ALLANA DANDURAN | MSW,LICSW
PSYCHOTHERAPY SERVICES

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Outpatient Services Contract

Welcome to my practice. This document contains important information about the professional services and business policies I offer, your rights as well as our mutual responsibilities and obligations. Please read it carefully and discuss any questions you may have with me. When you sign this document it will represent an agreement between us.

Professional Services

Psychotherapy:
I am committed to providing professional psychotherapeutic services to children, adults, families and groups. I have met the requirements and training for a Licensed Independent Clinical Social Worker and have undergraduate degrees in both psychology and social work. I will continue to maintain these licensure requirements so to provide you with both quality and evidence based treatment options.

Psychotherapy can have benefits and risks. Since psychotherapy often involves discussing unpleasant aspects of your life you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who participate in it. Psychotherapy often leads to increased self-awareness, increased ability to tolerate and cope with emotional difficulties / stress, improved relationships, solutions to specific problems and significant reductions in feelings of distress, however there are no guarantees of what you will experience personally.

When we first meet I will conduct an evaluation of your situation and needs which may last anywhere from 1 to 3 sessions. By the end of your evaluation I will be able to provide you with assessment feedback, treatment recommendations and first impressions of what our work together will include should you decide to continue treatment with me. You should evaluate this information along with your opinion of whether you feel comfortable working with me. Psychotherapy involves a significant commitment of time, money and energy, so you should (and deserve) to be very selective with whom you choose as your therapist. During this time I will also decide if I am the best person to provide the services you need. If I cannot provide you with the services you are in need of I will consult with other specialists and/or refer you to other resources within the community. If we decide to continue our work together we will create and decide on a treatment plan that will include the goals you will hope to achieve through the progress of psychotherapy. Typically a psychotherapy session appointment lasts approximately 50-55 minutes.

Beginning and Ending of Treatment:
Treatment begins at the time of intake / assessment. Following the intake a treatment plan will be made and agreed upon. The treatment plan will spell out what you can expect from your treatment as well as my expectations of you and /or your child. The treatment plan will include what kind of treatment will be provided and how often appointments will be needed.

Ideally, treatment ends through a decision discussed between client/family and myself as treatment goals are met. However this may not always be the case. In the event that more than 12 months have passed since your last session with me I may require a new intake / diagnostic evaluation to be completed.

Office Hours:
Typically my office hours include Tuesday's, Wednesday's and Thursday's from 10:00 am - 5:00 pm (the last appointment being at 4:00 pm). **Office hours are subject to occasional change.** You may book multiple sessions at one time, however appointment's can be booked no further than 2 months into the future. Due to the high demand for late afternoon appointments each client is allowed to make and hold no more than 3 appointments at 3:00 pm or later at one time. Please note that I cannot guarantee late afternoon appointments for all of your sessions.

Contacting Me:
Please see the additional Communications Policy for specific details on how to most effectively contact and communicate with me. This document will also outline the various tools I use for secure communication and details regarding what you can expect from me for response time.

Emergencies:
If you are experiencing an emergency, including a mental health emergency it is best for you to call 911. Be aware that I do not offer 24-hour crisis services / coverage given the nature of my schedule and the fact that I often cannot be reached immediately. If you do need to inform me of an emergency the best method is to both leave me a voicemail and send an email. Please do not text me for emergency purposes.

Business Policies:

Professional Fees:
The fee for service is based on the type of service provided and / or the length of time the service was provided for. Following are the most commonly billed services;

- Initial intake / diagnostic assessment (75-90 minutes) - $225. More than one diagnostic session may be needed in which case each session is billed at this rate.
- ADHD evaluations (2 separate sessions, 60 minutes each) - $450 or $225 per session. This service includes full evaluation, parent only interview, review of diagnostic aiding material such as screeners and complete copy of a report, valid for Individualized Education Plans (IEP) and 504 plans.
- Individual Return Sessions (55 minutes) - $195
- Individual Return Session (45 minutes) $170
- Family Sessions or parent only sessions (45-60 minutes) - $195
- Outside of appointments additional fees are charged for other professional services you may need. The fee is based on the Individual Return Session rate of $195 for 60 minutes, however I will break down the cost if I work for less than 60 minutes. Other professional services may include report-writing, telephone conversations lasting more than 5 minutes, attendance at meetings, phone conversations or preparation / sending of written documents with other professionals you have authorized, preparation of records or treatment summaries, copying and sending records, and the time spent performing any other service you may request of me.
- If you become involved in legal proceedings that require my participation you will be expected to pay for my professional time, even if I am called to testify by another party. Because of the difficulty of legal involvement I charge my fee for preparation and attendance of any legal proceeding. Some or all of the above services may not be covered by your insurance and will be billed at my rate as specified above.

You will be expected to pay your balance due in full at the sooner of, your next session or the date on your invoice, unless we agree otherwise. If payment if not made you will NOT be able to schedule another session until payment is received. If sessions are scheduled in advance and a balance is not paid future sessions will be cancelled until the balance is paid. You may reschedule the future sessions once your balance is paid in full. Appointment times of future sessions cancelled due to an unpaid balance will not be held. Payment schedules for other professional services will be agreed to when they are requested. Payment can be made by cash, check or credit card and a receipt will be given.

