

PSYCHOTHERAPY AGREEMENT

PSYCHOTHERAPY

Psychotherapy varies depending on the personalities of the therapist and patient, and the problems being addressed. Often it involves difficult aspects of life and experiencing uncomfortable feelings. *Beneficial results depend on an active effort on your part.*

I may use different methods in therapy. Generally my approach invites your close attention to, and the expression of, your internal experience including thoughts, feelings, and recollections of personal history. We will also explore your perceptions of the world around you. Together we will identify ways that you are behaving and ways that you interact with your world, both those that serve you and those that limit you or create problems.

I will invite you to explore by talking about personal material, by expressing behaviors (some apparent and some out of your awareness), and by experimenting with new behaviors. The degree to which the therapy is successful often depends on your willingness to practice what is experienced in therapy in your daily life. The intent of this therapy is to help you become a more effective participant in life.

Therapy is a unique learning experience we both create. I provide expertise in recognizing clinically important material and structuring meaningful therapeutic opportunities. You are responsible for saying what is important to you, what you have come to therapy to address, and deciding for yourself what is useful. You always have the right, in fact it is important for you, to raise your own needs and any objections or reservations you may have about what we do. *It is not my job to tell you what to do. It is your job to make your own decision about what is best for your life.*

There are times, despite the best efforts of both the client and the therapist, that the therapy is not helpful. Sometimes a particular therapist or therapeutic approach is simply not a good match. If at any time you feel your therapy with me is not satisfactory, please let me know. If we are unable to make suitable adjustments I will make every effort to locate another therapist for you.

CONFIDENTIALITY AND PERSONAL INFORMATION

The law protects the privacy of all communication between a patient and therapist and dictates how I manage your personal information. Please read the notice entitled "Your Personal Information" about the policies and limitations regarding your privacy.

Initials:
D.O.B:

APPOINTMENTS

Unless otherwise arranged, therapy sessions are scheduled for 50 minutes. Together we will agree on our frequency of meeting. Weekly or every other week are common frequencies, especially at the beginning of therapy.

A scheduled appointment means I reserve time only for you. If you miss your appointment or cancel with less than 48 hours notice, you will be billed according to the scheduled fee before another appointment can be scheduled. Generally, your insurance company does not pay this fee.

CONTACTING ME

Messages can be left for me at the office number of (480) 261-5015. Unless we have specifically made other arrangements, I do not provide on-call phone or emergency sessions. In an emergency contact 911, a hospital emergency room, or the EMPACT Crisis Hotline at (480) 784-1500. If you feel you require special support between our scheduled sessions, please discuss these needs with me.

FINANCIAL TERMS

- Unless otherwise arranged, my fee for an initial consultation is \$125. The fee for subsequent appointments is \$95 for individual sessions and \$___ for couples or other multiple participants. Services for time periods other than a usual appointment are charged proportionally at \$95/hour. Examples include report writing, phone conversations beyond a few minutes, or consulting with others at your request.
- Upon verification of insurance coverage and policy limits, your insurance carrier will be billed for your sessions. I will be paid directly by the carrier and you will be responsible for any deductibles and co-payments. If your insurance plan determines you are not eligible, you are responsible for full payment at the fee schedule above.
- Payment arrangements should be finalized at your first visit.
- In the event of default of payment, the balance is due in full. You will be responsible for any reasonable court costs, attorney fees, and/or collection fees incurred.

LIMITS OF COVERAGE, APPEALS, AND GRIEVANCES

It can be difficult to determine health plan coverage. Some require authorization before they pay and may limit the number of visits. You have the right to request reconsideration if visits are denied certification. You would appeal through me and have no risk in doing so. If you continue without authorization and your appeal is denied, you will be responsible for payment of sessions not approved. You may make a complaint to me about any aspect of treatment. If not satisfied, you may submit a grievance to your insurance carrier.

Initials:
D.O.B:



CONSENT FOR TREATMENT

I authorize and request that Joyce M, Brimhall, LMSW carry out behavioral health treatment and/or diagnostic procedures which now or during the course of my care are advisable.

I acknowledge that I have been provided with a copy of this Psychotherapy Agreement and have read, understand, and agree to what is presented.

I further acknowledge that I have been provided with a copy of the notice entitled “Your Personal Information with Joyce M, Brimhall, LMSW.” I authorize the use and disclosure of my information as defined in the notice.

I acknowledge that Joyce M, Brimhall, LMSW is a sole practitioner and not in a group practice. Office space is shared but patient clinical care is separate.

I authorize payment of medical benefits to Joyce M, Brimhall, LMSW for services described.

I UNDERSTAND AND AGREE TO ALL OF THE ABOVE

Patient (or Parent Guardian) Signature

Date Signed

Patient (or Parent/Guardian) Printed Name

Initials:
D.O.B: