

Connie McCullar, M.S., LMFT 90573
1148 Alpine Rd. Ste 205
Walnut Creek, CA 94596
(925) 285-6595
cfmccullar@yahoo.com
www.mccullarpsychotherapy.com

Psychotherapy Services Agreement

Outpatient Services Contract:

This packet contains two documents. The first document (THE AGREEMENT) contains important information about CONNIE MCCULLAR'S professional services and business policies. The second document (THE NOTICE) summarizes the new Federal Health Insurance Portability and Accountability Act (HIPAA) and explains your rights with regard to the use and disclosure of your Protected Health Information (PHI). The law requires that CONNIE MCCULLAR obtain your signature acknowledging that you have been provided with this information by the end of your first session. When you sign this document it will represent an agreement between us which you can revoke at any time unless CONNIE MCCULLAR has taken action in reliance on it or your health insurer requires it to substantiate claims in process; or if you have not fulfilled your financial obligations to CONNIE MCCULLAR.

Psychological Services:

Psychotherapy can be a difficult as well as rewarding process. Since therapy often involves exploring unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand therapy can often lead to better relationships, solutions to specific problems, and a reduction in feelings of distress. Because we will work toward your goals together, it is important that you inform us of any problems or difficulties that may arise for you. CONNIE MCCULLAR is a CA licensed Marriage and Family Therapist # 90573 who holds a Master's Degree in Clinical Counseling Psychology.

Fees:

Fees are negotiated between the therapist and client at the beginning of treatment. You will be expected to pay at each session unless it is agreed otherwise. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan. Upon request, invoice statements can be provided.

Insurance Reimbursement:

If you have a health insurance policy, it may provide some coverage for your treatment. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled, however, you (not the insurance company) are responsible for full payment of session fees. It is very important that you clarify what mental health services your insurance policy covers. **It should be understood that insurance companies and managed care organizations often require information about your treatment. You should be aware of what confidentiality you may have waived when you enrolled with them.**

Cancellations:

A 24-hour advance notification of cancellation is required. For missed appointments or those cancelled less than 24-hours in advance there is a charge for the full session fee. Please note that insurance companies do not provide reimbursement for late cancellations of missed appointments (unless we both agree that you were unable to attend due to circumstances beyond your control).

Confidentiality:

The law protects the privacy of all communications between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or the Health Insurance Portability and Accountability Act (HIPAA).

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However there are some situations where we are permitted or required to disclose information without your consent or

Authorization. These exceptions include the following:

- 1 Disclosures required by health insurers or to collect overdue fees.
- 2 If a government agency requests information we may be required to provide it.
- 3 If a patient files a complaint or lawsuit against us, we may disclose relevant information in order to protect ourselves.
- 4 If clients poses a serious threat to himself/herself. We may enlist family members or others in an effort to protect a potentially suicidal client.
- 5 Client threatens to physically harm an identifiable victim.
- 6 Child abuse (both past and present), elder abuse, or dependent adult abuse is suspected.

In the later two situations we are required by law to inform any potential victims and the appropriate authorities so that protective measures can be taken. Every effort will be made to fulfill this reporting requirement in a manner that is in the best interest of those involved.

Availability:

Sessions are confirmed in advance by appointment. Clients can contact Connie McCullar, M.S., LMFT 90573 via telephone/text or client can leave a confidential voicemail at (925) 285-6595. Clients can also connect with Connie McCullar via email at cfmccullar@yahoo.com. Emails/texts/voicemails are to be utilized for SCHEDULING PURPOSES ONLY. Conversations regarding therapy issues will be handled during live telephone conversations or during in-person sessions. Messages will be checked throughout the day Monday through Sunday. Connie McCullar will respond within 24-48 hours. Teletherapy services are available for approved situations and are billed at regular rates. For crisis emergencies requiring immediate assistance, contact the Contra Costa Crisis Line at 1-800-833-2900 and then notify Connie McCullar via voicemail. If Connie McCullar is planning to take time off, clients will be informed in advance and appropriate coverage will be offered, if deemed necessary.

I, _____, have read, understand, and agree to all of the above information, and give my permission to Connie McCullar, M.S., LMFT 90573 to provide psychotherapy services to:

Myself: _____ My Child: _____
(Print Name)
Signature: _____ Date: _____

(If a personal representative of the client signs the Authorization, a description of the representative's authority to act for the patient must be provided below)

Therapist Signature: _____ Date: _____