

HUFFMAN PSYCHOLOGY, PLLC

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Clinical Psychology and Neuropsychology Services

Psychotherapy Contract

Welcome to HUFFMAN PSYCHOLOGY. This document contains important information about our professional services; we ask that you read it carefully and bring any questions to your provider.

PSYCHOTHERAPY SERVICES: Psychotherapy is not easily described in general statements. There are a number of different approaches which can be utilized for problems you hope to address. Psychotherapy requires an active effort on your part. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings like sadness, guilt, frustration, etc. However, psychotherapy also has been shown to have benefits for people including significant reduction of distress, improved functioning in daily life, better relationships, and resolutions of significant problems. But, there are no guarantees about what will happen.

By the end of an evaluation period, your provider will be able to offer you some initial impressions of what your work together will include if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with your provider. If psychotherapy is initiated, your provider will usually schedule one forty-five minute appointment (a session hour) per week (or every other week) at a mutually agreed time. There are exceptions when you arrange for longer or more frequent sessions. If you have questions about the procedures, you should discuss them with your provider whenever they arise. If doubts persist, he/she will be happy to help you secure an appropriate consultation with another mental health professional.

CONFIDENTIALITY: Information pertaining to your treatment (including the fact that you received services at this practice) is strictly confidential. This information will only be released with your written permission (if a minor, with parents or legal guardian's permission). However, you should be aware that there are some exceptions to confidentiality. There are some situations in which your provider is legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. If a provider believes that a child, an elderly person, or a disabled person is being abused, he/she may be required to file a report with an appropriate state agency. If a provider believes that a client is threatening serious bodily harm to another, he/she may be required to take protective actions which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; if a client threatens to harm him/herself, a provider may be required to seek hospitalization for the client or to contact family members of others who can provide protection. Also, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require your provider's testimony. These situations are not common but should they occur, your provider will make every effort to fully discuss it with you before taking any action. Finally, if you fail to pay your balance within a reasonable time, we reserve the right to release your name and billing information to an appropriate financial agency for the purposes of collection.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns you may have with your provider at your next meeting. As you might suspect, the laws governing these issues are quite complex, and your provider is not an attorney. While he/she is happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable. If you request, we will try to provide you with relevant portions or summaries of the applicable state laws governing these issues.

PROFESSIONAL RECORDS: Professional standards require that your provider maintain records reflecting professional services provided to you. You are entitled to receive a copy of these records unless your provider believes that seeing them would be emotionally damaging, in which case the records will be provided to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or can be upsetting, so we recommend that records be reviewed together with the



provider so that their contents can be discussed. Clients will be charged an appropriate fee for any preparation time which is required to comply with an information request.

MINORS: If a client is under 18 years of age, the law may provide the client’s parents with the right to gain information about treatment. For older minors, the provider will provide the parents with only general information on how the treatment is proceeding unless the provider feels there is a high risk for self-harm or of harming another, in which case the provider will notify parents of the concern. Before giving any information to the parents, the provider will discuss the matter with the client and try to resolve any objections the client may have about what will be discussed. For younger children, providers often find it helpful to have the parents involved as an integral part of treatment, and will schedule periodic sessions with parents to coordinate the treatment plan. We understand that missing school may be an important consideration for the scheduling of follow-up appointments for children/adolescents. After-school appointments are in high-demand and therefore, may be reserved for long-term, regular clients. In the event that after-school hours are unavailable, we will attempt to schedule weekly or biweekly sessions so that the child/adolescent is not consistently missing the same class or absent during the same time of day. As therapy progresses, it may be possible to move towards an after-school appointment.

OFFICE HOURS: Our office hours are between 8:30 a.m. and 4:30 p.m. Monday through Friday; however, your provider may schedule appointments before or after regular office hours.

PHONE CALLS: HUFFMAN PSYCHOLOGY does not have secretarial staff; calls will be taken primarily by voice mail services throughout the day, and the appropriate provider will return your call at the soonest opportunity. The voice mail service is not to be used for instances of emergencies; in the event of an emergency please contact Crisis Services at 517-346-8460, 911, or the emergency room of your local hospital. If your provider is unavailable for an extended time, he/she will provide you with a name of a trusted colleague whom you can contact if necessary.

CANCELLATIONS: Please be aware that if you do not show up for your appointment or fail to cancel your appointment 48 hours prior to your appointment, you will be charged the full fee of the planned appointment. These charges will not be submitted to your insurance carrier and are your sole responsibility. Additionally, if you fail to show for your appointment and do not contact your therapist, previously scheduled follow-up appointments may be cancelled at the discretion of the therapist.

ELECTRONIC COMMUNICATIONS: Email is not a secure form of communication, and you cannot be guaranteed an immediate response. Therefore, we advise against using email for clinical purposes.

Please feel free to discuss any of the above information with us. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of client or responsible party: _____ Date: _____

Client Name: _____ Birth Date: _____