



Mountain View Hospital

CENTER FOR WELLNESS & RECOVERY

PATIENT SERVICE AGREEMENT

Welcome to the Mountain View Center for Wellness and Recovery. This document contains important information about our services and business policies. Please read it carefully and note any questions you might have. These can be clarified with your service provider. Signing this document signifies your understanding and acceptance of the service contract.

PSYCHOLOGICAL SERVICES

Psychological Assessment

Through the use of a variety of standard psychological tests we will attempt to answer the questions that have brought you here for this assessment. Throughout the assessment you have the right to inquire about the nature or purpose of all procedures. You have the right to withdraw from the testing session at any time. You also have the right to know the test results, interpretations and recommendations. The assessment process generally involves a clinical interview followed by the administration of standardized psychological tests. Although it is preferable to complete the testing process in one sitting, it may be necessary to schedule more than one evaluation session to complete the necessary testing. Once testing is completed and the data has been analyzed, a copy of the report will be made available to you as well as any referring party for continuity of care purposes.

Psychotherapy/Psychoeducational Group Treatment

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. Psychotherapy requires a very active effort on your part. In order to be successful, you will have to implement changes discussed in therapy in your everyday life.

APPOINTMENTS

Psychological assessment appointments vary in length, depending upon the referral question

Name: _____ Acct#: _____ MR#: _____ Current Date: _____

and ability of the participant to engage in the task at hand. These appointments will be scheduled for a specified time, depending on the referral question, subsequent appointments will be scheduled as necessary. Psychotherapy appointments and psychoeducational groups will ordinarily be once per week for 45 minutes at a time we agree on, some appointments may be more or less frequent as needed. If you need to cancel or reschedule an appointment we ask that you provide us with 24 hours notice. If you miss an appointment without canceling or cancel with less than 24 hour notice, we will discuss this with treatment interfering behavior at your next appointment. If possible we will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late your appointment will still need to end on time. Consistent attendance concerns, despite feedback, will lead to termination of services.

PROFESSIONAL RECORDS

We maintain records of the services that we provide. Your records are maintained in a secure location in the office. You have the right to a copy of your file. However, these are professional records and may be misinterpreted by untrained readers. For this reason, only records that are appropriate for release will be given directly to a patient. If you would like another professional to have these records, the appropriate records can be released to them for their review and assistance with continuity of care. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

As a rule we will disclose no information about you or the fact that you are a patient without your written consent. Our record describes the services provided to you, the dates of our sessions, your diagnosis, functional status, symptoms, prognosis, progress and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment and health care operations purposes. However, we do not routinely disclose information in such circumstances so we will require your permission in advance through your written consent at the onset of our relationship or at the time the need for disclosure arises. You may revoke your permission at any time by contacting us in writing.

There are some important exceptions to this rule of confidentiality where information may be shared without your written permission:

- You report a serious and foreseeable danger to self or others
- There is suspicion of a child or vulnerable adult being abused, exploited, or neglected
- You are a minor so your parents have rights to therapeutic information
- A court orders release of information
- Your insurance provider requests relevant clinical information

When a family or couples come in for counseling, we will uphold their right to confidentiality. Within the family unit we will not allow for any "secrets", so please do not share any information that you would not wish to be shared with another family member also involved in treatment. When meeting with couples or families, in order to provide the safest therapeutic environment possible, it is our policy not to release information requested in the future without written approval by all adult parties.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. All parties should understand that we will share whatever information, we consider necessary, with a parent of any minor patient. That being said, we will also strive to provide for an environment where the minor has the ability to talk openly regarding concerns. We will make every effort to notify the minor patient of our intention to disclose information ahead of time and handle any objections that are raised.

CONTACTING PROVIDER

Service providers are often not immediately available by telephone. We do not answer their phones when they are with clients or otherwise unavailable. At these times you may leave a message on a confidential voice mail and your call will be returned as soon as possible. Please understand that it may take more than 24 hours for non-urgent matters. If you feel you cannot wait for a return call or if you feel unable to keep yourself safe you should implement your crisis plan which will include; the coping skills you have available to you, individuals in your social network that you can contact, crisis numbers and locations you may go to find support. If these resources are not available or you feel you will not be safe, even in utilizing these resources, you are instructed to go to a hospital emergency department for evaluation or call 911.

OTHER RIGHTS

If you are unhappy with your services, we hope you will communicate openly with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another provider and are free to end services at any time. You have the right to considerate, safe and respectful care, without discrimination. You have the right to ask questions about any aspects of provided services and about your provider's specific training and experience.

SOCIAL MEDIA

We do not accept friend or contact requests from current or former clients on any social networking site. We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our professional relationship. We do not follow current or former clients on blogs or social media. Casual viewing of patients' online content can create confusion in regard to the professional relationship as well. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your provider, please bring them into your appointment where they can be discussed as relevant to your work.

Please do not use text messaging or social media to contact your provider. These sites are not secure and your provider may not read these messages in a timely fashion. Do not use other means of engaging with your provider online if there is an already established professional relationship. Engaging in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact your provider between sessions the best way to do so is by phone.

It is NOT a regular part of our practice to search for clients online. Extremely rare exceptions may be made during times of crisis. If we have a reason to suspect that you are in danger and you are not available via our usual means there might be an instance in which using a search engine (to find you, find someone close to you or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means we will fully document it and discuss it with you when we next meet. If there are things you want to share with me that you feel are relevant to your treatment whether they are news items or things you have created, we encourage you to bring these items of interest into your appointments.

You may find our practice on sites such as: Yelp, Healthgrades, Yahoo Local, Bing or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of Social Media Policy. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating or endorsement from you as our patient. It is unethical for us to solicit testimonials. You have a right to express yourself on any site you wish but due to confidentiality we cannot respond to any review on any of these sites whether it is positive or negative. We urge you to take your own privacy as seriously as we take our commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our work, there is a good possibility that we may never see it. If we are working together, we hope that you will bring your feelings and reactions toward our work directly to us. This can be an important part of our work together, even if you decide we are not a good fit.

None of this is meant to keep you from sharing that you are in therapy with me. Confidentiality means that WE cannot tell people that you are a patient but you are more than welcome to tell anyone you wish that we are your providers or how you feel about the services we are providing to you, in any forum of your choosing. If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. If you feel we have done something harmful or unethical and you do not feel comfortable discussing it with us, you can always contact the agency which oversees licensing and they will review the services we have provided. Please do not email us regarding details and content of your services as email is not completely secure or confidential. If you choose to communicate with us by email be aware that all emails are retained in the logs of yours and my Internet service providers. While it is unlikely that someone will be looking at these logs they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

CANCELLATION POLICY / NO SHOW POLICY

It is our best practice to prepare our Providers with ample time scheduled for evaluation, assessment, and diagnosis for each of our patients. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Due to the large block of time needed for these types of appointments, the following policies will be enforced:

- We understand that delays can happen, however, we must try to keep the other patients and Providers on time. If a patient arrives 15 minutes past their scheduled time, we will have to reschedule the appointment.
- If an appointment is not re-scheduled or cancelled at least 24 hours in advance, you may be charged a fifty dollar (\$50) fee. This will not be covered by your insurance company and will be billed directly to you.
- If you miss an appointment (NO SHOW) and have not called our office prior to the scheduled appointment, you will be charged up to a one hundred dollar (\$100) fee, depending on appointment duration missed. This will not be covered by your insurance company and will be billed directly to you.

CONSENT TO SERVICES

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

SIGNATURE:

Print Name: _____

Date: _____