Milton J. Marasch, Ph.D.
Psychologist – Doctorate

PSYCHOLOGICAL SERVICES CONTRACT – ADULT OUTPATIENT

Welcome to my psychology practice. The purpose of this document is to provide important information about my business policies and the services I provide. Please read this carefully. If you have any questions, we can cover them at the start of our first meeting. When you sign the accompanying signature page, this document will represent an agreement between us.

Psychotherapy Services

If you are seeing me for psychotherapy services, psychotherapy is basically an approach that uses talk as a means of healing. There is scientific evidence that some talk therapies can cause helpful brain chemical changes very much like the helpful changes that medications can cause.

Types of Psychotherapy

I provide different psychotherapy treatments for different problems. Treatments types offered include cognitive behavioral therapy (CBT), dialectic behavior therapy (DBT), psychodynamic psychotherapy, and other specialized treatments. At times, we may use an integrated approach where we start with CBT or DBT to build emotion management skills, and then shift to a deeper psychodynamic approach. If an approach I am using does not seem to be fitting well, let me know and we can figure out if an adjustment or different approach might work better.

Expectations & Risks of Treatment

Therapy involves a large commitment of time, energy, and financial resources, so take care in making this commitment. For psychotherapy to be most effective, it calls for you to do some very active work between sessions. There can be benefits and risks. Because therapy often involves facing unpleasant aspects of your life, you may experience uncomfortable emotions like sadness, guilt, anger, frustration, loneliness, and helplessness. However, being able to face and work through such difficulties can often lead to improved relationships, problem-solving, and long-term reductions in distress. While most who work with me achieve positive results on one or more goals, your results may vary, and results are not guaranteed.

Starting Out

The first phase of the process is evaluation and treatment planning. This may take 1 to 4 sessions, during which I may ask you some questions or have you take some tests to help me figure out which problems you have. This will help us to match a treatment to your problem. This will also help us to know whether or not I am the best person to provide the services you need or desire. If either of us feel that I am not the right therapist, I will give you referrals to other practitioners whom I believe may be better suited for your particular problem or issue.

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Treatment

If we agree to begin therapy, the next phase is the therapy treatment itself. We will decide upon an initial therapy approach, length of session, how frequently we will meet, and select a regularly scheduled session time. Therapy usually consists of weekly 45 minute sessions, however we may decide upon shorter, longer, or more frequent sessions depending on medical necessity. A mutually agreed upon taper may occur later in treatment if therapeutic gains have progressed enough for this.

Wrapping Up

The final phase is wrapping up the therapy. Ideally, the therapy is done when the goals have been met and treatment is no longer medically necessary. However, therapy sometimes ends earlier due to (a) insurance or managed care imposed limits, (b) patient decision to end early, or (c) difficulties keeping our agreement.

Some insurance or managed care companies limit treatment to short-term psychotherapy, or require preapproval after a certain number of sessions (which may be denied). While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. If you have one of these short-term or limited-session plans, it is important that we discuss this ahead of time so we can prioritize the work we do within the limits of your insurance resources.

You may terminate treatment by giving me notice at any time. However, I recommend at least one week's notice for a proper farewell. Then we can discuss discuss reasons for ending, therapy progress, and any remaining referral/aftercare needs in our closing session. The late cancel fee applies if you terminate less than two full business days before a scheduled session.

I may terminate treatment in the event of problems keeping our agreement, such as nonpayment for services or apparent therapy drop out. If you find yourself with extenuating circumstances that potentially interfere with your ability to pay or attend sessions regularly – or you have simply grown disenchanted with the therapy – talk with me about it at the start of a session so that we may see if we can figure something out together.

Evaluation Services

If you are seeing me for psychological or cognitive evaluation (sometimes called testing), evaluations can be tailored to help answer various questions, such as determining presence of depression, anxiety, problematic life-style patterns, or memory difficulties. Evaluation risks include the possibility that a patient might be unhappy with the findings, or that findings might negatively impact eligibility for programs or services. However, most of my patients report the findings to be helpful, and findings could also support eligibility. I do my best to present findings to you in an understandable, helpful fashion; and to provide objective findings when there are eligibility questions. Appointment change policy is the same as for psychotherapy appointments.

