Office Policies & General Information

Agreement to Provide Psychotherapy Services

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The following information and agreement to provide psychological services is provided to promote mutual understanding and agreement between Dr. Judith Andrews, Clinical Psychologist, and those persons who seek treatment with her. Please read the agreement carefully and ask for clarification of any of the information contained herein prior to signing. Please retain one signed copy for your own records and return one signed copy to Dr. Andrews.

CONFIDENTIALITY

All information disclosed within sessions, in telephone conversations, and in written records pertaining to those sessions is confidential and may not be revealed to anyone without the patient's or parent of patient's (under 18 years of age) written permission, except where disclosure is required by law.

Some of the circumstances where disclosure is required by the law are where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; or where a patient presents a danger to self, to others, to property, or is gravely disabled. Disclosure of our ongoing work together, or in the future after termination, may occur in circumstances where Dr. Andrews becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care. Dr. Andrews will do whatever she can, within the limits of the law, to prevent you from injuring yourself or others and to insure that you receive the proper medical care. For this purpose only, she may also contact the appropriate persons with confidential communications.

HEALTH INSURANCE

Dr. Andrews is not a provider for any health insurance companies and does not enter into third party payment arrangement with persons who have not signed this agreement. Should you seek reimbursement from a third party (insurance carrier or other) for services rendered by Dr. Andrews, then disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process your claims. Only the minimum necessary information will be communicated to the carrier should they request information and information will only be given with your prior written permission. Dr. Andrews has no control or knowledge over what insurance companies do with the information she submits or who within an insurance company has access to this information. She will, however, comply with all state laws regarding the Health Insurance Portability and Accountability Act (HIPPA).

LITIGATION LIMITATION

Disclosure may also be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant or opposing party may have the right to obtain psychotherapy records and/or testimony by Dr. Andrews. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Andrews will use her clinical judgment when revealing such information. Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...), neither you (patient nor parent of patient) nor your attorney, nor anyone else acting on your behalf, will call on Dr. Andrews to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless ordered by a judge in writing.

CONSULTATION

Dr. Andrews may consult with other mental health professionals regarding her patients. However, in the consultation process a patient's name or other identifying information is never disclosed. The client's identity remains completely anonymous and confidentiality is fully maintained.

YOUR RIGHT TO REVIEW RECORDS

As a patient, you have the right to receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Andrews assesses that releasing such information might be harmful in any way. In such a case Dr. Andrews will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon your request, Dr. Andrews will release summary information to you or any agency/person you specify unless Dr. Andrews assesses that releasing such information might be harmful in any way. There will be usual charge or $225.00 per 50 minutes for time spent responding to such a request.

TELEPHONE & EMERGENCY PROCEDURES

If you need to contact Dr. Andrews between sessions, please text or leave a message on her cell phone: 281 788 7820 or email her at judithphdjudith@gmail.com and your message will be returned as soon as possible. Dr. Andrews picks up messages a few times a day. Please call between 9:00 a.m. and 6:00 p.m., Monday through Friday, for non-emergency calls. After hour emergency calls should be made to Dr. Andrews' cell number: 281 788 7820 (leave a voice mail and your call back numbers). If you cannot reach Dr. Andrews and still need to talk to a mental health professional right away, call 911 and ask to be connected to emergency psychiatric personnel. Additionally, you can go to any emergency room in any local hospital and state that you have a psychiatric emergency and have been unable to reach your doctor.

APPOINTMENTS

PLEASE REMEMBER! While circumstances (emergency or otherwise) do arise that prevent patients from keeping a scheduled appointment, Dr. Andrews cannot absorb the financial cost of patients' missed appointments.

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Appointments not cancelled by voice mail or email with 24 hours notice will be billed in full regardless of the circumstances. If you

are canceling an appointment with less than 24 hours notice or are running late, please be advised you will be billed for the appointment and please call or text Dr. Andrews at 281 788 7820. If you are calling or texting to leave a message just prior to your appointment, please be aware that Dr. Andrews may be in session and unable to respond to your call at that time. Initial appointments can be made via email at judithphdjudith@gmail.com.

PAYMENTS & INSURANCE REIMBURSEMENT

Therapy sessions are billed at $225.00 for 50 minutes and payment by check , cash, Zelle, or Venmo is required at the time of the session.

Consultations, telephone conversations in excess of ten minutes, consultation time with other professionals who have knowledge of the patient, site visits, review of records submitted, report writing, and travel time, etc. will be charged at the same rate of $225.00 per each 50 minutes. Patients who carry health insurance should remember that professional services rendered are charged to the patients at the time of the service and not to the insurance companies. Dr. Andrews will provide you with a copy of your receipt for each session at the time of the session. The receipt can then be submitted by you to your insurance company for reimbursement if you so choose. Because Dr. Andrews is not a provider for any insurance companies, be sure to verify your coverage stating that you are using an “out of network” provider. The insurance claims CPT code used for individual psychotherapy is 90806. Again, it is your responsibility to verify the specifics of your coverage to seek reimbursement from your insurance company.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Andrews will use legal means (court, collection agency, etc.) to obtain payment and you agree to reimburse Dr. Andrews for collection costs.

