

Tampa Therapy Group, LLC
Elyssa Barbash, Ph.D., Licensed Psychologist, LMHC, NCC
813-474-9395

Contract for Services

It is crucial that you feel comfortable with the therapist you choose. When you feel this way, therapy is much more likely to be helpful to you. Therefore, this document contains answers to questions that people often ask to help you make an informed decision. Please read it carefully and jot down any questions you might have so that we can discuss them.

About Psychotherapy. I view therapy as a partnership. You define the problem areas to be worked on while I use specialized knowledge to help you make the changes you want to make. It is not like visiting a medical doctor. It requires your very active involvement and your best efforts to change thoughts, feelings, and behaviors. Change will sometimes be easy and quick, but more often it will be slow and require on-going effort. There are no instant cures or “magic pills.”

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Also, therapy may create difficulties between you and others such as family members and friends. If you are coming for couples therapy, there is a risk of separation or divorce. Most of these risks are to be expected when people are making important changes in their lives. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Personal goals and values may become clearer and you may grow in many directions—as a person, in your close relationships, in your work or schooling, and in your ability to enjoy your life. However, there are no guarantees of what you will experience.

Professional Fees

Psychotherapy/Counseling

My current regular fee for a 45-minute appointment is \$150 (5% discount for cash pre-payment of 4 sessions [must be used within 2 months of purchase and money is non-refundable] or 10% discount for cash pre-payment of 8 sessions [must be used within 4 months of purchase and money is non-refundable]). In addition to weekly appointments, I charge this amount for most other services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me (except as noted below). There is no charge for brief calls about appointments or similar business.

Psychological Testing/Assessment

Fees for psychological testing and formal psychological evaluations such as IQ assessments, personality testing and other psychological assessments *typically* cost \$1500, but could vary based upon complexity and the purpose of the evaluation. Testing fee includes interviews, administration of tests, and interpretation of tests, report writing, and feedback sessions. You will be informed of the costs associated with such an evaluation prior to any such services being

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rendered. Payment is expected at the beginning of psychological testing before services will be rendered.

Billing and Payments. Payment for services is an important part of any professional relationship. This is especially true in therapy since one common treatment goal is to enhance relationships and make the obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment to therapy.

Payment is expected at each session. If this fee is (or becomes) beyond your financial means, please discuss your situation with me so that we may make suitable arrangements. I realize that my fees involve a significant amount of money. Therefore, we must work hard and well for you to get the best value for your money. You will be given advance notice of any fee changes I make. If your account has not been paid for more than 15 days and arrangements for payment have not been agreed upon, 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. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided (e.g. psychotherapy), and the amount due. No private information regarding the specifics of any treatment will be disclosed.

To make things easier and simple, I strongly encourage you to complete an Electronic Payment Authorization form. This form is available on my website, or I am happy to give you a hard copy during our initial session. This form will allow me to automatically deduct your session fee from the designated debit or credit card you provide. This information will also be stored securely in your clinical file and can be updated or revoked at any point during treatment.

Insurance Reimbursement. At this time we DO NOT accept insurance as a form of payment for services. Therefore, *all fees are expected to be paid in full at the time the service is rendered.* Some insurance policies include coverage for "out of network" care. If so, I will provide you with any necessary documents, forms, or other information needed for you to submit to your insurance company for possible reimbursement. However, please be aware that most insurance companies require you to obtain prior authorization for mental health services and may not reimburse for services they have not authorized. Additionally, most insurance providers require me to provide them with a clinical diagnosis in order for you to receive reimbursement. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. I will not release any information to your insurance company without your written consent. 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.

About Confidentiality/Privacy. It is your legal right that our work together and corresponding records be kept private. Except for the situations listed below, I will tell no one what you tell me. I will not even reveal that you and I are working together. Therefore, we should discuss how you would like to me to contact you as well as handle situations in which we run into each other

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outside of the office. I also ask you not to disclose the name or identity of any other client being seen in this office.

In all but a few rare situations, your confidentiality is protected by federal and state laws. Here are the most common cases in which confidentiality is not protected:

- If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat.

Please write down the information for the person you would have me contact should this situation or some other emergency involving your personal safety arise:

Name: _____ Relationship to you: _____

Address: _____

Phone: _____

- If I believe a child, disabled, or an elderly person is being abused or neglected, I am legally required to report this to the authorities.
- If you disclose that you have been diagnosed with HIV or AIDS and having sexual intercourse with an identifiable third who is not aware of your diagnosis, I am legally required to notify that person or report it to health authorities.
- If you tell me about an act of sexual misconduct by a health care professional, I am legally required to report it to the Department of Health.
- If you have a legal situation and you tell the Court that you are seeing me, I may then be ordered to show the Court my records. If this is your situation, please talk with me about this so that we can decide together how to best protect your privacy.

