**WASHINGTON CENTER FOR COGNITIVE THERAPY**

**SERVICES AGREEMENT**

Welcome to the Washington Center For Cognitive Therapy (WCCT). This service agreement contains important information about our professional services and business policies. It also contains detailed information about your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information (the Notice). The Notice explains HIPAA and its application to your personal health information. The law also requires that I obtain your signature acknowledging that I have provided you with the Notice. In addition, you will also be asked to sign a form indicating that you accept the terms of this Services Agreement. By signing this form, you are agreeing to our terms and policies explained below.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you hope to address. There are many different methods I may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Cognitive Therapy is used extensively at the Center. It is one of the most state-of-the-art and extensively researched methods of psychotherapy. A central idea in Cognitive Therapy is that by modifying your thinking, you can learn to change your mood and behavior. This method has helped thousands reduce emotional distress and develop more effective coping skills that can be used in everyday life. You will make the most gains by playing an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. You will be asked to complete questionnaires and complete “homework” Assignments. Your progress in therapy greatly depends on what you do between sessions.

**CONTACTING ME**

Phone is usually the best way to contact me. However, due to my work schedule, you might find that I am often not immediately available by telephone. You can always leave a confidential voicemail on our voice mailbox. I will always try to return your call on the same day you make it, with the exception of weekends and holidays. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact. If necessary, you may also contact me by email for non-urgent matters, keeping in mind that it is not the safest way to communicate confidential information. While I always strive to check my email regularly, anything that is time-sensitive should be handled by phone. Emails we exchange may become part of your clinical record.

**ELECTRONICS COMMUNICATION POLICY**

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.  
 Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.  
 I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental. I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions. I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

**EMERGENCIES**

If you experience a life-threatening or other medical emergency, you should immediately call 911 or go to the nearest hospital emergency room, then contact me. For all other urgent situations, you may call my number listed above and leave a message if I do not answer. I monitor my number 24/7 and try to return urgent calls within an hour. If you do not hear back from me within that time, call and leave another message. Please note that calls after business hours should be reserved for situations that cannot wait until the morning.

**CANCELLATION POLICY**

Twenty-four-hour notice is required to cancel a session. If, for any reason, you are not able to give 24-hour notice, you will be charged for the session. WCCT generally allows for one “free” cancellation per client per year; otherwise, you will be charged for that appointment. Please note that insurance companies do not typically reimburse for cancelled sessions.

**FEES**

In addition to therapy session fees, I will also charge you for other professional services you request, including report writing, clinical telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, etc. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. The fee for any of these services will be prorated based on your session fee. Finally, I reserve the right to increase fees on an annual basis.

**INSURANCE REIMBURSEMENT**

I will provide you with periodic statements that will include all information typically required by insurance companies for reimbursement. Since WCCT is generally an out-of-network provider, you are ultimately responsible for filing claims with your insurance company, although I am happy to assist you to the best of my knowledge.

You should also be aware that your contract with your health insurance company may require that I provide it with information relevant to the services that I provide to you. Under the laws of the District of Columbia, the information that I can provide is limited to diagnostic information, including a treatment plan, the reasons for continuing treatment and the prognosis of how long the treatment will need to continue. If the Insurance Company determines that more information is necessary, the insurance company must appoint an independent reviewer and the additional information can only be disclosed to the reviewer. You should also be aware that some self- insured employee benefit plans are not subject to this law. 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.

**CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.  
 In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if they determine the issues demand it, and I must comply with that court order. I may disclose relevant information if a patient files a complaint or lawsuit against me in order to defend myself.   
 There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient’s treatment. For example, if I believe that a child [elderly person or disabled person] is being abused or has been abused, I must [may be required to] make a report to the appropriate state agency.   
 If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm themselves, I may be obligated to seek hospitalization for them or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

**PATIENT RECORDS AND RIGHTS**

These issues are addressed in the HIPPA form (available on this website) which you are asked to read and sign. We can discuss any questions you have about your rights and conformity to HIPPA requirements at any point in your treatment.