

**SYLVIA M. DOSS, PH.D.**

**AGREEMENT FOR PSYCHOLOGICAL SERVICES**

**Please read the following information carefully before signing this agreement.**

**PROFESSIONAL RELATIONSHIP**

Welcome to psychological services. I am a licensed Clinical Psychologist. I provide psychotherapy, marriage therapy, or rehabilitation counseling for individuals and couples. This agreement provides you with important information about my professional services and business policies.

Psychotherapy, marriage therapy, or rehabilitation counseling are processes that you undertake to make helpful changes in your life. This process varies depending on the personalities of the client and the professional, the particular problems of the client, and the theory utilized in establishing a treatment plan. For psychotherapy, marriage therapy, or rehabilitation counseling to be successful, you will need to actively participate and work both during sessions and at home between sessions.

Psychotherapy, marriage therapy, or rehabilitation counseling can have benefits and risks. The benefits of therapy are that you are often able to function better in your life, make important decisions, find solutions to specific problems, manage emotions better, and reduce emotional distress. The risks of therapy include sometimes experiencing uncomfortable feelings such as anxiety, anger, loneliness, grief, or sadness during treatment. You may also need to recall uncomfortable events from your past. There are no guarantees concerning the outcomes of this process.

An assessment will be performed during the first few sessions. This assessment may include completing questionnaires, checklists, or some testing. We will work together to establish goals for your treatment. We will develop an initial treatment plan, and therapy will begin. The length of treatment will depend on the problems or issues, goals and plan established, and your commitment to work toward your goals. However, the treatment I provide is goal-oriented, structured, and tends to be short-term.

Psychotherapy involves a commitment of time, money, and energy. Please be thoughtful about your decision to participate in this process. Please feel free to ask me questions about my credentials, my therapy approach, and my work history. You may terminate counseling or therapy at any time. However, I would prefer to have at least one session for closure prior to your termination of services.

**I may terminate psychological services when:**

- (1) Your therapy goals have been met.**
- (2) I believe that you are not likely to benefit from continued service.**
- (3) I feel threatened or otherwise endangered by you or another person with whom you have a relationship.**
- (4) Your request for service falls outside of the scope of my practice and training.**
- (5) You do not maintain your services agreements**
- (6) I secure other employment.**
- (7) I become ill or permanently impaired**

Because I do not take calls during sessions, I may not be immediately available by telephone. My office telephone, (623) 465-7165, is answered by a message service, which I monitor frequently. When you leave a message, please inform me of the best telephone number and times of the day to reach you. You can also leave a message with my mobile phone number, (623) 296-2128. Every effort will be made to return calls within 24 hours, more promptly if possible. For urgent, after hours, situations, my pager number (623) 880-0323.

If you feel you have a life-threatening emergency contact 911 on your telephone for immediate assistance. For a mental health emergency, you can also contact the EMPACT crises line at (480) 784-1500. Below are listed some hospitals that offer behavioral health services:

Banner Samaritan 24-hour helpline and assessment service- Contact #: 602-254-HELP

Banner Thunderbird Behavioral Health Center Hotline- Contact #: (602) 254-4357

### **CONFIDENTIALITY,**

In general, communications between a client and a psychologist are confidential. In most circumstances, I need your written authorization before I can release information in your health care record with the following exceptions:

I am mandated by state law to reveal information in the certain situations:

1. Threats of serious harm to yourself or others.
2. Suspected or known abuse, exploitation, or neglect of a child or vulnerable adult.
3. You are believed to be gravely disabled.
4. Court order to release records or other information about your services

I may be required to disclose your health information to authorized federal officials who are conducting national security investigations services, and I cannot reveal when I disclosed such information to the government.

In addition, you consent for me to use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes. For example, I may coordinate services with your physician or, on rare occasions, your insurance company may request records for quality assurance purposes. I may, occasionally, consult with other professionals concerning a case.

I have your permission to leave telephone messages using my name and relating information concerning your services with the telephone numbers listed on your intake form.

