

*Marian R. Zimmerman, Ph.D.*

*Clinical Health Psychology*

*www.mzpsychology.com*

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## **Psychological Services Agreement**

Welcome! Please read the following information regarding the services and policies pertaining to this office. You are encouraged to ask questions and to request clarification as needed at any time.

### **SERVICES**

Individual psychological services are provided to adult patients through this office. Cognitive Behavioral Therapy is the primary method of treatment which is used to assist patients examine and modify their thinking and behavior in order to feel differently and achieve their goals. Treatment involves setting clear goals and the completing tasks outside of the sessions to facilitate and expedite change. We will work together to clearly define these goals, which will be used to design an individualized treatment plan that will serve as a roadmap for the course of your therapy.

### **POTENTIAL RISKS AND BENEFITS**

Like any healthcare service, no guarantee can be made about the outcome of psychological therapy. Treatment may bring to light uncomfortable or undesired feelings and it can seem like you feel worse before you feel better. This is a normal part of the process that we can discuss in your sessions. There are also many potential benefits including reduced distress, new skills or techniques, decreased stress and worry, improved quality of life, and better relationships.

### **SERVICES**

Sessions are generally 45-60 minutes long, typically every week or every other week, but may occur more or less frequently depending on your individual needs. Appointment times are reserved for you. Once a session is scheduled, you will be expected to keep your appointment unless you provide 24 hours advance notice of cancellation. **Appointments not canceled 24 hours prior to the scheduled session will be charged \$75.00 to the individual.** Insurance does not pay for missed sessions. If a patient misses two consecutive scheduled sessions, the patient will be considered to have given notice of termination of therapy.

### **TELEPHONE ACCESSIBILITY & EMERGENCIES**

Due to my work schedule, I may not be immediately available and will generally not answer the phone when I am with a patient. My phone is answered by a voicemail system when I am not available as well as on evenings, weekends, and holidays. I will return your call at the first opportunity. In case of an emergency, please call or text the Suicide and Crisis Lifeline at 988.

### **OTHER FORMS OF COMMUNICATION**

I do not communicate clinical information with patients via **email or text**. These forms of communication are less secure and your privacy cannot be guaranteed. Please use discretion in deciding whether to communicate with me via email or text. I cannot be held responsible for any information lost in transit or viewed by a third party. I may use email or text messages for scheduling purposes. Secure messaging is available through my patient portal system and may be used for therapeutic issues and sensitive personal information. Do not use secure messaging, email, or text messages for emergencies.

### **PROFESSIONAL FEES AND PAYMENTS**

My standard fee for psychological services is \$265.00 for an initial evaluation and \$165.00 per 45-60 minute therapy session. This fee includes consultations with other professionals, if needed, to coordinate your care (i.e. psychiatrist, physician, previous therapist). My fee for psychological testing services (such as pre-surgical evaluations) is \$165.00 per hour of testing, interpretation, and report writing in addition to the initial evaluation fee. Testing and assessments to monitor ongoing progress may be charged at a lower rate. My fee for disability or other paperwork preparation is \$25.00 per page. **Payment is due in full at each session.** Cash, credit cards, and Zelle payments are accepted.

If I am a network provider with your insurance company, I will submit a claim to your insurance company for payment. Any services not paid by your insurance carrier for whatever reason within 90 days will become your responsibility. Although I verify your insurance benefits, insurance plans vary considerably and I cannot predict or guarantee what part of my services will or will not be covered. It is your responsibility to know your insurance benefits. It is your responsibility to inform me of either new insurance or any change in your current policy. If the new insurance information is not provided and verified 24 hours prior to your appointment, you will be responsible for the charges for that date of service and any subsequent appointments. If I am not a network provider with your insurance company, I will provide you with a receipt for services, which you may submit to your insurance company to request reimbursement. You will also receive a good faith estimate of expected charges.

After 120 days, unpaid balances may be turned over to a collections agency or attorney to collect payment. In such situations, only the minimum amount of information needed to collect payment will be provided. By signing this agreement, you authorize me to employ the services of an outside collection agency or attorney to seek payment of all unpaid fees.