Disclaimer:
Allana Danduran Psychotherapy Services does not provide forensic evaluations for guardianship, custody or other legal issues. I also do not provide letters or forms endorsing "therapy" or emotional support pets, i.e. to allow a pet in a pet-free housing situation.

Health Insurance Reimbursement:
My practice is currently considered an "in-network provider" for Blue Cross Blue Shield of North Dakota and Sanford Health Plans. This excludes medicaid plans such as, but not limited to, Blue Plus or Sanford Expansion Plan. Please note that Sanford TRUE plans may provide you with an in-network discount, however may NOT cover services outside of a Sanford facility. Since insurance contracts vary widely, I recommend that **you check with your insurance company to see what services your policy covers.** The insurance company is your agent. I encourage you to work directly with them to clarify coverage, follow referral or authorization requirements and to process claims. I will do what I can to assist you in working with your insurance company, but the ultimate responsibility belongs to you, the insurance prescriber. I am an "out-of-network provider" for all other insurance companies. If you wish I will provide you with the necessary provider information that will help you when you seek insurance reimbursement on your own. I**t is your responsibility** to be familiar with the terms of your policy and you are fully responsible for seeking your own reimbursement. At times insurance companies may not cover a particular diagnosis. Insurance companies may also authorize treatment for you but their authorization does not guarantee that they will pay for the services you receive. Although insurance companies often pay a portion of my services, you may be financially responsible for them whether or not your insurance company pays.

Cancellation / Missed Appointment Policy:
Once an appointment time is scheduled, you will be expected to pay for it unless you provide **24 hours advance notice of cancellation except for Mondays or the day after a holiday when notice must be provided a minimum of 24 business hours in advance. You will be charged a fee of $50 for appointments cancelled less than 24 hours advance notice (Late Cancel),** for appointments on Mondays or the day after a holiday cancelled less than 24 business hours advance notice. **You will be charged my full fee $100 for missed appointments (No Show).**
Insurance will not pay for late cancels or no shows. If you feel that your need to cancel has extenuating circumstances please feel free to discuss the matter with me. In the case of an error in scheduling I will make an effort to determine if I was responsible for the error. In ambiguous situations, my office policy will be to bill based on what is scheduled in the office appointment book. You will be expected to pay the charge before or at the time of your next appointment in order to maintain future appointments with me.

Late Arrival Policy:

If you are late to an appointment you are still entitled to the remaining time of your appointment, however will be expected to pay my full hourly rate of $195.

Credit Cards:
In addition every client is required to enroll a credit card to be kept on their file. This credit card is only charged in the event that payment is not received by the the due date listed on the invoice. Credit cards will automatically be charged for the entire invoice amount on the day following the date listed on the invoice.

Service / Finance Charges:
There is a $25.00 service charge for returned checks and declined credit cards, unless an attempt has been made to notify me of a credit card change prior to the due date listed on the invoice. Past due accounts may be reported to a collection agency after 60 days. You will receive a final notice of your past due amount after 30 days.

Client Rights and Responsibilities:

Rights:
As a client of my practice you have the right to receive kind and courteous care and to be assured of the confidentiality of your health information. You also have the right to receive evidence based services that meet criteria for best practice standards set by the National Association of Social Work (NASW).

Grievance Procedure:
If you are dissatisfied with the services you receive I encourage you to discuss these concerns with me. If you do not feel comfortable sharing your concerns with me or if you are not satisfied with the result, please contact the North Dakota Board of Social Work Examiners by mail (P.O. Box 914, Bismarck, ND, 58502) or phone (701-222-0255).

Responsibilities:
- As a client of my practice it is your responsibility to provide me with accurate and up to date information regarding your health that will allow me to accurately assess your situation and problem.
- Psychotherapy calls for an active effort / participation on your part. In order for the therapy to be successful you will need to work on the things we talk about both during our sessions and outside of them.
- You are responsible for honoring your financial agreement with me and paying your fees at the beginning of your sessions.

Confidentiality:

Treatment of Minor Children: I require the parent or guardian of a minor child to give consent for me to treat your child. If I am seeing a minor child, the parents / guardians have the legal right to access the child's chart, unless the rights have been terminated, access has been limited by a court order or under specific circumstances related to therapeutic privileges. However, my approach (especially for teens) is to allow your child the same privacy you have as an adult. I routinely will share with you information regarding your child's safety, anything you can do to help and whether your child is keeping appointments and making good use of time. The signing of this document endorses your consent to provide psychotherapy treatment to your minor child.

Please see the additional Notice of Privacy Practices form for detailed information about how your privacy is maintained. This notice reviews your rights and under what circumstances your protected health information can be disclosed to others. If you have any questions about these privacy practices please feel free to address these with me in person.

Acknowledgement and Agreement

I understand the above statements and I request services for myself / my child under the above conditions. I agree to abide by the above conditions and their terms during our professional relationship. If I am not the patient I certify that I am authorized to sign on the patient's behalf. I also certify that I have received a copy of the Outpatient Services Contract and been given the opportunity to ask questions about the aforementioned contract.

Patient / Parent / Guardian Signature: _____

Provider Signature: _____

Date:_____