Payment for Services

Payment for my professional services generally happens in one of two ways depending on the type of service. For healthcare, some will choose to pay privately, and some will choose to use their insurance.

Professional Fees

My hourly fee for professional services is **$180.** Longer or shorter meetings are charged accordingly. For instance, the fee is $135 for a standard 45-minute session. This hourly fee includes healthcare and other time-based professional services such as report writing, preparation of treatment summaries, telephone conversations of longer than 10 minutes, attendance at team meetings with your other healthcare professionals, and time spent performing other services requested by you. See the table for a complete list of fees.

If you become involved in a legal proceeding that requires my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. Court-related hourly fees include preparation and travel time plus expenses. For court testimony, I bill in minimum of four-hour, half-day blocks. Payment is required in advance.

Healthcare Discounts

If you pay using an accepted insurance, you may already receive a contractual discount through your insurance. If you pay privately instead of using an insurance, you may take a 10% discount when you pay at the time of service.

Insurance Reimbursement

If you wish to use your insurance, I will need your insurance information ahead of time to register you in my system and to perform a complimentary preauthorization and eligibility check. This will also allow us to evaluate what resources are available so we can set realistic treatment goals and priorities. It is is your responsibility to inform me ahead of time of insurance plan changes. Benefits and coverage can change dramatically and may affect the services that I can provide. While I do my best to help you get the benefits to which you are entitled, you (not your insurance company) are responsible for full payment of my fees.

Late cancel fees, telephone therapy or consultation, court-related services, and court-ordered or employer evaluations are not covered by insurance.

Billing and Payments

Payment of all fees including deductible, copay, or uncovered services is expected in full at time of service unless other arrangements have been made in advance. I accept payment by check or cash. Late cancel, NSF check, and similar fees are due by the next regularly scheduled session - or within three weeks if no further sessions are scheduled.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I may choose to use legal means to secure payment. This may involve

hiring a collection agency or going through small claims court. If such legal action is necessary, collection costs will be included in the claim. In most collection situations, the only information I will release regarding a patient's treatment is their name, dates of service, nature of services provided, and the amount due.

Record Copying

Release of records other than to treating healthcare professionals is subject to a copy charge as listed in the *Fees and Charges List* table below. The per page charge applies to pages printed, faxed, or digitally copied.

Fees and Charges List

SERVICE	FEE
Standard Psychotherapy Services	
Initial Interview	$180.00
Brief Psychotherapy ("30 minute" - 16-37 minutes)	$90.00
Standard Psychotherapy ("45 minute" - 38-52 minutes)	$135.00
Extended Psychotherapy ("60 minute" - 53+ minutes)	$180.00
Family/Couple Psychotherapy (per session)	$180.00
Group Psychotherapy (per session)	$55.00
Special Psychotherapy Services (Rare)	
Interactive Complexity Surcharge (per session)	$25.00
Crisis Rate (1st hour)	$180.00
Extended Crisis Rate Surcharge (each add'l ½ hour)	$90.00
Other Healthcare Services	
Psychological/Cognitive Evaluation (per hour)	$180.00
Health & Behavior Services (per 15 minutes)	$45.00
Non-Healthcare Professional Services	
Other Services (forensic, phone consult, etc. - per hour)	$180.00
Travel (per mile)	IRS Standard Mileage Rate
Administrative Fees	
Late Cancel Fee (less than two business days' notice)	$50.00
Non-medical request for records	
First 1-10 pages	$5.00
Each additional page	$0.50
NSF Fee or Collections Costs	Actual Costs

Confidentiality

Your psychotherapy/evaluation services and records are private and protected by law. However, exceptions include the following:

Persons with Health Care Proxies

Some patients will have others legally designated or responsible to make or help with health care decisions. This can include patients who are minors, adults who have a legal guardian for health care, or adults with an activated durable power of attorney for healthcare. Unless waived by the responsible party, your proxy will also have rights to access your information.

