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OUTPATIENT SERVICES CONTRACT / INFORMED CONSENT

For Individual Psychotherapy

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 you might have so that we can discuss them at our next meeting.

When you sign this document, it will represent an agreement between us.

After you read this information packet, we can discuss, in person, how these issues apply to your own situation. This information packet is yours to keep and refer to later.

MY APPROACH TO THERAPY

As a practical, interactive, solution-focused therapist, my treatment approach is to provide support, to leverage wellness and motivation for change, to facilitate inter- and intra-personal growth, to provide feedback, and to respectfully assist in your search for meaning - all in order to help you resolve current problems and long-standing patterns.

I want you to be able to eventually use the ideas and techniques from these approaches without me. Therefore, I will encourage you to learn more about these clinical methods. To this aim, I may recommend to you certain books, practices, etc.

MY BACKGROUND

I am a licensed psychologist in private practice. I hold an MA from Boston College in Counseling Psychology and a Psy.D. in Clinical Psychology from George Washington University, with 10 years of independent post-licensure clinical experience and with a total of 10 years of supervised clinical experience. I have trained and worked in a variety of clinical settings, which include: psychiatric hospitals, university counseling center, county jails, community mental health centers, family medical practice, substance abuse treatment facilities, and private practice.

I offer an eclectic treatment approach that consists of many different strategies and approaches in order to help people achieve growth, change and contentment. Specific modalities can be further discussed if inquired.

MEETINGS / SESSIONS

I normally conduct an evaluation that will last from 2 to 3 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 treatment goals. If psychotherapy is begun, I will usually schedule one 45-50-minute session (one appointment hour of 45-50 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 24 hours advance notice of cancellation (unless we both agree that you were unable to notify me of the cancellation in a timely manner due to circumstances beyond your control; see Late Cancellation/No Show Policies below).**

I ask that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

CONSULTATIONS

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor (but only after obtaining a written consent from you to do so).

If for some reason treatment is not going well, I might suggest you see another therapist or another professional instead of me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide her or her with the information needed (once again, only after obtaining a written consent from you to do so).

WHAT TO EXPECT FROM OUR RELATIONSHIP

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, state laws and the rules of the APA require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this information packet. As I am sure you have know, Oahu is small island. With this in mind, please note that if we happen to meet in public (on the street, or in some social setting), I may not acknowledge you or engage unless you choose to do so first. This is done to allow you the choice of whether or not you reveal our relationship.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged appropriate administrative and clinical fees for any time spent in preparing information requests (e.g. for any treatment record summary, records discussion meeting, and/or preparation and transmittal of records to another professional).

ABOUT CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

A. Disclosures for Treatment, Payment, and Practice Operations

Sarah Sarkis, Psy.D. may use or disclose your protected health information (PHI) for treatment, payment and practice operations purposes with your general consent.

If you are a self-pay client, there will be no need to disclose any PHI to any third party (such as an insurance), except for the purposes of payment (when collecting on overdue accounts).

If you are planning to use your insurance benefits, you will be asked to sign a Release of Information to your insurance as part of this Outpatient Treatment Contract & Informed Consent.

Doing so will authorize Dr. Sarkis to use and disclose your protected health information for the purposes of treatment, payment and practice operations (see these terms defined below). Any further disclosure of your PHI above and beyond the treatment, payment and practice operations will require a separate consent from you (see section B below).

PHI refers to information in your health record that could identify you.

Treatment is when Sarah Sarkis, Psy.D. provides, coordinates or manages your health care. Examples of treatment would be when Sarah Sarkis, Psy.D., with your consent, consults with another health care provider, such as your family physician.

Payment is when Sarah Sarkis, Psy.D. obtains reimbursement for the services she provided. Example of payment is when Sarah Sarkis, Psy.D. discloses your PHI to your health insurer to obtain reimbursement or to pre-authorize services.

Practice operations are activities that relate to the performance and operations of Sarah Sarkis, Psy.D. These health care operations may, for example, involve such business-related matters as billing, collection, quality assessment (such as insurance-mandated audits), and care coordination.

B. Release of Information/Disclosures that Require Specific Consent/Authorization

Sarah Sarkis, Psy.D. may use or disclose your protected health information (PHI) for purposes outside of treatment, payment and practice operations after she obtains an appropriate authorization from you.

Please, note that you may revoke all such authorizations at any time, by providing a written revocation. You may not revoke an authorization to the extent that (1) Sarah Sarkis, Psy.D. provider has already relied on that authorization and has already released the information in question; or (2) the release/authorization was obtained as a condition of obtaining insurance coverage.

C. Releases/Disclosures Without Your Consent/Authorization

Sarah Sarkis, Psy.D. may release/disclose PHI without your consent/authorization in the following circumstances:

Intent of Self-Harm/Suicidal Ideation & Behavior:

If the patient threatens to harm herself/herself, I may be obligated to seek hospitalization for her/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

Serious Threat to Health or Safety of Others:

There are some situations in which I am 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 patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If you express a serious threat or intent to kill or seriously injure an identified or readily identifiable person or group of people, and Sarah Sarkis, Psy.D. determines that you are likely to carry out the threat, she must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

Child Abuse:

If Sarah Sarkis, Psy.D. has reasonable cause to suspect abuse of children with whom she comes into direct contact in a professional capacity, she is mandated by law to report this to the Hawaii Department of Public Welfare.

