

# **Janelle Cayo Ettema, PhD**

Licensed Psychologist

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## **OUTPATIENT SERVICES CONTRACT**

### **Introduction**

Welcome! This document outlines the important details regarding the psychological services I offer in my private practice. Please read this information carefully and ask any questions you may have before signing below. By signing this form, you acknowledge that you have read and understood this information and that you have had all your questions answered. If you elect to use your insurance benefits, as described in the section below called Insurance Reimbursement, then by signing this form you are also giving me permission to share your information with your insurance company.

### **About Me**

- My name is Dr. Janelle C. Ettema, and I am a Licensed Psychologist in the state of Michigan.
- My license number is 6301010420.
- I received my Ph.D. in Clinical Psychology from Michigan State University.
- I have been in private practice in Howell, Michigan, since 2000.

### **Evaluation**

- Our first session will involve my evaluation of your needs.
- By the end, we will discuss if I am the right therapist for you and we will agree upon a treatment plan.
- I will refer you to another therapist if either you or I believe someone else is better suited.
- Note that I do not provide evaluations or complete forms associated with disability claims. If needed, I will refer you to a forensic psychologist for those services.

### **Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular issues you bring forward. Unlike a medical doctor visit, it calls for a very active effort on your part.

- You have the option of **45 minute or 55 minute** sessions.
- Please take care of payments, scheduling and any other business at the beginning of each session.
- There are many different methods I may use to deal with the problems that you hope to address.
- The selected approach may involve discussing uncomfortable topics.
- Throughout the therapy sessions, I encourage you to ask questions as they arise.
- Psychotherapy is a collaborative effort. To be most successful, you will have to work on things we talk about both during our sessions and at home.
- There are no guarantees about the outcome of therapy, but studies have shown psychotherapy to be helpful to those who undergo it.

## **Benefits and Risks of Therapy**

- Therapy requires a significant investment of time, money, and energy.
- Therapy can be a helpful and effective way to address emotional and behavioral difficulties.
- Potential benefits of therapy include improved mood, reduced stress, better coping skills, and enhanced relationships.
- However, therapy can also involve some emotional discomfort as you explore and discuss challenging or unpleasant aspects of your life.
- Therapy sessions can take place in person or via Telehealth (video or phone).

## **Confidentiality**

For therapy to be successful, it is important that you are comfortable sharing information about your feelings – even things like intense anger or thoughts of suicide. It is also important to understand how I will protect your privacy and the limitations on those protections. If you are concerned about confidentiality in any situation, please bring it to my attention.

- All information discussed in therapy sessions will be kept confidential and can only be disclosed if you give me written permission to share such information, or under the following special circumstances.
  - I may be required by law to report suspected abuse or neglect, for example regarding children, elders, or disabled adults.
  - If I believe there is a real possibility that you may harm yourself or others, I may need to take steps to ensure your safety or the safety of others.
  - I may be required to disclose information if compelled by a court order.
- I may consult with other professionals about your case to help provide you with appropriate care. If I do such consultations, I will make every effort to avoid revealing information that could identify you.
- If you use your insurance benefits, I must share clinical information about you as described in the Insurance Reimbursement section below at the request of your insurance company.

## **Fees**

- My standard fees for therapy are:
  - Evaluation (intake) session: \$275
  - 55 minute session: \$250
  - 45 minute session: \$200
- Please be aware that insurance companies occasionally revise their reimbursement rates. Depending on your particular health plan, this could affect the amount you owe.
- If you don't have health insurance that helps with the cost of psychotherapy services, or if you choose not to use your insurance, we can discuss a reduced fee schedule.
- I will **not** bill your insurance if we have agreed to a fee reduction.
  - You are responsible for payment at the time of service, as well as filing any claims and receiving reimbursement from your insurance company when a reduced fee schedule is in effect.
  - I can provide you with a detailed receipt that you may submit to your insurance company to seek reimbursement when we have agreed to a fee reduction.

- **Additional Fees:**
  - Additional services, including the list below, will be billed at \$250 per hour.
    - Report writing
    - Telephone conversations and attendance at meetings with other professionals at your request
    - Preparation of records or treatment summaries
    - Time spent performing any other service you may request of me and to which I agree
  - Tasks under one hour will be pro-rated (meaning the cost will be calculated proportionally to the time spent on the task and not the full hourly rate).
  - Legal Matters:
    - You are responsible for my professional time if legal matters require my participation, even if I am subpoenaed.
    - My fee for legal preparation and attendance at proceedings is \$300 per hour.

## Payment

- I prefer payment by cash, check, Venmo, and Health Savings Accounts but will also accept Visa, MasterCard, Discover and American Express.
- Payment is due at the time of service unless otherwise agreed upon.
- If you choose to use insurance, please be aware that you are responsible for any copay, coinsurance, or deductible associated with your plan. If your insurance denies your claim, you will be responsible for the total amount of my fees.
- There is a \$25 fee for cancellations with less than 24 hours' notice unless we agree the cancellation was unavoidable.
- If your account is unpaid after 60 days, I may use legal means, such as the help of a collection agency, to collect payment.

## Insurance Reimbursement

- I will try to help you navigate your insurance benefits and maximize coverage, but you are ultimately responsible for payment.
- Your insurer may require authorization before providing reimbursement and may limit the number of sessions that are covered by insurance. Should you request more sessions beyond your insurance coverage, you would be responsible for the total amount of those sessions.
- I recommend contacting your insurance company directly and in advance of our first session to understand your specific mental health coverage benefits and any limitations or pre-authorization requirements.
- Most insurance companies require a diagnosis to provide coverage. When you sign this form, you are giving me permission to share this information with your insurance company to seek payment for your covered services.
- In rare cases, your insurance company may request additional clinical information (treatment plans, progress notes, etc.). Should I receive such a request, I will ask your permission before sharing this information.

- **Choosing not to use your insurance for some or all your care.** You have the right to pay for services yourself to avoid these limitations and potential privacy concerns associated with using your insurance.

### **Your Rights**

- You have the right to participate actively in your treatment and make informed decisions about your care.
- You have the right to ask questions and request clarification at any time.
- You have the right to terminate therapy at any time.
- You have the right to seek a second opinion.
- You have the right to access your treatment records, with some exceptions. Please let me know if you would like additional information on this subject.

### **Contacting Me**

- I am often not immediately available by telephone. When you contact my office, you are welcome to leave me a message, and I will make every effort to return your call within 24 hours excluding weekends and holidays.
- We can also communicate by text (SMS) and/or email, but please be aware that these methods do not guarantee the privacy of our messages. You may give me permission to contact you by email or text by checking the appropriate boxes below.
- If you cannot reach me and require immediate help, call 911 or call 988.
- In case of an extended absence on my part, I will provide you with contact information of a colleague who may be able to provide you with services.

### **My Responsibilities**

- I am committed to providing you with competent and ethical psychological care.
- I will respect your privacy and confidentiality.
- I will discuss the limitations of my expertise and refer you to another provider if necessary.
- I will support your patient rights as defined under Michigan Mental Health Code (state law). A summary and full copy of this legislation is available for review at my office.

### **Agreement**

By signing below, you acknowledge that you have read and understood this Informed Consent document, that you have had all your questions answered to your satisfaction, and you consent to the release of information described above. You agree to participate in therapy voluntarily.

**If you wish to receive text or email messages from me**, check the applicable box(es) below. If you do not check either box, I will contact you only by phone.

- I consent to contact by:       Text       Email

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Psychologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_