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**OUTPATIENT SERVICES CONTRACT**

Welcome to my private practice. This document contains important information about my professional services and business policies. Please read it carefully and ask any questions you might have. When you sign this document, it will represent an agreement between us.

**PSYCHOLOGICAL SERVICES**

Psychotherapy tends to vary depending on the psychologist, client, and the particular problems being addressed. There are various methods I may use to deal with the problems that you hope to address. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and outside of the office.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to significant reductions in feelings of distress, solutions to specific problems, and better relationships. However, there are no guarantees of what results you will experience.

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will most likely be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**MEETINGS**

The initial evaluation period normally lasts one session (lasting 45 minutes). During this time, we can both decide if this is the best place to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we usually schedule one 45-minute session (one appointment hour is 45 minutes in duration) per week at a time we mutually agree on. Once an appointment hour is scheduled, you will be expected to pay for the session at the time of the appointment unless you provide 24 hours advance notice of cancellation (failure to cancel in advance results in being charged a fee of \$90, which is not covered by insurance).

## **PROFESSIONAL FEES**

My hourly fee is \$180. 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 we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, 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 the professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and \$350 per hour attendance at any legal proceeding and require a retainer of \$2,000 prior to engaging in legal/forensic services.

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement (e.g., insurance copayment). 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. If such legal action is necessary, its costs will be included in the claim. 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.

## **INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once I have all of the information about your insurance coverage, I will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the insurance-related issues described above.

## **CONTACTING ME**

Usually it is best to contact me during regular business hours between 9 AM and 6 PM (781.534.8808). If I am unable to answer, you can leave a voicemail that will only be accessed by myself. In case of emergencies the message greeting will provide information on how to contact emergency services.

## **PROFESSIONAL RECORDS**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in the presence of your treatment provider so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. Clinical records are maintained for seven years following the completion of treatment or three years after age of majority (18) for minors.

## **MINORS**

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records or obtain information about your treatment. It is my policy to request from parents that they agree to give up access to your records. If they agree, I provide them with general information about our work together, unless there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I can also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what is prepared to discuss.

## CONFIDENTIALITY

As is presented in the confidentiality informed consent, in general, law protects the privacy of all communications between a client and a psychologist, and I can only release information about our work to others with your written permission. But there are some exceptions.

There are some situations in which we are legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. If I believe that a child, elderly person, or disabled person is being abused, I am required by law to file a report with the appropriate state agency.

If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If I believe that a patient is threatening serious bodily harm to another, I am legally required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

In most legal proceedings, you have the right to prevent your therapist from testifying in court. But a therapist can be ordered by the court to testify without your permission in certain legal proceedings such as those relating to child custody and protection, adoption, personal injury, psychiatric hospitalization, and court ordered evaluations

I occasionally find it helpful to consult other professionals about a case. In such cases the facts of your treatment may be discussed and your identity may be disclosed in situations where the therapist considers it necessary.

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

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
THERAPIST

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Date