



FEE AGREEMENT AND PSYCHOLOGICAL SERVICES CONTRACT

Welcome to Breakthroughs Psychological Services, LLC (**BPS**). This document contains important information about our professional services and business policies. BPS is a sole proprietorship that has a space sharing agreement with separate and independent mental health providers.

PSYCHOLOGICAL SERVICES

Current psychological services offered through BPS include individual and family therapy. 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. However, psychotherapy has also been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Telemedicine/Alternative Modes for Therapy: In some instances, therapy is offered using different modes including:

- Telephone
- Video chat (using a HIPPA compliant platform)

Please discuss this option with your provider at the initial meeting or as the need arises (initial consultations are not eligible for a telephone session). It should be noted that telephone sessions are generally not reimbursable by insurance companies and an out of pocket cost is associated with this service. Video conferencing (what is typically associated with telemedicine) is generally reimbursable by insurance. Payment expected at the time of service and will be obtained through the credit card information that the client provides.

Confidentiality: In general, the privacy of all communications between a client and a psychologist is protected by law as well as the ethical principles that guide the practice of psychology. Therefore information about your interaction with BPS can only be released to others with your written permission. However, there are a few exceptions which include 1) in legal proceedings where the provider may be court ordered to testify or submit records, 2) if you are a serious threat to yourself or others, 3) if the provider believes that a child, elderly person, or disabled person is being abused. In these circumstances the provider can take any of the following actions: 1) Contact law enforcement agencies, 2) file a report with the appropriate agency, 3) notify the potential victim and 4) seek hospitalization or assistance from others who can ensure your safety.

If a client is under 18 years of age, the minor's parents have a right to information about the services rendered. It is my policy to provide parents with only general information about the work with minors, unless there is a high risk that the minor will seriously harm him/herself or someone else.

Social Media

In an effort to maintain confidentiality as well as professional boundaries, providers do not "friend" or connect with current or past clients on social media outlets such as Facebook, Twitter, LinkedIn, Instagram, etc.

Appointment: BPS makes every effort to schedule appointments that are mutually convenient for the client and therapist. Once an appointment has been scheduled, you will be expected to pay the cost of your co-pay or cancellation fee of \$35 for out of pocket clients unless you provide 24 hours advance notice of cancellation. However, if you are unable to attend due to circumstances beyond your control, the fee will be waived. Payment for missed sessions and late cancellations are expected at the time of your next scheduled appointment or can be made online. Insurance companies cannot reimburse clients for charges associated with missed appointments or late cancellations.

Fee Schedule and Billing: Therapy sessions are billed at an hourly rate (60 minute hour). The fee for all initial sessions is due in full at the time that services are rendered, with the exception of telephone/teletherapy sessions (payment will be obtained from the credit card on file). If subpoenaed by you or anyone regarding issues in therapy, BPS is entitled to reimbursement for all time spent including preparation time, travel time, time spent waiting in court, and testimony. Please refer to the attached fee schedule for a list of charges for services provided by BPS.

Payment: Currently, payment for services may be made by credit/debit card, HSA accounts, personal check, bank check, money order and cash. Checks should be made payable to “Breakthroughs Psychological Services, LLC.” Payment is due at the time services are rendered **(with the exception of telephone sessions as mentioned previously which can be made on line or mailed to Renita Gabriel, PsyD, 14300 Gallant Fox Lane #107, Bowie, MD 20715 within 7 days)**. A \$25.00 service fee will be charged for returned checks. Once a check has been returned, BPS will no longer accept personal checks for services rendered. In such cases, payment will be required by credit card, money order, bank check or cash. Receipts will be provided for cash payments.

BPS can provide you with an itemized invoice of services and payments made that can be submitted to insurance companies for reimbursement upon request. If your account becomes delinquent, you will be issued a notice. If payment is not made within 60 days, your account may be forwarded to a collection agency. If such an action becomes necessary, only your name, demographic and financial information, and amount due will be released to the collection agency.

Insurance: Currently, BPS is not accepting payment for services from any insurance companies. Dr. Gabriel is considered an “out of network” service provider and can provide the client with a statement with pertinent information so that insurance company can reimburse the client for his/her out of pocket expense.

Termination of Services

The client may terminate service at any time. It is requested that the client notify the provider of his/her intention to terminate services. If no notification is given, no follow-up appointment has been made and the provider has been unable to contact the client using two different modes (e.g., telephone, e-mail), after **30 days** the client will automatically be discharged from treatment.

The provider may terminate treatment with a client (1) when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service, and (2) when the provider is threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

It is the provider’s responsibility, except where precluded by the actions of clients/patients or third-party payors, prior to termination to provide pretermination counseling and suggest alternative service providers as appropriate.

Consent for Treatment and Payment: I have read and understand the Fee Agreement and Psychological Services Contract. I have received a copy of the fee agreement and fee schedule and fully understand expectations for payment. If applicable, I hereby authorize my provider at BPS or a third party billing service to apply for benefits on my behalf from my insurance company for covered mental health services rendered. I certify that the information provided regarding my insurance

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I consent to receive psychological services for _____ from Breakthroughs Psychological Services, LLC.
(Your name or name of minor)

Client/Guardian Signature

Date

Provider/Psychologist Signature

Date