*Julien Perille, Psy.D.*

14 Maine Street

Brunswick, ME 04011

205 Ocean Ave.   
Portland, ME 04103

Phone: (207) 619 0608

Fax: (207) 773 5512

**Psychotherapy Services Agreement**

This agreement contains important information about my professional services and business policies. Please read it carefully and discuss with me any questions you may have at your first meeting. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not an exact science. Psychotherapy outcome research over the last two decades indicates that as a result of therapy, most individuals feel better and function better in a variety of areas after treatment. I approach psychotherapy with clients as a collaborative process where we work together to identify concerns and address areas for growth. I hope that as you make progress during your therapy sessions, you also learn skills that you can take outside your sessions to continue your personal growth.

The process of psychotherapy can at times be uncomfortable, as you may be addressing issues that feel upsetting or increase your anxiety. You may also experience discomfort or resistance to changes you are making from people in your life who have been accustomed to these dynamics you are now changing. Success in therapy is dependent upon many factors, including being motivated to change, having open communication between you and your therapist, working with a therapist who agrees with you about the major issues to be addressed in therapy, attending sessions regularly, and considering before each session what you want to discuss.

Psychotherapy is different from a medical appointment with a physician. It involves a significant commitment of time, effort and money on your part. We will spend some time identifying the major problems and goals that concern you and discuss a specific time frame within which to accomplish these goals. The length of time that people are in treatment will vary greatly. Some people may achieve their goals within a few weeks/months. Others may need to be in treatment for years, especially when their problems have been present for many years. I cannot guarantee how long treatment will last, nor can I guarantee a specific outcome. There are risks to being in psychotherapy, including the unlikely possibility that your symptoms will simply get worse. Most clients find that their symptoms may get worse before they get better. If you have questions about this, please don’t hesitate to ask me.

Our first few sessions will involve an evaluation of your needs. At the end of this period, I will be able to offer you some first impressions what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about my approach or procedures, we should discuss them when they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional.

**Although I share office space with other mental health professionals, this is not a group practice; each of us operates independently and many of us utilize different business names**. I am not responsible for any services provided by other professionals within the office, nor are they responsible for my services.

**MEETINGS**

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45-minute session per week at a time we agree on, although we may decide to meet more or less frequently. Once an appointment hour is scheduled, you will be expected to pay for the session unless you provide 24 hours advance notice of cancellation. The charge for a missed appointment will be discussed in your first session and is usually equal to your session fee. It is important to note that insurance companies do not provide reimbursement for cancelled or missed sessions.

**PROFESSIONAL FEES**

I charge $180 for an initial assessment (first session which is usually about 60 minutes) and my fee is $160 for individual sessions after this (which are usually 45 to 50-minute session). Couples therapy sessions are 160 per hour and Psychological testing are $160 per hour. Payment or your copay is due at the time services are rendered. In addition to weekly appointments, $160 is my standard rate for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, 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, including preparation and transportation costs. Because of the difficulty of legal involvement, I charge $200 per hour for the preparation and attendance at any legal proceeding.

**BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If your insurer determines that they will not pay for services, you are ultimately responsible to pay for services. Payment that is not made at the time of a session is generally expected within 30 days. I am happy to work with patients to arrange for payment plans if that becomes necessary.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using a legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action becomes necessary, the costs will be included in the claim. In most collection situations, the only information I release regarding treatment is the client’s name, the nature of the services provided (i.e. individual psychotherapy), and the amount due.

**INSURANCE REIMBURSEMENT**

In order for us to set realistic goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clarify benefit, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require pre- authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some clients feel they need more services after insurance benefits end. (Some managed- care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.)

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I am required to relate additional clinical information such as treatment plans or summaries, or copies of your entire record (in rare cases). This information will become part of the insurance company’s files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical databank. I will provide you with a copy of any report I

submit, if you request it.

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your treatment. It is important to remember that you always have the right to pay for my services yourself to avoid these problems that compromise your full confidentiality.

**PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information about you in your clinical record. This record contains forms you have signed (including this one), an assessment, a treatment plan, and notes about our meetings. I may also have records that you have authorized to be sent to me from other providers. All of this information is kept in a locked filing cabinet in my office.

You have the right to examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. Clients may be charged an appropriate fee for any professional time spent in responding to information requests, including $1.00 per page for the first 25 pages and 25 cents for each page thereafter, as well as postage or other costs associated with furnishing these records.

**CONFIDENTIALITY**

Under Maine law, communication between a client and a licensed Psychologist is privileged (confidential) and, in general, may not be disclosed to anyone without your prior written consent. There are, however, some exceptions to your confidentiality. Even without your consent, I am legally obligated to report certain disclosures you may make. For instance, **I may be required** to disclose certain information if:

(a) There is a serious threat of physical violence to yourself (e.g., suicide threats) or a third party or a serious threat of substantial damage to real property. If you are threatening to harm yourself, I am required to take whatever actions seem necessary to protect your and/or others from harm. If I have serious concern about your intention to harm yourself or someone else, I may require you to go to a hospital emergency room for evaluation. If you refuse, I would be required to notify the appropriate authorities, and/or the potential victim, to ensure that you get the treatment that you need.

