

Letter of Agreement

Penny Frohlich Ph.D.

Psychological consultation is a joint venture in which you are an equal participant. The more you are willing to be active in understanding and developing plans to change, the more you will benefit from therapy.

These papers explain how we will work together and what you can expect from our alliance. As part of this agreement I will ask you to list your goals and sign the agreement to indicate your commitment towards achieving those goals.

The course of consultation often has highs and lows, so please be prepared for both easy and hard times. It is important that you commit to attend regularly since the difficult times (when you might be most tempted to miss a session) are often when the most progress is made. Unless we previously agree that infrequent sessions are best for your situation, erratic attendance will make it far more difficult to benefit from therapy.

I do not accept clients, whom, in my professional opinion, will not benefit from treatment with me. I will, therefore, enter our relationship with optimism and eagerness to work with you.

In choosing to participate in therapy, you will be making a commitment of time, money and energy. Since it is important that you are comfortable and optimistic with your therapist, our work together needs to be as direct and honest as possible. My style is very collaborative and I depend on your feedback. If at any time you feel uncomfortable with our work together, or have other concerns about it, please talk to me. It is important that I know if you are unhappy or dissatisfied with any part of our relationship, and I will always do what I can to remedy it.

You have a right to ask me about other treatments for your problems and their potential risks and benefits. If these are treatments I do not provide, but from which you could benefit nonetheless, it is my job to assist with finding those treatments. If at any time you desire a second opinion, I will be happy to help you in getting one.

The first 1 to 2 sessions are essentially an initial evaluation and goal-setting period. Furthermore, it is also an opportunity for both of us to determine if I am the best person to provide the services you need. These initial sessions, as well as all subsequent individual psychotherapy sessions, are typically 50 minutes in length (the remainder of the hour will be used for writing notes and reviewing).

The most important factors influencing the length of therapy are your goals for therapy and the complexity of the difficulties you are facing. Therapy can be brief (10 or fewer sessions) or longer depending on the nature of these factors. Typically after the initial evaluation, I can give you my professional opinion regarding approximately how much time should be needed.

Termination is a very important part of our work. Ideally, we are in mutual agreement about when to end consultation. After a decision to end consultation is made, we generally will meet for at least

one last session to review our work together and to say goodbye. This last meeting is often a critical part of treatment.

Before we begin our work together, I recommend that you see your family physician and that you have a clear understanding of any medical conditions that might affect your psychological situation. For people with depression, anxiety disorders, substance use problems, sexual dysfunction, or chronic illness and fatigue, this step is invaluable because medical conditions can play a large role in these problems and thus affect the way in which we will work together. It is often helpful for me to communicate briefly with your physician to ensure that we are working together in your best interest; however, I will not do so without your written consent.

I am often not immediately available by phone, though I have voice mail and make every effort to return call within 24 hours except on weekends and holidays. In emergencies, if you cannot reach me, and cannot wait for a return call, alternative resources include the 24-hour hotline at Austin State Hospital (472-4357/472-HELP), St. David's Pavilion Psychiatric Hospital (867-5800), or Seton Shoal Creek Psychiatric Hospital (452-0361).

I am a sole practitioner; any group arrangements are made for the purposes of office sharing only.

Confidentiality of Records

My professional and personal ethics require me to keep everything you discuss in therapy in the strictest confidence. While you are free to discuss your therapy with anyone whom you wish, I do not discuss such matters without your consent. Confidentiality of the information you provide during our work together is of the utmost importance and will be strictly guarded. Thus, information you share with me will not be discussed with anyone without obtaining your written consent.

There are certain situations written into the laws, however, that deny me complete control over confidentiality of communication. For example, I am legally required to report any situation of suspected child or elder abuse of which I become aware, unless I know that it has already been reported to the authorities. I may also be obliged to warn a potential victim if I come to believe that a client may be intending to do them harm. If a client is actively suicidal, I am required to make efforts to assure their safety.

There are also rare cases where a therapist's records are subpoenaed, and the therapist is forced to yield them to the court. Since I do not support any violation of your privacy, I will do everything I can to resist such a situation. However, I must obey the law. If such a situation were to occur, I would attempt to discuss with you beforehand any information I might be compelled to release.

Under some circumstances, I may consult with other colleagues about my clients, and some aspects of your case might be shared. However, I will do this in a manner that would not identify you. My colleagues, like myself, are ethically required to maintain your confidentiality.

I am giving you this information so I can be certain you are aware of it, and so that we can discuss it further if it is of concern. I will always inform my clients if such an obligation arises with regard to their records.

If you ask me to release information to someone else, I will ask you to sign a Release of Information form. This allows me to legally and ethically communicate information.

I have read the above information about confidentiality, and I understand and agree to it.

Signature

Date

Fees, Billing, and Insurance

1. Office charges for initial evaluation are \$130, and for individual, couples, and sex therapy are based on a rate of \$110 per 50-minute session (the remainder of the hour will be used for writing notes and reviewing).
2. All fees are payable at the time of the appointment, unless specific alternate arrangements are made. If you need to be billed, terms for payment should be made in advance.
3. Since scheduling an appointment insures that a space in my schedule will be reserved for you, the standard fee will be charged for missed appointments unless they are cancelled within 24 hours or more in advance (this advance notice will allow me to try to fill that time slot).
4. Delinquent accounts may be subject to action by a collection agency, although every effort will be made to avoid this. If efforts to arrange payment are unsuccessful and the bill is sent for collection, the balance due will be increased by the total of all collection agency fees.

Insurance: If you would like, I am happy to help with the process of billing your insurance company to determine what they are willing to pay. However, because my primary relationship is with you, and not with your insurance provider, you are responsible for paying for any services provided that are not reimbursed by your insurance provider. Alternatively, if you wish to keep your information absolutely private (no diagnosis, no clinical information to insurance companies) you have the right to pay for my services yourself.

I have read this information and I understand it.

Signature

Date

I am a sole practitioner; any group arrangements are made for the purposes of office sharing only.

Goal Sheet

Goals:

We have read this agreement and understand its terms. We have listed the goals of our relationship above and will continue to work together until our goals are reached or until we decide together to discontinue.

I understand the information presented, have had an opportunity to discuss it with Dr. Frohlich, and give my informed consent to these arrangements.

Signature

Date

I appreciate the opportunity to work with you and will do my best to help you accomplish your goals. If you are happy with my services as we proceed, I would be pleased to have you refer other people who might also benefit from consultation with me.

Treatment plan:

Modality:

Frequency: