

LETTER OF AGREEMENT

Elayne Lansford, 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 documents 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, please talk to me about it. It is important that I know if you are unhappy or dissatisfied with any part of our relationship.

You have a right to ask me about other treatments for your condition 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.

Termination is a very important part of our work. After a decision to end our consultation is made, it is important that we meet for at least one last session to review our work together and to say goodbye. This last meeting is often critical to the success 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 anxiety disorders or chronic illness, this step is absolutely essential: I will be unable to work with you until I know the medical facts of your situation. 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, and generally do not discuss the specifics of your situation at any length.

If for some reason you are not able to contact me in case of emergency, an alternate resource is the Crisis Hotline at 472-4357.

FEES, BILLING, AND INSURANCE

1. Office charges for psychotherapy are based on a rate of \$135.00 per 45 minute session (the remainder of the hour will be used for writing notes and reviewing your case.). If you are covered by a pre-paid contract, those fees and allowable charges will be substituted.
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, there will be a \$75 charge for all missed appointments unless they are cancelled 24 hours or more in advance. (This advance notice will allow me to try to fill that time slot.) Insurance carriers do not pay for services not rendered, so you are responsible for that charge. However, if you become ill or have an emergency, I may be willing to waive this provision.
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. Your health insurance may help you to pay these charges. However, my primary relationship is with YOU and not with your insurance provider. Thus, unless you have a specified co-pay, I ask that you pay me the full fee. You will be responsible for applying for insurance reimbursement, although I will provide you with the information you need to do so. Even with a co-pay arrangement, you are ultimately responsible for paying for charges if services exceed benefits in your policy.

Many types of insurance cover only certain diagnoses, and exclude types of therapy such as marriage counseling and vocational counseling. Some companies will reimburse you for psychotherapy only when your physician has referred you to me and is involved in your treatment. It is important that you find out about these matters from your insurance company if you plan to get insurance reimbursement. You also will need to verify your insurance coverages, deductibles, and reimbursement rates.

If you belong to managed health care plan such as a PPO, there are often rules, limitations, and procedures we need to discuss. I will need to supply more information than usual to any managed care organization with whom I contract. Many of these plans limit types of treatment and number of authorized sessions. If you have questions, please bring your plan's description of services and we can discuss them.

I have read this information and I understand it.

signature

date

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

CONFIDENTIALITY OF RECORDS

My professional and personal ethics require me to keep everything you discuss in therapy in the strictest of confidence. While you are free to discuss your therapy with anyone whom you wish, I do not discuss such matters without your consent. In all aspects of my practice, communication between me and my clients is treated with strict confidentiality.

This means that to the degree allowed by law, your contact with me and my office will not be shared with any person or organization unless you instruct me to do so. All records of our appointments are kept securely, and cannot be routinely released for anyone to read unless you request it.

There are however, situations written into the laws that deny me complete control over confidentiality of communication. For example, I am legally required to report any situation of suspected child abuse of which I become aware, unless I know that it has already been reported to the authorities. I am also 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. The law also permits me to share records of client contact with insurance companies or collection agents for the purposes of obtaining payment.

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. The likelihood of this happening is extremely remote, but you deserve to be informed of the possibility.

There are two circumstances in which I might verbally discuss some aspects of your case with another colleague. First, if I am to be away from the office for a few days, I may ask a trusted colleague to "cover" for me. He or she will be available for emergencies and thus may need some information about my clients. Second, I sometimes consult with other colleagues about my practice, and some aspects of your case might be shared. However, I will attempt to do this in a manner that would not identify you. My colleagues, like myself, are ethically required to maintain your confidentiality.

The situations outlined above which essentially limit confidentiality are not routine, and have no impact on the large majority of people seeking professional services. However, 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 always inform clients if such an obligation arises with regard to their records.

If you ask me to release information to someone else, I will ask that you 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 it.

signed

date

CREDENTIALS

Elayne Lansford, Ph.D.

- * Licensed as a Clinical Psychologist in Texas since 1984.
- * National Register of Health Service Providers since 1985.
- * Practicing in Austin for 25 years.
- * President of Capital Area Psychological Association, 1994.

- * B.A.: University of Texas at Austin, 1976, Highest Honors.
- * M.A.: University of Michigan at Ann Arbor, 1980.
- * Ph.D.: University of Michigan at Ann Arbor, 1982.
- * Post-Doctoral Fellowship: University of Texas Health Science Center at San Antonio, 1982-84.

- * Clinical Adjunct Professor, Trinity University, San Antonio, 1985-86.
- * Clinical Adjunct Professor, University of Texas Health Science Center at San Antonio, Department of Psychiatry, 1984-86.
- * Adjunct Assistant Professor, University of Texas at Austin, Department of Psychology, 1985-present.

- * Publications in the Journal of Clinical and Consulting Psychology and in Professional Psychology: Research and Practice.

Memberships:

- * American Psychological Association,
- * Texas Psychological Association,
- * Capital Area Psychological Association
- * Austin Society for Psychoanalytic Psychology.
- * San Francisco Psychotherapy Research Group

GOAL SHEET

GOALS:

I have read this agreement and understand its terms. We will both comply with this on our personal and professional honor. It is understood that our relationship will discontinue whenever these terms are not fulfilled by either of us. 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.

signature

date

signature

Please return a signed copy of this agreement to me and I will give you a copy for yourself.

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.