Adult and Domestic Abuse:

If Sarah Sarkis, Psy.D. has reasonable cause to suspect that an older adult is in need of protective services, she may report such to the agency which provides protective services.

Legal, Judicial and Administrative Proceedings:

If you are involved in a court proceeding and a request is made about the professional services Sarah Sarkis, Psy.D. has provided you or the records thereof, such information is privileged under state law, and Sarah Sarkis, Psy.D. will not release the information without your written consent or a court order. The privilege does not, however, apply when the evaluation is mandated by a third party or court ordered. You will be informed in advance if this is the case. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if she/she determines that the issues demand it.

Additionally, Sarah Sarkis, Psy.D. may, in response to a warrant or subpoena, disclose health information about you to a law enforcement official for certain law enforcement purposes. For example, Sarah Sarkis, Psy.D. may be required to assist law enforcement to locate someone such as a fugitive or material witness, or to provide other information pertinent to an investigation.

CONFIDENTIALITY: ADDITIONAL POINTS

In summary, I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I would ask you to sign a “release-of-information” form before I can talk about you or send my records about you to anyone else. Not only will I not tell anyone what you tell me, I will not even reveal that you are receiving treatment from me.

As noted above, in all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.

If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, if I am going to be away from the office for an extended period of time, I might arrange for a trusted fellow therapist to "cover" for me. This therapist will be available to you in emergencies. Therefore, she or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

POLICIES AND PROCEDURES

All payments (or co-payments, if applicable) are expected to be made in full, on the last day of the month.

Cash, checks, and Venmo payments are accepted.

I reserve the right to discontinue services if your account is 30 days past due and to forward the following protected health insurance (PHI) to a collection agency if your account is 60 days past due: your name, address, date of birth, your SSN, your phone number, dates of services, and the amount/balance due.

If you paid for the services with a personal check and your check "bounced" because of insufficient funds, an administrative (processing) fee of $30 will be added to your balance.

At this juncture, I accept HMSA, UHA, and HMAA. All other insurance carriers will be considered out of network and will follow the guidelines delineated by the out of network benefits. Please educate yourself about your insurance benefits prior to our meeting and ask any question that will help you better understand the benefits. Additionally, Hawaii has a General Excise Tax (GET) at a rate of 4.712%. This additional cost is past on to you, the client. GET charge will be added to your co-pay.

Sliding scale payment rate is available for those patients who do not wish to use their health insurance benefits and/or do not have insurance.

SELF-PAY RATES / FEES

$265 per Initial Evaluation appointment (60 minutes or more)
$175 per weekly session (50-55 minutes)
$200 per “extended” 75 minutes of either individual therapy or couple's therapy
$220 per "marathon" sessions of 90 minutes
$30 for phone consultations that exceed the 10 minutes (and are no greater than 20 min)

LATE CANCELLATION / NO-SHOW POLICY

If you do not show up for your scheduled appointment, and you have not notified Dr. Sarkis at least 24 "business" hours in advance, you will be required to pay the full cost of the treatment as booked. The specific Late Cancellation/No-Show charge will depend on whether your appointment was scheduled as an initial evaluation, a regular/follow-up/"marathon" or as a short session.

Please note that the reason behind this policy is to protect the provider's time, not to penalize you financially. If you are wondering why you should pay for the services you have not received, please, consider the fact that when you make an appointment with the provider, you are booking the provider's time that is no longer available for scheduling.

OTHER POINTS

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

CONTACTING ME

I am not immediately available by telephone. I do not offer call-in hours. My telephone (1-617-645-5776) is answered by an answering service [voice mail and/or answering service operator]. I will make every effort to return your call within 48 business hours, with the exception of weekends and holidays. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

You may text me with scheduling questions or conflicts only. I will respond within 24 hours. If I have not responded, it means I did not get the text. In that case, call me. If you have texted me with a cancellation and I have not confirmed I got the text, please call. Otherwise, you risk being charged for a "no show." I will not respond to texts related to anything other than scheduling questions.

CONTACTING ME IF YOU ARE IN CRISIS

If you are experiencing a clinical emergency (for example, if you are having suicidal thoughts, i.e. thoughts about harming yourself), please, consider the following options:

1) call my practice (617) 645-5776. Again, I will not pick up the phone, but you can leave me a message, which I will get ONLY during regular business hours (7AM-6PM)
2) call 911 OR
3) go the nearest Emergency Room

OUTPATIENT SERVICES CONTRACT / INFORMED CONSENT FOR SELF-PAY CLIENTS SIGNATURES

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

"I have read and understood the privacy and financial policies in their entirety. My consent below indicates my acceptance of privacy (confidentiality limitations) policies and financial terms (fees and late-cancellation/no-show policies) of practice with Sarah Sarkis, Psy.D., as well as my understanding of how to contact Sarah Sarkis, Psy.D.. in the event of the clinical emergency.

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this information packet, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this information packet. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this information packet. I hereby agree to enter into therapy with this therapist, as shown by my signature here."

_____

Name (Print)

_____

Signature

_____

Date

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed her or her of the issues and points raised in this information packet. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

_____

Signature of Therapist

_____

Date