

Tonya Mestemaker, Psy.D.
Licensed Clinical Psychologist
Telephone: 513-222-4053

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. I am happy that you have chosen to schedule a consultation with me. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICE APPOINTMENTS

Our first session or two will involve an evaluation of your needs. By the end of the evaluation, I will 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 very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your concerns persist, I will be happy to help you set up a meeting with another mental health professional.

Once psychotherapy has begun, I will usually schedule one 45 minute session at a frequency we will decide together, generally once every one to two weeks. **I require at least 48 hours notice for cancelled appointments. If I do not receive 48 hours of notice, you will be charged a \$130 missed appointment charge, which must be paid before any subsequent appointments are scheduled.** The cancellation charges cannot be billed to your insurance. Monday appointments must be cancelled by the preceding Thursday by 5 pm and Tuesday appointments must be cancelled by Sunday at 5 pm. Remember that scheduling an appointment means that a time slot is held for you, and therefore, cannot be used by another person.

It is important for clients to understand the clinicians in this office maintain independent practices. This means that I operate solely independently and I am not under the umbrella of a group practice. I do however share office space with other practitioners. If you have any questions regarding this, please feel free to discuss this with me.

PROFESSIONAL FEES

My fees are as follows:

Initial Consultation - \$175 per visit

Individual Psychotherapy - \$135 per visit

Family/Couples Psychotherapy - \$175 per visit

Psychological Testing - \$175 per hour

Missed Appointments/Cancellation of less than 48 hours - \$135 per missed visit, which must be paid before any more appointments will be scheduled

*Other Professional Services - \$135 per hour billed in 15 minute increments

** Legal System Involvement -\$550 per hour

*Other professional services include, but are not limited to letters, treatment summaries, phone conversations lasting more than 10 minutes, meetings or consultation with other professionals.

** If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. These fees must be received in advance of any document preparation or court appearances. This charge applies to any documentation prepared for the court including letters and treatment summaries.

BILLING AND PAYMENTS

Payment is due at the time of service. Payment schedules for other professional services will be agreed to when they are requested. Credit cards and Venmo are acceptable forms of payment.

It is your responsibility to be familiar with your insurance coverage if you plan to apply for out of network benefits on your own. I will provide you with a detailed receipt at the end of each treatment session. You can use this receipt to make a claim with your insurance company.

Please note that a collection agency is used for any bills over 120 days past due. The collection agency fee is charged directly to the client's delinquent account. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of the services provided, and the amount due.

CONTACTING ME

I am often not immediately available by telephone during the day because I do not interrupt client sessions to answer the telephone. However, I do monitor my voicemail frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. I cannot respond to e-mails as I cannot insure that your information will be kept confidential. **I will respond to text messages only if it involves scheduling matters.**

EMERGENCIES

I monitor my voicemail seven days a week. If you need to speak to me and can wait for a return call for possibly several hours, leave me a voicemail message and I will get back to you as soon as possible. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. Crisis lines are also available in Butler County 894-7002, Hamilton County 281-CARE (2273), and

Warren County 1-800-932-3366. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Clients will be charged an appropriate fee for any professional time spent in responding to information requests and for photocopying costs.

CONFIDENTIALITY

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

1. 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 records and/or testimony if he/she determines that the issues demand it.
2. 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 client's treatment. The situations are as following:
 - a. If a client is (in my assessment) at risk for suicide. I am obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
 - b. If I believe that a child, elderly, or disabled person is being abused, by Ohio law, I must file a report with the appropriate state agency.
 - c. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police and/or seeking hospitalization for the client.
3. I must disclose certain confidential information to insurance companies when applying for treatment authorization or insurance reimbursement.
4. During my extended absences, I often ask a trusted colleague to be available for emergency calls. It may be necessary to update this colleague about your situation so that any emergency may be properly managed in my absence. Such colleagues are also obligated to maintain confidentiality as set forth in this document.
5. Parents have a right to know about treatment of minor children.
6. Personal information about you will be sent to a collection agency in the unlikely event that your bills are not paid within 120 days.
7. You can rescind a written authorization for release of information at any time, by submitting a request in writing to Dr. Tonya Mestemaker, Psy.D.

If one of these situations occurs, I will make every effort to fully discuss it with you before taking any action.

CONTRACT

I HEREBY AUTHORIZE Tonya Mestemaker, Psy.D. to render treatment and/or assessment to me, my dependent, or person for whom I serve as legal guardian. I have read the preceding policies and information sheet. I understand the right of confidentiality is not absolute. I assume personal financial responsibility for all treatment and assessments conducted by Tonya Mestemaker, Psy.D. per the terms of this contract. Such responsibility is not transferable to any other person in the case of custody or child support disputes and/or related court decrees.

I HAVE RECEIVED AND READ THIS CONTRACT AND I AGREE TO ABIDE BY IT.

Printed Name: _____

Signature: _____ Date: _____

Printed name(s) of Parent or Guardian: _____

Signature of Parent(s) or Guardian: _____ Date: _____

Signature of Parent(s) responsible for payment:

_____ Date: _____

Printed name(s) of Parent(s) responsible for payment:

_____ Date: _____