

**Pamala Roskelley MA. CMHC
Certified Mental Health Counselor**

**150 South 600 East Suite 5B
Salt Lake City, UT 84102
801-486-1113
pamala@pamalaroskelleycounseling.com**

Licensed Therapist- PATIENT SERVICES AGREEMENT

This Agreement contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. The *Notice of Policies and Practices to Protect the Privacy of Your Health Information* (NOTICE), which accompanies this agreement and is available in the waiting room, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session.

When you sign this document, it becomes an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES

Psychotherapy may involve a variety of activities designed to support you in successfully resolving the difficulties or conditions, which have led you to seek therapy. It is a learning process and our therapy will be most successful if you engage openly and honestly in it, and apply what you are discovering in how you live your life.

Psychotherapy can have risks as well as benefits. Since therapy often involves exploring unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. These feelings (and others which you may dislike) are often an essential element in successful therapy; such therapy can lead to better relationships, solutions to specific problems, and significant increases in one's well being.

You should consider this information along with your own opinions in choosing whether to work with me. If you have questions about my approach or other relevant matter, please bring them up as they arise. If your reservation or objections persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS/SESSIONS

If we agree to begin psychotherapy, I will usually schedule appointments as agreed upon between us. ***Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.*** My fee is \$125 for individual therapy and \$145 per hour for couples counseling.

CONTACTING ME

Much of the time I am not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call promptly, with the exception of weekends and holidays. If you are difficult to reach, please leave in your message some times when you will be available. I may also be reached by email at pamala@pamalaroskelleycounseling.com. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the University of Neuropsychiatric Institute at 801-583-2500. If I will be unavailable for an extended time, I will provide you with a name of a colleague to contact if necessary.

CONFIDENTIALITY

Professional ethics as well as the laws of the State of Utah protect the privacy of communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization.

I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. Unless you specifically request otherwise, your signature on this Agreement provides consent for those activities.

I am required to disclose confidential information if certain specific conditions exist. These are detailed in the accompanying *Notice of Policies and Practices to Protect the Privacy of Your Health Information*. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

PROFESSIONAL RECORDS AND PATIENT RIGHTS

HIPAA sets forth specific definitions and standards for Protected Health Information. These are detailed in the accompanying *Notice of Policies and Practices to Protect the Privacy of Your Health Information*.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Please make your check payable to Pamala Roskelley. If you are on an insurance program for which I am a provider, you will be expected to pay your co-payment each time.

Appointments not cancelled 24 hours in advance cannot be billed to insurance and may be billed in full to you.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, interest will accrue at the rate of 1.5% month, and I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. You will be responsible for all fees and costs that I may incur in this collection process.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will submit an insurance claim to your primary insurance. However, you (not your insurance company) are responsible for full payment of my fees. If you have questions about the coverage, call your plan administrator. Except in certain cases, secondary insurance billing will be your responsibility. Your signature below authorizes payment of insurance benefits directly to Pamala Roskelley CMHC.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE. THE HIPPA NOTICE FOLLOWS THE SECOND COPY OF THIS AGREEMENT.

Client
Signature_____Date_____

Name of Person
Responsible for
Payment:_____Signature_____Date_____