency number is 202-930-1814.

_____ **April Simcox, Ph.D., LCP, NCSP**, is the Assessment Supervisor at the CCTA. She is licensed in the state of VA. She can be reached at asimcox@centerforcbtva.com. Her emergency number is 202-441-5991.

_____ **Brooke Stroud, Psy.D.** is a psychological associate and practices under the supervision of Dr. Katie O'Meara. She can be reached at bstroud@centerforcbtva.com. Her emergency number is 202-827-5351.

CONTACTING ME

Phone is usually the best way to contact me. However, due to my work schedule, you might find that I am often not immediately available by telephone. You can always leave a confidential voicemail on my voice mailbox. I will always try to return your call on the same day you make it, with the exception of weekends and holidays.

You may also contact me by email for non-urgent matters, keeping in mind that it is not the safest way to communicate confidential information. While I always strive to check my email regularly, anything that is time-sensitive should be handled by phone. Emails we exchange may become part of your clinical record.

EMERGENCIES

If you experience a life-threatening or other medical emergency, you should immediately call 911 or go to the nearest hospital emergency room, then contact me. For all other urgent situations, you may call my number listed above and leave a message if I do not answer. I monitor my urgent number 24/7 and try to return urgent calls within an hour. If you do not hear back from me within that time, call and leave another message. Please note that calls after business hours should be reserved for situations that cannot wait until the morning.

OTHER FEES

In addition to therapy session fees, I will also charge you for other professional services you request, including report writing, clinical telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, etc. 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. The fee for any of these services will be prorated based on your session fee. Finally, I reserve the right to increase fees on an annual basis.

BILLING AND PAYMENTS

Payment is due at every session, unless we agree upon a different arrangement. You may pay by check (payable to CCTA,) cash, or credit card (Visa, MasterCard, or American Express). We do charge a \$30 processing fee for any check that is returned unpaid by your bank.

Failure to keep current with payments result in an interruption of therapy. This will be discussed with you in advance of any such action being taken. If your account has not been paid for more than 60 days and we have not been able to discuss and agree on an arrangement, I will have to resort to legal means to secure the payment. This might involve the release of confidential information, and the final costs will be included in your claim.

INSURANCE REIMBURSEMENT

I will provide you with a statement at the end of each month that will include all information typically required by insurance companies for reimbursement. Since CCTA is an out-of-network provider, you are ultimately responsible for filing claims with your insurance company, although I am happy to assist you to the best of my knowledge. For those patients seeing therapists who practice under supervision, please be aware that some insurance companies will not cover the services of a psychologist who is not currently licensed in VA.

Your contract with your health insurance company may require that I share limited information about the

services that I provide to you. I will always make every effort to release only the minimum information that is necessary for the purpose requested. Upon request, I can also provide you with a copy of any report I submit to your insurance.

If you have Medicare, we can provide services to you only if you sign an agreement stating that you are voluntarily choosing to see a provider outside of Medicare and that you understand that you may not file claims with or receive reimbursement from Medicare.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I or other The Center for Cognitive Therapy and Assessment staff can only release information about your treatment to others if you sign a written authorization. However, there are a few exceptions to this rule:

- I occasionally need to share your information with other staff members at The Center for Cognitive Therapy and Assessment for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality and have been given training about protecting your privacy.
- I might be required to disclose your information to health insurers, government agencies monitoring health oversight activities, or to collect overdue fees, as discussed previously.
- If you are involved in a court proceeding, I can provide information on treatment with your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- I may disclose relevant information if a patient files a complaint or lawsuit against me in order to defend myself.
- If a patient files a worker's compensation claim, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer or insurer.

There are some situations in which I am legally obligated to disclose your information to appropriate government agencies and third parties to protect you, and others, from harm. These include:

- If I know or have reason to suspect that a child or a vulnerable adult has been or is currently in immediate danger of being mentally or physically abused, neglected or exploited.
- If I believe that a patient presents a substantial risk of imminent and serious injury to him/herself, or to another individual.

If any such situation arises, I will make every effort to fully discuss my role with you before taking any action. I will always limit my disclosure to what is necessary. The laws governing confidentiality can be quite complex and I encourage you to bring up any questions or concerns that you may have now or in the future.

PROFESSIONAL RECORDS & PATIENT RIGHTS

In order to better assist your treatment, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record and includes information such as your reasons for seeking therapy, your diagnosis, and your treatment history. Except in unusual circumstances that involve a substantial risk, you may ask to see a copy of your Clinical Record, if you request it in writing. There is usually a charge associated with this request.

In addition, I may also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. They can include the contents of our conversations, my analysis of those conversations, and how they impact your therapy. Your Psychotherapy Notes are not available to you and cannot be sent to other parties such as insurance companies without your written, signed Authorization.

As a patient at The Center for Cognitive Therapy and Assessment, you have certain rights with regard to your Clinical Record and disclosures of protected health information, such as those discussed above. I am happy to discuss any of these rights with you at any point in your treatment.

MINORS & PARENTS

Privacy in psychotherapy is often crucial to successful treatment, particularly with older children and teenagers. It is usually my policy to request an agreement of both the parents and child about what information parents will receive about their child's treatment. Parents will always be notified if I have serious concerns about the child's safety toward him/herself or others, as detailed in the Confidentiality section.

Generally speaking, children between the ages of 14 and 18, who are not emancipated, and whose parents have consented to treatment should be aware that parents can only review their records with the written authorization of the child. Children under 14, whose parents have consented to the treatment, should be aware that their parents can examine their treatment records unless I decide that such access is likely to injure the child, or we all agree otherwise.

Psychologists can provide psychological services to minors without parental consent if the psychologist determines that the minor is knowingly and voluntarily seeking the services and provision of the services is clinically indicated for the minor's well-being. Parents do not have access to records of this treatment.

If you have any questions or concerns about the information in this form, please discuss them with me. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient's Name: _____

Patient's Signature: _____

Date: _____

If child/adolescent treatment

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____