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## OUTPATIENT SERVICES AGREEMENT

This document contains important information about my professional services and business policies. Please read it carefully. Feel free to bring up for discussion any questions at our next meeting. Once you sign this it will constitute a binding agreement between us.

Psychotherapy is not easily described in general terms and there are a number of different approaches which can be utilized to address the problems you hope to address. Psychotherapy requires a very active effort on your part, both during our sessions and at home, to be most effective. It also has both benefits and risks. Risks may include emotional discomfort and frustration as psychotherapy may require recalling unpleasant aspects of your history. There are no guarantees, however, psychotherapy may lead to a reduction in distress, improved relationships and resolution of specific problems.

During our first few sessions I will be evaluating your situation and will offer some initial impressions along with a treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. If you have doubts about my impression or treatment plan, feel free to voice them and I will attempt to clarify my position. If doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health provider.

Psychotherapy sessions are typically scheduled on a weekly basis and last sixty minutes. Sessions can be longer or shorter and more or less frequent depending on the situation. Once an appointment is scheduled you are obligated to attend and pay for it unless you provide 24 hours advance notice of cancellation. Emergencies are an exception of course. Rescheduling of cancelled appointments is most usually an option, however, the same day and time the following week may not always be available.

My standard hourly fee is \$180.00 for psychotherapy and psychological or neuropsychological testing payable by check. This office does not accept or process payments made by Credit or Debit Cards. Typically our first meeting takes longer and requires review of reports and documents, etc. The fee for this initial session is \$200.00. In addition to office visits it is my practice to charge for my time devoted to other

professional services such as report writing, phone conversations, attendance at meetings in your behalf, generating treatments summaries, etc.

In unusual circumstances you may become involved in litigation which may involve my participation. Although I do not solicit court related cases, my fee for these forensic matters is \$300.00 per hour, paid in advance. As with regular psychotherapeutic visits, forensic rates will be billed for missed appointments and time invested in report generation, review of files, phone conversations with attorneys, preparation, live testimony, etc. You will be billed and expected to pay for forensic services even if I am compelled to testify by another party. As with most professional services you will be expected to pay for regular office visits and other non-forensic psychological services when they are rendered. In circumstances of unusual financial hardship I may be willing to consider fee adjustments. It is your responsibility to bring financial matters to my attention for negotiation.

In those rare occasions when an individual does not make current their account I have the option of using legal means to secure payment. If an account is more than 60 days in arrears, and suitable arrangements for payment have not been made, utilization of a collection service or small claims court may be considered. If such legal action is decided upon the costs associated with these proceedings, including court costs, will be included in the claim. In these situations information disclosed may include the individual's name, address, phone number, nature of services provided, amount due and other information as needed for court or collection purposes.

Regarding financial arrangements, if you have a health insurance policy my office will attempt to assist in your receipt of the benefits to which you are entitled. It is important to note that in situations where your insurance carrier denies payment, you are responsible to pay for any fees incurred during your treatment. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers and make your decisions based on this information.

Most insurance companies require you to authorize me to provide a clinical diagnosis, many times along with historical information and a treatment plan or other information, before they will consider paying a claim. This information is kept on file with the insurance carrier and is no longer under my control. If you have questions with regards to the insurance carrier's handling of your confidential information you are encouraged to review their confidentiality statement or call them for clarification. You are welcome to review the documents I am required to send to the insurance company to secure reimbursement for your psychological care. It is important to remember that you have the right to pay for my services yourself and avoid the complexities associated with insurance claim filing.

Regarding confidentiality the communications between a patient and psychologist is protected by law. I can only release information about our work together with your written permission, however, there are a few exceptions you need to be aware of. In most judicial proceedings you have the right to prevent me from providing any information

about your treatment. In certain circumstances where your emotional condition is an important element, or in child custody proceedings, a judge may compel my testimony. There are other situations that exist in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a patient's treatment. If it is my impression that a child, an elderly person or a disabled individual is being abused I must file a report with the appropriate agency. If a patient threatens to do themselves bodily harm I may be required to seek hospitalization for the patient, or to contact family members or others who can help provide protection. If it is my impression that a patient intends to do bodily harm to another person I am required to take protective actions, which may include notifying the potential victim, police or seeking appropriate hospitalization.

These situations have rarely arisen in my practice of psychology. In the event of any such situation occurring related to your treatment I will make every effort to fully discuss it with you before taking action. In complicated clinical situations I may occasionally consult other professionals. In these situations I make every effort to avoid revealing the identity of the individuals involved. The consultant is also ethically bound to keep the information confidential. Unless you object I will not tell you about these consultations unless I feel that it is important to our work together.

As I do not typically interrupt a therapy session to take a call I am often not immediately available by telephone. When I am unavailable my telephone is answered by the receptionist or an automated answering machine. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays. If in an emergency situation you cannot immediately reach me other options include calling your family physician or going to the nearest emergency room for assistance. If I am to be unavailable for an extended period of time I will designate a trusted colleague whom you may contact in an emergency if necessary.

I do not record or make audio or visual reproductions of office visits as a rule. Exceptions exist, and when any part of a session is reproduced, it will be recorded at the request and for the benefit of the patient. Generally, it is requested that all electronic devices be turned off prior to the commencement of our office visit. No unauthorized reproduction, in any form, is acceptable to me, and by signing on the following page you agree to comply with this "No Reproduction" policy. Similarly, I do not utilize encryption in E-Mail or text communications. Therefore I urge clients to not communicate sensitive, confidential content through unprotected electronic or digital media.

Existing laws and the standards of my profession do require that I keep appropriate written records. You are entitled to review or to receive a copy of these records. As these records are professional documents, and not written for the lay reader, they may be misinterpreted and reading them may be upsetting. For this reason it is office policy for you to review your records in my presence so that I am available to clarify their meaning and discuss what they contain. Depending on the nature of a request, reproduction

expense and the time involved, a fee will be charged to comply with information disclosure requests.

If you are under eighteen years of age please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records. If they agree I will provide them only with general information on how your treatment is proceeding unless I feel that there is a high risk that you will harm yourself or someone else. In such cases I will notify them of my concerns. In most cases before disclosing information to parents I will discuss the matter with you. I will do the best I can to resolve any objections that you may have about what I am prepared to discuss.

A considerable effort has been made to establish office procedures and policies that are consistent with accepted guidelines and HIPAA privacy practices. Available to you is a summary of these HIPAA privacy practices. You may ask to review them or be provided a copy of this Outpatient Services Agreement as well as the summarized HIPAA privacy practices document.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

Relationship of Personal Representative to the Patient: \_\_\_\_\_