## **BUSINESS PRACTICES**

### **Professional Fees**

The standard fee for an intake session is \$170.00. The standard fee for any subsequent session is \$150.00. I will usually schedule one appointment of approximately 45 minutes duration weekly or biweekly. I charge \$150. per hour for other professional services you may require such as telephone consultations, telephone conversations lasting over 15 minutes, report writing, preparation of records, letters, forms, or treatment summaries, and any other services you may require. Other professional services will not be provided until all outstanding charges are paid in full.

In my practice, I do not complete additional forms such as Social Security, FMLA, disability evaluation forms and/or insurance forms. I do not complete contacts or interviews with staff of disability or other insurance companies. I do not perform evaluations of your ability to work or authorize releases from work. I do not write letters to attorneys. I do not authorize or write letters of support for emotional support animals.

I have a medical condition that is physically painful when exacerbated by stress. Because of this condition, I find legal related involvement to be prohibitively stressful.

**Therefore, please be informed that under no circumstances do I accept clients or cases where there is legal action being pursued or that may lead to legal involvement.**

### **Billing and Payments**

**You are expected to pay for each private fee session, insurance co-pay, or insurance deductible at the beginning of each session. There is a \$30.00 fee for returned checks.** If I have a contract with your insurance and or EAP company at the time of the session, the billing procedures of that company will be followed. If I have a contract with your insurance or EAP company, I will complete a claim and submit it. **You are responsible for securing EAP authorization numbers or codes and communicating this information to me at the beginning of the intake session. You are also responsible for checking with your insurance plan for any deductibles, copays, or coinsurances you may need to pay and communicating this information to me at the beginning of the intake session. However, you (not your insurance company) are responsible for full payment of my fees. You accept and acknowledge personal responsibility for payment of any insurance claim not paid within 90 days of billing.** In circumstances of unusual financial hardship, I will consider a fee adjustment for clients not covered by insurance plans.

## **Missed or Canceled Appointment(s)**

**I require a 48-hour advanced notice for any cancelation of a scheduled appointment. I have a message service with the (623) 465-7165 contact number for my practice if you need to cancel an appointment. You will be charged \$50.00 for a cancelation made with less than 48-hours notice. You agree to pay this \$50.00 charge for any cancellation made with less than 48-hours notice.**

## **OTHER POLICIES**

### **Texting and Email Communications**

Texting and email communications can be accessed unauthorized people; therefore, these types of communication can compromise your privacy and confidentiality. I prefer that you not communicate confidential or highly private information via text or email. If you decide to communicate with me via text or email, I will assume you have made an informed decision and agree to take the risk that these communications may be accessed by unauthorized people.

Virtual clients have access to a protected message service in the Simple Practice program they use to access sessions. If you meet with me in the office, and wish to communicate confidential or highly private information with me by email, I can register you with Simple Practice so that you can access this message service. Please request this access.

Communication with a mobile phone may also compromise your privacy and confidentiality. If you decide to communicate with me via mobile phone, I will assume you have made an informed decision and agree to take the risk that these communications may compromise your privacy.

### **Recording Policy**

Please feel free to take notes in your sessions, if you believe it will help in remembering key points of discussion. However, audio and video recordings of sessions is prohibited.

### **Animals Policy**

Animals, other than certified service animals for people with disabilities, are not allowed in the office.

### **Social Media Policy**

I do not accept friend or contact requests from current or former clients on social media. This policy protects your confidentiality and our therapeutic relationship. If you have questions about this, please bring them up when we meet.

---

**SYLVIA M. DOSS, PH.D.**

**SERVICE AGREEMENT**

**Please indicate with your signature that you have read and understood the information in this document and agree to the terms stated for our professional relationship and business practices.**

**In addition, your signature documents that you give your consent for treatment under these terms.**

\_\_\_\_\_ Date \_\_\_\_\_

Signature

\_\_\_\_\_ Date \_\_\_\_\_

Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Sylvia M. Doss, Ph.D.

---

Intake Forms:

- Biographical Information-Intake Form
- Agreement for Psychological Services Form
- Acknowledgment of Receipt of the Notice of Privacy Practices
- HIPAA Notice of Privacy Practices

---