Insurance Companies

Most insurance companies require that I provide them with date of service, type of service, and diagnosis as part of submitting a claim. Sometimes I am required to provide additional information such as treatment plan, progress notes, or – in rare cases – even the entire record. Though insurance companies report that they keep such records confidential, I have no control over their management of the information once they receive it. In some cases, they may share the information with a national medical information data bank. **You understand that, by using your insurance, you authorize me to release such information to your insurance company, and that I will try to keep that information limited to the minimum necessary.**

Safety Issues

If I believe that a patient is threatening serious bodily harm to another, or to cause damage to property that could result in serious bodily harm to another, I am required to take protective action. This action may include notifying the potential victim(s), contacting the police, or seeking hospitalization for the patient. If a patient threatens to harm themself, I may be obligated to seek hospitalization for them or to contact family or others who can help provide protection. Similarly I am obligated to report suspicion of abuse or neglect of minors or vulnerable adults. If any similar situation were to occur in our work together, I would attempt to fully discuss it with you before taking any action.

Court Order

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some legal proceedings, a judge may order my testimony if they determine that the issues demand it. I must comply with such court orders.

Consultation

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Contact Information

For regular business calls, I can be reached at my office number during standard business hours (Monday through Friday from 9 till 5). I have a voice mailbox at this number and typically check messages around mid-day and before leaving the office at day's end. Note that I do not check my voice mail after I leave the office for the evening on weekdays or on weekends. It may be the next business day before I can get back to you. Again, calls of longer than 10 minutes are subject to my professional fee schedule.

For emergency calls:

1. Dial my office number at **985-9191** and follow the instructions on my voice mail for reaching me or my backup coverage in case of an emergency. Leave a message with callback information at the emergency number.
2. If I am delayed in my reply and you need immediate help (e.g., if you are actively suicidal), contact the HowardCenter's *First Call* crisis hotline at **488-7777**.
3. If all else fails, present to the nearest emergency room and ask for the on-call psychiatrist.
4. **I ask that persons who sense an impending crisis make every effort to contact me before 9 pm. This is helpful because I am much better equipped to assist with a crisis caught early rather than one caught late in its course (and late in the night).**

Professional Records

The laws and standards of my profession require that I keep treatment records. This requirement cannot be waived for patients who choose to pay out of pocket. Records are retained for seven to ten years. You may receive a copy of your records, but copy fees do apply. If you ask for your records, it may be most helpful to review the records in my presence so that I may answer any questions you may have.

In the event of the sudden closure of my practice due to circumstances beyond my control, Either I or authorized agent(s) will help maintain and provide access to your records until your file expires. Authorized agent contact information would be posted on my phone voicemail and/or my website until either my practice reopens or your records expire.

Scheduling

While I ask that you make every effort to keep your schedule and arrive on time, scheduling problems do occasionally arise. **To change a scheduled appointment, you agree to provide me with two full business days' notice. If you cannot give full notice, you agree to pay the late cancel fee.** You may check to see if I have a makeup time available instead, but I do not guarantee this, and your next regularly scheduled session will not count as a makeup. I will waive the late cancel fee for physical illness, hazardous driving conditions, certain other circumstances beyond your control, and for Medicaid-eligible patients. Unless otherwise agreed, you will automatically be scheduled for your time slot the following week. **If you miss 3 scheduled sessions in a 5-week period, I may choose to release your time slot and shift therapy to a same-day appointment policy. Two consecutive no-shows results in immediate discharge.** If you are running late, I will wait up to 15 minutes if I haven't heard from you. After that, I reserve the right to consider the session to be a late cancel and move on to other tasks.

Agreement

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Your signature also indicates your awareness that Dr. Marasch's *Vermont Disclosure* and HIPAA Privacy *Notice* documents are posted in the waiting room and online, and are available by request if you would like a copy.

X _____ _____
Patient or Guardian Signature Date

_____ _____
Psychologist's Signature Date

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ASSIGNMENT OF INSURANCE COMPANY BENEFITS

Patient's Name: _____ DOB: __/___/_____ SSN: _____-____-_____
Address: _____ Phone: _____
Employer: _____
Insured's Full Name: _____ Relationship to Patient: _____
SSN of Insured: _____-____-_____
Employer: _____

PRIMARY INSURANCE
INSURANCE CO.: _____
CERTIFICATE/ID#: _____ GROUP#: _____
SECONDARY OR SUPPLEMENTAL INSURANCE
INSURANCE CO.: _____
CERTIFICATE/ID#: _____ GROUP#: _____
THIRD INSURANCE, AGENCY, OR OTHER PERSON WHO PAYS MY BILL
INSURANCE CO.: _____
CERTIFICATE/ID#: _____ GROUP#: _____