In addition to these legal requirements, there are some situations in which I might share information about you with another professional. If I must discontinue our relationship because I become ill or disabled, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access for you.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is 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.

You can review your records in my files at any time, although I ask that you do that in my presence so that I may answer any questions you have. I ask you to agree that you may not examine records created by anyone else and then sent to me. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you. In couples therapy, both individuals will need to agree before I will release the records to anyone.

About Our Appointments. Typically, I meet with an individual client for 45 minute appointments on a weekly or twice monthly basis with meetings becoming less frequent over

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time. However, you and I will decide what meeting schedule makes the most sense for you. If you are late, we may be unable to meet for the full time, because I may have another appointment after yours, however this not does change the fee for the session. If I am ever unable to start on time, I assure you that you will receive the full time agreed to.

An appointment is a commitment to our work. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation by telephone and voicemail if necessary [unless we both agree that you were unable to attend due to circumstances beyond your control]. My voicemail has a time and date stamp, which will keep track of time of cancellation. Please understand that this appointment time has been reserved for you and it is very likely that another client would have liked to have had that appointment had they known it was available. I cannot keep my practice viable if I do not enforce this policy. **Therefore, if you miss an appointment or fail to provide 24 hours advance notice as outlined in this section, you must pay the full appointment fee (\$150) for the missed appointment at your next visit or through the pre-authorized electronic payment authorization, or additional appointments will not be scheduled.**

Consent to Treatment. Treatment is voluntary; you have the right to terminate therapy at any time. Your therapist has the right to terminate therapy if:

- He/she believes the therapy being provided is no longer beneficial, that you will be better served by another professional.
- You are seeing another therapist, and participating in treatment with your therapist would jeopardize your progress.
- You repeatedly fail to follow treatment recommendations meant to protect your physical health.
- Your therapist reasonably perceives you as posing a threat to his/her physical well-being.
- You have failed to show up for your last 3 therapy sessions without providing at least 24-hours notice.
- You, or another party representing you, suggests or files any legal action/claims directed at Tampa Therapy Group, LLC or one of its clinicians.
- You have one or more unpaid therapy sessions or no-show fees. If, for any reason, therapy terminates, your therapist will provide you with the names of at least 3 other qualified providers.

If You Need to Contact Me. I am often not immediately available by telephone, especially when I am in session with a client. When I am unavailable, please leave me a voicemail at 813-474-9395 and I will return your call as soon as I can. Generally, I will return messages within one business day (Monday-Friday) except on weekends and holidays. However, know that I am only free for a few minutes at a time and that any call longer than five minutes will be billed according to a pro-rated hourly fee. Also note that none of these forms of communication should take the place of face-to-face therapy. Please call (and leave a voicemail, if necessary) if you are cancelling an appointment or otherwise need to speak with me in a timely fashion.

In an Emergency: If you are at risk of physically harming yourself or others, please immediately contact the 24-Hour Crisis Helpline 1(800) 400-1572 (on cell phone, dial 211), call 911, or go to your nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

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Our Agreement. I, _____, have read and discussed this contract. By signing below, I am consenting to psychotherapy with Tampa Therapy and Elyssa Barbash, Ph.D., Licensed Psychologist, LMHC, NCC. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this contract, I can talk with Tampa Therapy about them, and Tampa Therapy will do their best to answer them. I understand that no specific promises have been made to me by Tampa Therapy about the results of therapy, the effectiveness of the procedures used by Dr. Barbash, or the number of sessions necessary for therapy to be effective. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with Dr. Barbash before ending therapy. Furthermore, I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I consent to the use of a diagnosis in billing when required. I agree to pay the fee of \$150.00 per session, unless otherwise specified and mutually agreed upon. I understand my rights and responsibilities as a client, and my psychologist's responsibilities to me. I agree to undertake therapy with Dr. Barbash and Tampa Therapy Group, LLC. I am over the age of eighteen and have legal authority to sign this agreement.

Printed Name of Client

Signature of client

Date

Printed Name of Client

Signature of client

Date

I, Dr. Elyssa Barbash, have met with the above referenced client(s) and informed him or her of the issues and points raised in this contract. I have responded to all of his or her questions. I believe the person(s) fully understands the issues, and I find no reason to believe the person(s) is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client(s), as shown by my signature here.

Elyssa Barbash, Ph.D., Licensed Psychologist, LMHC, NCC
Licensed Psychologist -
Licensed Mental Health Counselor – MH-11335

Date

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