(b) There is reason to suspect that a minor child (under age 18) or an incapacitated adult is being or has been subjected to abuse or neglect by you or someone else. If someone tells me of knowledge of active abuse of his/her own child or another child or an elder, I cannot keep this information confidential.

(c) There is an allegation that you have been subjected to sexual misconduct in the course of a previous mental health counseling relationship.

(d) I receive a valid subpoena or court order requiring the disclosure of all or some part of your counseling record. If I am ordered by the court to disclose information, I am legally obligated to do so.

(e) If the ME Board of Mental Health Practice or the ME Department of Health and Human Services are conducting investigations, I will be required to cooperate and allow access to your records.

(f) If treatment involves others close to you, such as your parents, spouse, or child(ren), then I will work to clarify our role in relation to each person. In most cases, there is only one identified client, and my responsibilities will be to that person. There are exceptions, such as when I may provide couples counseling to more than one person, in which case the *relationship* is the “client” and therefore I cannot “take sides” with one party (e.g., testify for one or the other in

divorce or child custody disputes).

(g) If you use health insurance to pay for any portion of your treatment, I may be required to release some details about treatment to you insurance company.

(h) Sometimes I may utilize the services of office managers to assist with scheduling, billing, and other clerical duties. These professionals are bound by the same confidentiality requirements as I am and are not allowed to release confidential information without written consent.

(i) I am also professionally and ethically required to consult with other psychologists regularly. Such consultations are bound by the same confidentiality as are individual sessions. Should I decide to consult about your case, I will omit identifying information from such consultations to protect your privacy. If you object to my consulting with colleagues about your situation, please inform me so that I can understand your concerns.

In those rare instances where it is necessary for me to disclose information relating to your counseling without your permission, I will make every effort to fully discuss it with you. However, when I am required to disclose your records pursuant to a court order issued under the Patriot Act, I may be prohibited by the terms of the order from notifying you of the disclosure.

**CONTACTING ME**

I am often not immediately available by telephone, as I do not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voicemail. I check for messages frequently and I will make every effort to return your call within 24h to 48hrs, with the exception of weekends and holidays or when I have indicated that I will be away from the office for extended periods of time. If you are difficult to reach, please inform me of days and times when you will be available.

I may be reached in emergencies by calling the Psychological & Educational Services’ on-call line (207) 829-4949. **If you are experiencing a crisis and cannot reach me immediately, please call 911 or go to your nearest emergency room**. You can also contact Cumberland County Mobile Crisis at (207) 774-Help or the Maine Crisis Line at 1-888-568-1112. For non-crisis communications, such as scheduling and billing issues, please call my office number (207) 773-7993 ext. 18 or (207) 619-0608.

**YOUR RIGHTS:**

As a consumer of mental health services, you have the right to:

1. Have full and complete knowledge of your therapist’s qualifications, training, and licenses.

2. Be fully informed regarding proposed evaluation and treatment.

3. Discuss your therapy with anyone you choose, including another therapist or mental health provider.

4. Refuse treatment entirely, or any component of any proposed treatment arrangement.

5. Request that information from your treatment be shared with another therapist or organization, provided that appropriate consent forms have been signed.

6. Question your therapist’s competence. Should you become displeased with services, you are encouraged to talk to me to see if the matter can be resolved. If you feel unable to address these concerns with me, you may address these concerns with another therapist or pertinent professional or legal bodies.

7. Request copies of ethical principles or other guidelines that govern my practice.

**MINORS & PARENTS:**

The law allows parents or legal guardians of un-emancipated clients under 18 to examine their child’s Clinical Record unless I decide that doing so is likely to cause harm or injury to the child. It is my policy to request an agreement from parents that they allow clinical information to remain confidential unless I believe that the child is in danger. If parents agree, I will provide them only with general information about the progress of the child’s treatment. However, even with this agreement in place, parents have the right to review their child’s records. If information is disclosed to parents, I will attempt to discuss the matter with the child and do my best to handle any objects he or she may have.

If you are a legal minor (i.e., a non-emancipated person under 18 years of age) or you otherwise have one or more legal guardian(s), then your legal guardian(s) is(are) considered by law to be the one(s) responsible for making treatment decisions, including decisions about what access is allowed to your Clinical Record.

**CONTINUITY OF CARE:**

It is helpful to communicate with other providers you may be seeing that you have entered treatment with me. Coordinating care and establishing lines of communications with other medical providers involved in your treatment helps to provide a more holistic and integrative approach to your treatment. As such, and with your signed authorization, you authorize me to contact your primary care physician or current medication prescriber to inform him that you have entered treatment. Any further communication relating to the nature of our sessions or progress will not be shared unless you sign a release of information form specifying the nature and extent to which I may share information about your treatment.

**Your signatures below indicate that you have read and understood the above information and agree to its terms. You are acknowledging that you have been given information necessary to consent to psychological services and are consenting to receive those services. Signing below also indicates that you have read and reviewed my Privacy Policies and Procedures.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date

**I consent to Dr. Perille contacting my Primary Care Physician and/or medication provider**: Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have received the HIPPA Privacy Policy (Notice of Privacy Practices).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date

**I understand Dr. Perille’s policy for missed appointments and that I may be responsible for my usual session fee if I do not provide 24 hours notice of cancellation. I also understand that most insurance companies do not reimburse for cancelled or missed sessions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Julien Perille, Psy.D.