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SERVICE AGREEMENT & INFORMED CONSENT

(Version 12/1/2015)

The following paragraphs are a summary of my office practices: informed consent, privacy practices, disclosure of health information, and client rights and responsibilities.

1) INFORMATION about my practice

I am an Oregon licensed psychologist. I earned my doctorate in clinical psychology from the American School of Professional Psychology, Argosy University, Alameda California in 2008. I completed internships at San Jose State University in the student counseling center; Marin Community Mental Health, Point Reyes, California; and the Behavioral Health Center for Native Americans in Capella California. Prior to earning my doctorate I was a school psychologist for 25 years in California. I earned my school psychology credential from San Diego State in 1978. I have a Master's degree in Counseling from Boston University and a Bachelors of Arts degree, with a teaching emphasis from the University of Michigan. I have extensive multicultural, ethnic experience and training.

My therapy model incorporates a variety of approaches. It is a strength-based, integrative model. It unites traditional approaches with alternative ones and it incorporates interpersonal, cognitive, behavioral, developmental, social and cultural influences, emphasizing the emotional needs of the whole human being.

I have training and experience in a variety of modalities including psychodynamic, brief therapy, cognitive behavioral therapy, solution focused, positivism, mindfulness, gestalt, EMDR, the Human Givens rewind technique, guided imagery/ hypnotherapy, psycho-educational assessments, behavior management, and family/ couple communication systems.

I see psychotherapy as a positive way to learn about ourselves in a safe environment. We become less self-critical, let go of negative, self-limiting thinking and beliefs that create our anxiety, depression and skew our perception of our selves and others. We learn healthier coping strategies and improved communication of our feelings and needs.

A perceived risk of participating in psychotherapy is that it can be unsettling when we begin to see and to examine our need for self-correction and see that our current mode of functioning contributes to our pain and unhappiness and to difficulties in relationships with others. This however, is an opportunity for personal growth.

Psychological understanding is important to each one of us and is a life long journey, important for human evolution and ultimately survival on this planet. Psychological understanding, psychological health, begins with each one of us individually, extending itself to healthier family, community and societal relationships. With increased

psychological understanding of our behaviors and patterns, we will make healthier choices, choosing with increased clarity of mind. This results in a greater opportunity to live satisfying lives.

2) SESSION FEES and Cancellation

The initial evaluation is \$200. Sessions are \$150 for 45-50 minutes, \$175 for 60 minutes, unless another agreement has been made prior to or during our work together. Full payment, co-payment, coinsurance and/ or deductible are due at the onset of each session.

When you schedule an appointment, you are expected to pay for it unless you provide 24 hours advance notice of need to cancel or reschedule. Insurance does not pay for missed appointments. Please plan to pay for late cancellations/ missed appointments at your next scheduled appointment.

3) OTHER FEES

Miscellaneous professional service charges are \$175 per hour. These include report writing, telephone conversations longer than 5 minutes or consulting with other professionals with your permission. These fees are often not covered by insurance and your responsibility.

For any legal proceedings, in which I may be required to participate, you will be expected to pay for all my professional time, including preparation, travel, being called to testify by another party, report writing, all related to the proceedings. For these, my fee is \$350 per hour plus any additional incurred travel, transportation, other miscellaneous fees.

4) INSURANCE and Billing

I am currently an in-network provider for Aetna, Blue Cross Blue Shield of Oregon, Cigna, Moda, Lifewise, Optum, Pacific Source, Providence, United Behavioral Health, Value Options insurance panels, which means I am contracted to accept their payments as full payment for medically necessary and covered services. It is your responsibility to contact your company and know your co-pay, deductible, coinsurance, and policies. Companies may have very large deductibles and the deductibles are renewed, usually at the beginning of the calendar year. If the deductible has not been completely met, insurance companies may require you to pay your deductible amount before they pay. At the start of the session, I do require your co-pay and/or co-insurance or deductible amount to be paid, as stated by your insurance to be your financial responsibility. As I do bill for you, your insurance information is required at the time of making your appointment, so that benefits can be agreed upon by both you the client and myself the provider.

If I am out of network with your insurance company, I will if possible and as a courtesy, bill for you. You will need to pay my full stated fee at the start of the session. Out of network benefits are usually at a reduced percentage, such as 60-70% of what insurance determines "reasonable and customary" charges, which could be less than my fee.

I am currently not a contracted provider for Medicare. I can see clients with Medicare, but Medicare can not be billed for my services. By signing this form you agree not to bill Medicare. There is a separate form to sign required by Medicare which I provide.

When using insurance, it is important to know that your insurance company will require information, such as a diagnosis, treatment plan, and other, related to your visit, in order for payment of their services. All services by insurance companies need to be demonstrated as “medically necessary.” In signing this agreement, you agree that I can disclose required information to insurance companies, required for their payment of my services. If you do not wish information disclosed to your insurance company, you can sign a cash only agreement.