### **CONFIDENTIALITY**

The confidentiality of our communications is generally protected by law. In order for me to provide information to a third party at your request, your written permission is required. You will be asked complete a Release of Information form for each person or entity I share information with.

Legal exceptions to the confidentiality of your information are as follows:

- Active or suspected abuse (physical, emotional, or sexual) or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services.
- If the patient shows serious intent to harm themselves, I must take action to maintain their safety. This may include hospitalization or law enforcement intervention.
- If a patient threatens serious bodily harm to another person, I may be required to take protective actions such as notifying the potential victim, contacting law enforcement, or hospitalization.
- Sexual abuse of a patient by a mental health professional must be reported.
- Court ordered testimony or release of records.

Occasionally, I may consult with other professionals about a case. Consultations do not include the identifying information about the patient and the consultant is also legally bound to keep information confidential. Unless you object, I will not tell you about these consultations unless it is helpful in our work together.

My administrative staff are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice. For more information, please review my Notice of Privacy Practices available on my website [www.mzpsychology.com](http://www.mzpsychology.com)

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information about you in your clinical record. The clinical record includes information about your reasons for seeking therapy, a description of the ways in which the problem impacts on your life, the diagnosis, the goals that we set for treatment, progress towards those goals, medical and social history, treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone. Except in unusual circumstances that involve danger to yourself and/or others or when there is a need to protect the integrity of a test we administered, you may examine and/or receive a copy of your clinical record, upon written request. You should be aware that pursuant to Texas law, psychological test data are not part of a patient's record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers, I recommend you either review them in my presence so that we can discuss the contents or have them forwarded directly to another mental health professional. In most circumstances, I charge a copying fee of \$25.00 for the first 20 pages and \$0.50 per additional page.

In addition, I may also keep a set of psychotherapy notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of psychotherapy notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your clinical record. These psychotherapy notes are kept separate from your clinical record. You may examine and/or receive a copy of your psychotherapy notes unless we determine that release would be harmful to your physical, mental or emotional health. If you become involved in litigation, be advised that these psychotherapy notes may be subject to release to other parties pursuant to a valid subpoena or court order.

### **PATIENT RIGHTS**

You have the right to:

- Ask questions about the process and course of therapy.
- Voice your concerns or complaints to me about our work together.
- Decide not to receive treatment from me. I can provide you with referrals to other professionals.
- End therapy at any time. I do request that you inform me of this decision, and if possible allow time to wrap-up and provide some closure.
- Expect that I will maintain appropriate professional and ethical boundaries. This includes not acknowledging you in public, connecting on social media, or entering into any other type of relationship with you (personal, financial, professional, etc.) in order to maintain the privacy and integrity of our work together. If for some reason such a situation cannot be avoided, we will discuss this together.

### **NOTICE TO PATIENTS**

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. Please call 1-800-821-3205 for more information. The Texas Behavioral Health Executive Council's mailing address is 1801 Congress Avenue, Suite 7.300, Austin, TX 78701. Phone number (512)305-7700.

*I have read and understand this Agreement, and my questions have been answered. I agree to the terms of this Agreement, as indicated by my signature below.*

*I am aware that I can access Dr. Zimmerman's Notice of Privacy Practices on her website [www.mzpsychology.com/forms](http://www.mzpsychology.com/forms) A copy of this notice may be provided to me at anytime at my request.*

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

### **ASSIGNMENT AND RELEASE**

I hereby authorize my insurance benefits be paid directly to Marian R. Zimmerman, Ph.D. I understand that I am financially responsible for non-covered services. I also authorize Marian R. Zimmerman, Ph.D. to release information required in the processing of insurance claims. I have read and fully understand the financial policy set forth by this office. I understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification to me.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

## COMMUNICATION PREFERENCES

Voicemail Messages

I consent to receiving detailed phone messages.

Only leave a name and number on messages

I consent to receiving the following types of appointment reminder messages (check all that apply)

Email

Text Message

Automated Phone Call