

Sandra Marilyn Miller, Ph.D.
Neurogens Neuropsychology and Psychotherapy
Treatment Services Contract

Welcome to my practice! This contract gives me permission to provide services to you. It also gives an overview of my office and confidentiality policies:

Benefits and Risks of Treatment

1. Treatment is a joint effort between patient and therapist. Progress is often determined by a client's active efforts, both during and between sessions. Since therapy includes discussing difficulties in your life, you may experience uncomfortable feelings like sadness, frustration, and/or helplessness. Unexpected outcomes may also occur, such as a spouse changing in a way that the other spouse is unaccustomed to. While the results of psychotherapy cannot be guaranteed, often it is shown to have benefits for people who engage in it. Psychotherapy often leads to a significant reduction in emotional distress, improved relationships, and solutions to specific problems. By the end of the initial evaluation Dr. Miller will be able to offer some initial impressions of what the treatment plan will entail, should you decide to continue. If you have any questions about therapy procedures, please discuss them with Dr. Miller whenever questions arise. If any doubts persist, Dr. Miller will be happy to help you set up a meeting with another mental health professional for a second opinion.
2. Please note, the services you seek are for clinical evaluation and treatment only and are not designed for medical-legal purposes. If you are in litigation or anticipate litigation in the future that might involve treatment, please notify Dr. Miller beforehand so that appropriate services are obtained.
3. In this outpatient private practice, you are assumed to be autonomous and not in need of daily supervision. Therefore, Dr. Miller cannot assume responsibility for your day-to-day functioning as a larger institution might. If you or Dr. Miller feel that you will require more supervision than can be provided by Dr. Miller, an appropriate referral will be made.

Confidentiality

1. Progress notes or evaluation reports will be stored in a secure file cabinet or in password-protected computer files. These notes may include relevant information, including diagnosis, symptoms, and treatment plan.
2. At your request, a treatment summary can be released to any person or agency you specify. There may be circumstances that Dr. Miller might feel this is not in your best interest. If so, she will discuss this with you. You must sign a release before any information is provided.
3. Psychologists, including Dr. Miller, occasionally consult with professional colleagues about a case. Every effort is made to avoid revealing the identity of a client. The consultant is also legally bound to keep the information confidential.
4. Information, records, and/or testimony from Dr. Miller
 - a) **may** have to be provided for disability claims;
 - b) **must** be provided in event of a court order or valid subpoena.
5. Your confidentiality will be maintained by Dr. Miller, except in situations where you have signed a release of information allowing her to communicate about you with other specified individuals, or in situations where Dr. Miller is legally required to violate your confidentiality in order to protect you or others.

- a) If a client communicates to a health care provider a serious threat to harm an identifiable person, the health care provider **must** warn that person and the police.
- b) If a health care provider **suspects** child abuse or neglect, or abuse of a dependent adult or elder, whether the suspected abuse is on-going or in the past, a report **must** be made to the designated agency.
- c) If a client seems dangerous to self or others or seems unable to care for him/herself, the health care provider may violate confidentiality to the degree necessary to prevent the danger, including involuntary hospitalization of the client, if necessary.

Billing and Cancellation Policies

1. Payment is expected at the time of service, unless other arrangements are made in advance. The fee for diagnostic interview is \$200.00 and the fee for individual psychotherapy is \$180.00 per 50-minute session, unless an agreement or contract exists that stipulates a different fee. Please note that medical-legal services have a different fee schedule.
2. Some insurance companies will not pay for services without a release of information giving them access to information about diagnosis, symptoms, treatment plan, how the diagnosis is impacting overall functioning, response to treatment, and session notes. As a result, Dr. Miller chooses not to participate in some within-network provider panels. However, billing for out-of-network benefits is provided as a courtesy for clients who have these benefits.
3. You are responsible for identifying how much information your insurance company requests in order to authorize mental health services. Should you wish to use your out-of-network mental health insurance coverage, Dr. Miller will not release information about your treatment unless you give her written permission to do so. If this results in denial of payment, you are responsible for payment of the full fee for services. Return check fee is \$35.00.
4. Psychologists are required to inform a Medicare client’s primary care physician, with the client’s consent, when a Medicare client is receiving psychological treatment. Therefore, a release of information is requested for all Medicare clients.
5. With very few exceptions, clients are charged the full fee for missed sessions unless notice of cancellation is given at least 72 hours in advance. Insurance companies do not pay for missed appointments.
6. Please note that, because of Dr. Miller’s schedule, she does not have the resources to treat suicidal patients. If you become suicidal during your treatment, call your nearest mental health emergency room as well as your primary care physician.

Medical Emergencies

If you have a medical emergency, please do **all** of the following:

- a. Leave a message for Dr. Miller at (678) 506-1846.
- b. Call your primary physician and neurologist.
- c. Call 911 or go to the nearest emergency room.

I have read, understood, and agree to the policies listed above and will abide by its terms during my treatment with Dr. Miller. I understand that there is no absolute guarantee of cure in the practice of psychotherapy. I consent to psychotherapy.

Patient signature Patient name (print) Date

Provider signature Date