5) PAYMENT POLICY

You are required to pay the full session rate, or co-payment, co-insurance and/ or deductible amount due, which ever ones apply, at the time the session is held, unless alternative plans have been agreed upon between you and I. Acceptable payment is by cash or check. I do not take credit cards.

6) CONFIDENTIALITY

Your treatment is confidential. Use and disclosure are protected health information (PHI). The exceptions to this, in which I am legally mandated to break confidentiality, include safety issues as a serious threat to harm your self or another, child abuse, elder abuse, dependent adult abuse, legal proceeding as a court order and/or a valid subpoena. Your PHI may be disclosed and used when required to do so by law enforcement, state and federal law.

Coordination of Care: Coordination between your physician and your mental health provider is at times important based on your medical and mental health needs. There are also times when it might be important to consult with other health care professionals about our work. I would not communicate with these parties, without your authorization. An insurance company requires access to your health information for payment. Your agreement to this service plan is your authorization to release this information.

Minors and Custody: Both parents have access to a child’s record, regardless of custody, unless parental rights are revoked. I do not do custody evaluations, or testify in court about custody issues unless mandated by the court. I may provide treatment to a child, 14 years or older in Oregon, without the consent of a parent. Oregon law requires that parents are involved in treatment before the end of treatment unless there are clear, clinical reasons why parents should not be involved as sexual abuse by a parent, or emancipation. An adolescent’s parent will be notified by the 3rd session that their son or daughter are receiving counseling, unless determined contradicted as above. Parents do have the right to review a minor’s record unless parental rights have been revoked, up to age 18.

Treatment records: I am required to keep treatment records. You are entitled to request a copy or a summary. If you need additional copies of your records, the processing fee, will be the time it takes me to process this request, based on my hourly rate of \$175.

Email communication: Communication through email is to be limited to scheduling or rescheduling appointments. Email is not used for purposes of discussing personal issues including advice. There are limits to confidentiality via email even with encryption. If you do not want any type of email communication please indicate this.

Rights: As a client you have a right to know about the services I provide, to participate in your treatment plan, to receive a copy of the plan, to understand the services provided, to be informed of services, fees and policies. You have the right to be treated with dignity, in a non biased manner in respect to race, culture, age, gender, religion and social group.

Responsibility: It is your responsibility to know your insurance coverage, to provide accurate information, to pay co-pays and other fees not paid by insurance, including “no shows and late fees.”

Complaints: I follow the Oregon Board of Psychology statures, laws and ethics, as well as the rules of the American Psychological Association (APA). If you feel I have broken a professional rule, or you are not satisfied with any area of our work together, please let me know. I would like you to talk to me about your concerns, so we can work to resolve any misperception, miscommunication in a positive way. I believe that any disagreement can be worked out and will save your life energy and time as well as mine, and enhance psychological growth and understanding on both ends. You can also contact the Oregon Board of Examiners, Salem Oregon, oregon.bpe@state.or.us phone: 503-378-4154.

7) EMERGENCY RESOURCES

For emergencies/ crises, some options include the following:

- contact a friend or relative
- call 911 and/ or go to the nearest hospital emergency room
- National Suicide hotline 1- 800-784-2433
- National Helpline, 1-800-923 4357
- Oregon “warm line” 1-800 698 2392;
- Washington county crisis line, 503-291-9111
- Multnomah crisis line, 503-988-4888

8) TERMINATION/ CLOSING

I consider our therapeutic relationship important. If either you and/or I feel goals have been met, or you simply no longer wish to continue, it is important to communicate such. This is part of the therapeutic growth process. I may also be able to assist you in exploring other resources.

ACKNOWLEDGEMENT OF ACCEPTANCE and AGREEMENT with this Service Agreement and Informed Consent:

Informed Consent: I understand the risks and benefits of evaluation and treatment and I consent to receive these services. All questions I have regarding informed consent have been answered.

Initial _____

Rights and Responsibilities: I understand my rights as a client and my fiscal responsibilities for payment of services including for “no shows or late cancels.”

Initial _____

Privacy Practices: I understand privacy practices, including confidentiality issues and exceptions. I accept that communication through email be limited to scheduling/ rescheduling appointments. I understand the limits to confidentiality via email even with encryption. If I do not want any type of email communication, I will note this here and initial.

Initial _____ No email appointment communications: Initial _____

I have received a copy of this service agreement, which includes informed consent, rights and responsibilities, and privacy practices, and acknowledge acceptance and agreement.

Initial _____

Print Name

Date

Parent/ Guardian, Print Name

Date

Client signature and/ or Parent/ Guardian

Date

Minor signature

Date

(Version 12/1/2015)