1. I authorize use of this form on all of my insurance submissions.
2. I authorize release of information to my insurance company(s) as necessary to process claims.
3. I authorize direct payment to my service provider, **Milton J. Marasch, Ph.D.**, at his current business address.
4. I understand that if the insurance company sends the payment to me instead of Dr. Marasch, I will pay the amount due to Dr. Marasch within 48 hours.
5. I authorize use of a billing or electronic billing service in accordance with HIPAA guidelines should my service provider choose to employ such a service.
6. I authorize Dr. Marasch to initiate complaint or file appeal on my behalf to Health & Human Services, the state Insurance Division, the state Attorney General, or other governing body with jurisdiction over the insurance or managed care company. I will be personally active in the resolution of claims payment delays.
7. I understand that I am responsible for the full amount of my bill for services provided.
8. A photocopy or fax of this document is as valid as the original.

X _____ _____
Patient or Guardian Signature Date

05/31/2019

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AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION

Patient's Name: _____ DOB: ___/___/_____

I hereby authorize **Dr. Milton J. Marasch**, to [X] obtain information from [X] release information to:

Primary Care Provider: _____
Address: _____
_____
Phone: _____ Fax: _____

Specific information to be disclosed is:
[ ] Psychological evaluation records (psychological testing)
[X] Outpatient mental health treatment summaries
[X] Alcohol/drug evaluation including treatment history
[X] Crisis intervention reports
[X] Medical history including problem list and medication list
[ ] Other: _____

For the purpose of:
[X] Coordination of treatment among outpatient treatment providers
[ ] Other: _____

By means of:
[X] Written communication [X] Verbal communication

With the understanding that :

1. I may revoke this release in writing at any time, except to the extent that action has already been taken.
2. Further disclosure of drug and alcohol information provided by this release may not be made by health care providers without my written consent, or as otherwise restricted by Federal Regulations (42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Treatment and Patient Records).
3. Information disclosed to out of state entities or any entity other than a health plan or health care provider may no longer be protected by the federal privacy law (HIPAA).
4. My treatment, payment, enrollment in a health plan, or eligibility for benefits is not contingent upon my authorization of this disclosure.
5. A photocopy of this document is as valid as the original.

Unless revoked sooner, this release expires:
[ ] 90 days after conclusion of treatment [ ] Other: _____

X _____ _____
Patient or Guardian Signature Date

[ ] Authorization declined. _____ _____
Initials **Date**

05/31/2019

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AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION

Patient's Name: _____ DOB: ___/___/_____

I hereby authorize **Dr. Milton J. Marasch**, to [ ] obtain information from [ ] release information to:

3rd Party's Name: _____
Address: _____
_____
Phone: _____ Fax: _____

Specific information to be disclosed is:
[ ] Psychiatric admission and discharge summaries including treatment plans
[ ] Psychiatric evaluation records
[ ] Psychological evaluation records (psychological testing)
[ ] Outpatient mental health treatment summaries
[ ] Alcohol/drug evaluation including treatment history
[ ] Crisis intervention reports
[ ] Medical history including problem list and medication list
[ ] Legal information including relevant court/agency documents
[ ] Vocational/educational records
[ ] Other: _____

For the purpose of:
[ ] Facilitation of outpatient treatment and planning
[ ] Coordination of treatment among outpatient treatment providers
[ ] Other: _____

By means of:
[ ] Written communication [ ] Verbal communication

With the understanding that :
1. I may revoke this release in writing at any time, except to the extent that action has already been taken.
2. Further disclosure of drug and alcohol information provided by this release may not be made by health care providers without my written consent, or as otherwise restricted by Federal Regulations (42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Treatment and Patient Records).
3. Information disclosed to out of state entities or any entity other than a health plan or health care provider may no longer be protected by the federal privacy law (HIPAA).
4. My treatment, payment, enrollment in a health plan, or eligibility for benefits is not contingent upon my authorization of this disclosure.
5. A photocopy of this document is as valid as the original.

Unless revoked sooner, this release expires:
[ ] 90 days after conclusion of evaluation/treatment [ ] Other: _____

X _____ _____
Patient or Guardian Signature Date

5/31/2019

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