

ROBERT J. BERCHICK PHD, INC

## **Robert J. Berchick, PhD, AABP, ACT**

### **OUTPATIENT SERVICES CONTRACT**

Welcome to my currently limited practice of psychological and coaching services. My practice schedule (as well as the type of issues I treat) has been reduced due to a health related recovery process.

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have, so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

#### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements; it varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. My primary methods are rooted in my ABPP Board Certification in Behavioral and Cognitive Psychology (awarded in 2014) as well as being a Founding Fellow in the Academy of Cognitive Therapy (awarded in 1999). I will often utilize other Evidence-based procedures.

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about, both during our sessions and at home

Psychotherapy can have benefits and risks. Since therapy 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 many health benefits for people who go through it. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. These aforementioned concerns, if not treated, have often been correlated with negative health concerns. Nevertheless, there are no guarantees of what you will experience.

#### **CONTACT**

I am often not immediately available by telephone nor email. While I am usually nearby my home-office telephone, I will not answer not answer the phone when I am with a client, so

please leave me a voice message on 215-674-9445. If you send an email, please still leave me a voice message so that I am certain to see your transmission. Please note, I would prefer that you do not send an email containing personal NOR urgent information. I will make every effort to return your call on the same day you make it. If you do not hear from me in 24 hours, please try calling me again. If you are difficult to reach, please inform me of times when you will be available, as well as a telephone number.

Although [berchick@therapyemail.com](mailto:berchick@therapyemail.com) is a Hush mail encrypted, HIPPA compliant service, I would prefer that confidential information is conveyed over my land line office number 215-674-9445, sent to my land line facsimile 215-443-7879, or mailed directly to my office, 433 East Street Road, Warminster, PA 18974-3309. My preferred *general*, NOT HIPPA compliant, email address is [dr.berchick@gmail.com](mailto:dr.berchick@gmail.com)

If you are an established patient of mine, I do have a **digital pager 215-212-7167** near me 24/7 for emergencies. However, please leave a message on my office line first, leaving your telephone number, as it is not unusual for me to receive only 9 digits on my pager. You will need to dial 215-212-7167 and wait for a beep, which is generally preceded by instructions, then digitally enter a telephone number where you can be reached before hanging up. However if you do not hear back from me within a few minutes after you digitally entered in the number to reach you then IMMEDIATELY call 911 or proceed to the nearest emergency room and ask for the psychologist/psychiatrist on call.

If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

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## MEETINGS

Our first appointment will be at least a one hour “face-to-face” Consultation intended to clarify your needs as well as to determine whether or not we feel comfortable working with each other. At the end of this meeting, I will provide you with a personalized packet of questionnaires, that I ask you to complete at your home as soon as possible. If you find that completing the forms makes you uncomfortable, please stop immediately and call me to discuss other options.

After you receive and complete your personalized packet, please return it to my office, preferably by the postal service or another delivery service if you prefer, deliver it directly to 433 East Street Road at a pre-arranged time, or carefully fax it to 215-443-7879.. Usually within 48 hours upon receipt of your forms, I will briefly call you to offer some impressions of what our work together will entail. Alternatively, I may feel that it is important for us to discuss other treatment options which may better suit your goals. If that is the case, I will ask colleagues and

post on the Pennsylvania Psychological Association List-serve for possible availabilities and options for you without revealing any of your personally identifying information.

There are a few occasions when we might decide that there is a need to meet for a few standard sessions to determine your best treatment recommendation thus completing the consultation process.

When all is said and done, you should evaluate the information I provide 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 very careful about the therapist you select.

Therapy sessions are usually one hour-long sessions, held once per week, at a time we agree on. There may be times when some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours in advance notice of cancellation. Nevertheless, if we both agree that missing this one appointment was due to circumstances beyond your control, the fee will be waived.

If you have questions regarding my procedures, we should address them whenever they arise. If your doubts persist, I will be happy to help direct you to another mental health professional for a second opinion. Usually I will urge you to locate credentialed specialists in CBT at [abpp.org](http://abpp.org) and/or [academyofct.org](http://academyofct.org). If you have a different psychotherapy modality in mind, I will post your anonymous request on the Pennsylvania Psychological Association List-Serve.

## **PROFESSIONAL FEES**

My Consultation fee is \$225.00 and my hourly session fee is \$185.00. As this is exclusively a fee-for-service solo practice, I do have a sliding scale based on financial hardship needs. In addition to weekly appointments, I charge this amount for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 15 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 even if I am called to testify by another party. (Because of the difficulty of legal involvement, I charge \$400.00 per hour for 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. I accept cash or checks. Other professional services payments will be agreed to at the time of the request.

Receipts for therapy will be sent to you if requested. If you choose to turn the receipt over to an insurance company or a third party payer, I CANNOT CONTROL THE SECURITY OF YOUR RECORDS. Remember your receipt often contains a diagnosis. Also insurance companies often require your entire, otherwise protected file.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the legal option of using customary means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the general nature of services provided, and the amount due.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. Pursuant to HIPPA, I keep a Protected Health Information (PHI) record which includes information about your reasons for seeking treatment, the way your presenting problem impacts your life, your diagnosis, the goals we set for treatment, your progress towards those goals, your medical and social history, treatment history, and your billing/insurance records. As it states in the Confidentiality Section of this form, I will not release your PHI without your written permission unless it falls into the legal exceptions. PLEASE READ THE CONFIDENTIALITY SECTION OF THIS FORM VERY CAREFULLY.

You have the right to obtain your PHI as well as provide me with a written request to amend your PHI. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. I am sometimes willing to conduct a review meeting without charge. I also will be happy to send your records to a mental health professional of your choice after you have signed a written release form. Patients will be charged an appropriate fee for any time spent in preparing information requests.

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law (HIPPA), and I can only release information about our work to others with your written permission. But HIPPA law contains a few exceptions.

- If suspected past or present abuse or neglect of children, adults and elders based on information provided by the client or collateral sources. The law requires a therapist to report such behavior to the authorities, including Child Protection and law enforcement,
- If the therapist has reason to suspect the client is seriously in danger of harming themselves or has threatened to harm another person(s).
- Some lawsuits and legal or court proceedings if Court Ordered.
- We may be required to disclose personal data to the military, if Court Ordered by their authority.
- We may be required to disclose personal and sensitive information to correctional institutions or legal enforcement authorities for purposes of obtaining healthcare services for the incarcerated and/or to protect their health and safety and/or the health and safety of other individuals.
- If you are receiving Workers Compensation to provide treatment or if you are receiving treatment reimbursement by insurance or third party payers.

These situations have rarely occurred in my practice. If a somewhat related situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep any such information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

I do need to employ professional staff (in my case my wife Denise). I often need to share some of your information for administrative purposes, such as billing, preparation of receipts and quality assurance. All staff or associates have been given training about protecting your privacy.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues. HIPPA requires that I provide you with a 'Notice of Privacy Practices' and that you sign a statement acknowledging such..

Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms during our professional relationship.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_