MEDIATION & ARBITRATION

All disputes arising out of, or in relation to, this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Andrews and patients(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Harris County, Texas in accordance with the rules of The American Arbitration Association which are in effect at the time the demand for arbitration is filed. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorney’s fees. In the case of arbitration, that sum will be determined by the arbitrator.

THE PROCESS OF THERAPY

Participation in psychotherapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to address the thoughts, feelings and/or behaviors that contribute to your referral concerns. Dr. Andrews will ask for your feedback and views on your therapy, its progress and other aspects of the therapy, and will expect you to respond openly and honestly.

During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, anxiety, depression, insomnia, etc. Dr. Andrews may challenge some of your assumptions or perceptions or

propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended by you. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Andrews is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include behavioral, cognitive behavioral, psychodynamic, family systems, developmental, and psycho educational.

The general course of therapy is weekly at first and less frequently as therapy progresses.

DISCUSSION OF TREATMENT PLAN

Within a reasonable period of time after the initiation of treatment, Dr. Andrews will discuss with you (patient) her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Andrew's expertise in employing them, or about the treatment plan, please ask and you will be informed fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Andrews does not provide, she has an ethical obligation to assist you in obtaining those treatments. Dr. Andrews also consults regularly with other professionals regarding her patients. However, in the course of consultation, patients' names or other identifying information are never mentioned. Patients' identities remain completely anonymous, and confidentiality is fully maintained.

TERMINATION

As set forth above, after the first couple of meetings, Dr. Andrews will assess if she can be of benefit to you. Dr. Andrews does not accept patients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy Dr. Andrews assesses that she is not effective in helping you reach your therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals, which may be of help to you. If you request it and authorize it in writing, Dr. Andrews will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to transfer to another psychologist, Dr. Andrews will assist you in finding someone qualified, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Dr. Andrews will offer to provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS

Dr. Andrews role as your psychologist is a singular role. The therapeutic relationship never involves any social or business relationship or any other dual relationship that would impair Dr. Andrew's objectivity, clinical judgment, and therapeutic effectiveness or could be exploitative in nature.

INTERRUPTIONS IN TREATMENT

Please be advised that a usual course of therapy involves weekly sessions initially and less frequent sessions are usually needed after a few weeks or months. There is no obligation to commit to any preset number of sessions although Dr. Andrews will advise you on the best course of therapy for your needs.

Termination of therapy is a mutual decision between you, the patient or parent of the patient, and Dr. Andrews. Should Dr. Andrews advise you on a necessary course of treatment and you decline such advice, you do so at your own risk. Should Dr. Andrews assess any level of dangerousness for you, she will candidly advise you of such and if the risk of danger to yourself or others is high, confidentiality may be breached to assure your own or someone else's safety. Should Dr. Andrews deem your treatment needs exceed her ability to care for you, she will candidly advise you of such and assist you in locating a provider who can better meets your needs. Under no circumstances will Dr. Andrews abandon your treatment without every effort to effect a proper transition for you. If a patient does not return for therapy and without notice of discontinuance, the ongoing therapeutic relationship will be considered terminated by the patient after three months.

Please be advised that Dr. Andrews may interrupt your treatment due to her role as a psychologist trained and enrolled as mental health disaster responder. This means that Dr. Andrews may deploy to assist in a disaster without prior notice to you although Dr. Andrews will notify you if she is being deployed during a disaster. Such disaster response will require her to be away from the office for a minimum of fourteen days. She will make every effort to provide for your continued care by having a psychologist colleague see you in her absence if this is deemed necessary. Most natural disasters occur in September or October but man-made disasters occur at random. Please be aware that Dr. Andrews may spontaneously deploy and be unavailable to you for as long as two to three weeks without prior notice.

Additionally, Dr. Andrews is out of the office for eight weeks in the summer months. Patients who are willing may have therapy sessions via telephone or teleconferencing (via SKYPE or FACETIME) at the same fee base as office visits. Free interactive websites, while used by mental health professionals to conduct sessions when out of their offices or to reach patients who cannot be served in the office, can be subject to online confidentiality breaches. The patient acknowledges this and consents to those limits.

ACKNOWLEDGMENT AND SIGNATURES

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them.

Patient name (print) and Signature	**Date**
Parent of Patient (if under age 18)	**Date**
Judith Andrews, Ph. D. Clinical Psychologist	**Date**