

Lee M. Stillerman, PhD

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

BACKGROUND AND TRAINING

Dr. Stillerman is a licensed psychologist in the state of California. Licensed psychologists have a doctoral degree in clinical psychology or a related field of psychology approved by the California Board of Psychology. Dr. Stillerman received his PhD in counseling psychology from New Mexico State University (accredited by the American Psychological Association). He completed his predoctoral internship at the Counseling & Student Development Center at the University of Hawaii, Manoa, and he was a postdoctoral fellow at Boston College's University Counseling Services. Dr. Stillerman has an interest in psychotherapy integration, and has been trained in combining ideas and strategies from several different theories of psychotherapy. As a clinician he primarily uses Cognitive-Behavioral, Interpersonal, Psychodynamic, and Mindfulness-based approaches. In conceptualizing clients, he is always careful to consider developmental and multicultural aspects of his client's presentation. As the therapeutic relationship develops, he listens to the unique ways in which clients tell their "story," paying careful attention to their needs and preferences. Dr. Stillerman works collaboratively with clients in an effort to establish goals for therapy and the means for achieving those goals.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different approaches I may use to help us work together to deal with the problems that you hope to address. 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.

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. 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. But there are no guarantees. If at any time during the therapy you have questions about whether or not the treatment is effective, feelings about something I have said or suggested or need clarification of our goals, do not hesitate to bring this up in our session.

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The first few sessions of working together involves studying the problems that brought you to therapy and an evaluation of your needs. I will work hard initially to understand your concerns and will offer you some impressions of what our work might include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. The initial stage of therapy is also a time for us to both decide if I am the best person to provide the services you need in order to meet your treatment goals. Therapy involves a large commitment of money, time, effort, and energy, so you should be careful about the therapist you select. If you have questions about my approach, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

Everyone's needs are different. We can discuss how often to meet but typically I will schedule one 45-50-minute session (one appointment hour of 45-50 minutes duration) per week or every other week at a time we agree on. My practice is limited to providing online, individual psychotherapy to adults virtually using a HIPAA compliant video conferencing platform. You will also be provided with my Consent for Telemental Health [TMH] addendum. If you cancel an appointment with less than 24 hours' notice, or fail to show up, you will automatically be charged a \$75 fee for the appointment. It will be a firm 24 hours.

PROFESSIONAL FEES

My hourly fee is **\$165** for an individual session (i.e. a 45-50 minute hour). In addition to weekly appointments, I charge this amount for other time spent performing any other service you may request of me (e.g. telephone conversations lasting longer than 15 minutes), though I will break down the hourly cost if I work for periods of less than one hour. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, my fee for participation differs from my customary rates.

BILLING AND PAYMENTS

I will send an invoice that you can pay following the visit. You will be expected to pay the invoice upon receipt, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 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, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of healthcare, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.]

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases). 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.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions.

It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above. Likewise it is important to know that in

most cases you can still use your insurance even if I am not an “in-network” provider for the insurance company that you have coverage with. I will give you a statement at the end of the month marked "PAID" which you may submit to your insurance company for reimbursement directly to you.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of sometimes when you will be available. If you are unable to reach me and are experiencing an emergency, contact your family physician, call 911, or go to the nearest emergency room for assistance.

I cannot provide emergency services. In an emergency situation, contact your family physician, call 911, or go to the nearest hospital emergency room.

I use email / text message communication only with your permission and only for administrative practices (e.g. setting and changing appointments), unless we have made another agreement. Please do not email me with clinical matters because email is not a secure form of communication and confidentiality cannot be guaranteed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. In general, you have the right to see your Protected Health Information [PHI] that is in my possession, or to get copies of it; however you must request it in writing. Under certain circumstances I may feel I must deny your request, but if I do I will give you, in writing, the reason for the denial. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I generally recommend a treatment summary rather than copies of records. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] Clients will be charged an appropriate fee for any time spent in preparing information requests. Please talk with me in advance if you think you may need to request records.

CONFIDENTIALITY

In general, the privacy of all communications between a client 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 proceedings, however, in which your emotional condition is an important issue, a judge may subpoena your records and/ or order my testimony if he/she determines that the issues demand it.

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 client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

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 client. 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.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

TERMINATING TREATMENT

You have the right to terminate or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. In our final session we can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge that you have gained through your therapy. We can also discuss any referrals that you may require at that time. Psychotherapists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer help you with your problems I will discuss this with you and make an appropriate referral.