**SERVICE AGREEMENT**

**Laura K. McGraw-Cook, Ph.D.**

Psychological Services for Children, Adolescents, and Adults

3005 Brodhead Road Suite 282

Bethlehem, PA 18020

Welcome to my practice. The following guide provides you with information regarding my services, confidentiality, fees and insurance, appointments, and emergencies. Please review carefully and if you have any questions I encourage you to discuss them with me.

**Psychological Services**

My practice specializes in the evaluation and treatment of children, adolescents and their families. Services are tailored to your child’s needs and may include psychological testing, individual, family therapy, consultation with schools and other agencies involved in his/her care. The first 1-3 sessions typically involve determining the services needed to best assist your child, diagnostic interviews, and for therapy, the development of a treatment plan. At times I will establish a “three session” evaluation period in order to discern whether or not I believe I am able to assist you with your presenting concerns. If, during the course of treatment, I determine that I am not able to assist you, I will supply you with referrals to other practitioners. Dr. McGraw-Cook does not conduct custody and/or visitation evaluations for court proceedings. If requested, cognitive, achievement, and kindergarten readiness skills will be assessed by Michelle Marchese, M.S. Certified School Psychologist.

**Confidentiality**

Effective psychological services are those where trust is established and maintained between client and psychologist. You expect me to be honest about your child’s problems, my treatment recommendations and progress. I also expect you to be honest with me about your expectations for psychological services, information relevant to completing evaluations, and any issues pertaining to treatment progress.

Because trust is so important, all services are considered confidential. Information cannot be released to anyone, other than Dr. McGraw-Cook, except as mandated by law, or to prevent a clear and present danger, or to report suspected child abuse, or by the written permission of all legally competent parties involved in the therapy. The signature of a parent or legal guardian is required for minor children under the age of 18. Children 14 years and older, who consent to treatment, generally control their own records. In certain circumstances, they may prevent their parents’ access. In cases where Dr. McGraw-Cook believes information from a treating physician, school personnel, and/or child services agency may be helpful, signed parent/guardian consent to exchange information is required. In cases where a Written Psychological Report is completed, parents/guardians will be given a copy to review prior to granting written consent to release.

Additional information related to the Health Insurance Portability and Accountability Act (HIPAA) and Notice of Privacy Practices is provided for your review.

**Telepsychology**

Confidentiality also applies for telepsychology services (via phone, audio/video communication) and nobody will record the session without the permission from the other person(s). We agree to use the video-conferencing platform selected which requires internet connection, a webcam or smartphone. Please utilize a private, quiet place that is free of distractions (including cell phone and other devices). It is important to use a secure internet connection rather than public/free Wi-fi. Please provide a phone number to restart or reschedule the session in the event of technical difficulties. Additionally, an emergency contact number must be provided, in the event of a crisis situation. If you are under 14 years of age, written permission of your parent or legal guardian and their contact information is required. Clients should confirm with their insurance company that the video session will be reimbursed; if it is not reimbursed, you are responsible for full payment. As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person when COVID-19 restrictions are lifted and it is mutually safe.

**Fees & Insurance**

The fee for the initial visit is $220.00. Subsequent visits are $160.00 per therapy hour (50 minutes). The fee is due at the end of each session. Payment can be made by cash, check or money order. If requested, I will provide you with receipts for each session. Any additional services such as report writing or consultation will require additional fees and will be discussed with you before the service is provided. Except for brief messages or letters, I will charge you for phone therapy and consultation at a rate of $160.00 per 50 minutes. If you are having difficulty paying your bill, then we can discuss a payment schedule. Patients who owe money and fail to make arrangements may be referred to a collection agency.

If I am an approved provider for your insurance company, I will bill the insurance company directly and typically your co-payment is due at time of service. If I am not an in-network provider, you are responsible for obtaining reimbursement for services from your insurance company. I will complete any required insurance forms you provide. Full payment of services, as listed above, is required at the time of service.

**Clients are responsible for contacting their insurance company prior to the first appointment to clarify mental/behavioral health benefits. Helpful questions to ask your insurance can be found on my website** [**www.drlmcook.com**](http://www.drlmcook.com)**. If you owe a deductible on your policy, you are responsible for paying Dr. McGraw-Cook the full session fee(s) until the deductible has been met.**

Dr. McGraw-Cook is not responsible in any way for the confidentiality or use of information released to you or by your insurance company.

**Appointments**

Office appointments are scheduled directly with me at a convenient time. Barring rare emergencies, I will meet with you at the scheduled time. Because time is set aside for you, it is important that you keep this appointment. I do understand that circumstances may arise which necessitate the cancellation of occasional appointments. In these cases, I ask that you give me at least 24 hours (weekday) notice of any appointments that you need to cancel. Since I do not have Friday office hours, please contact me on Thursday latest if you need to cancel a Monday appointment. This will allow me to offer your time to another client. **Persons unable to provide at least 24 hours notice will be directly billed their full session fee (emergency situations will be taken into consideration).**

**Communication**

If you need to contact me between sessions, please call 610-360-5090 or email drlmcook@rcn.com. While my email is password protected, secure and only read by me, I discourage clients from sending detailed, personal information via email. I cannot guarantee confidentiality for any information sent on the internet. If you need to discuss a concern between sessions, please email preferred times and I will make arrangements to speak with you by phone.

**Emergencies**

You may leave a message on my confidential voice mail (#610-360-5090) and I will get back to you as soon as possible. Office hours are by appointment only. If you are unable to reach me during an emergency and need immediate assistance, please remember that you can always call Crisis Intervention:

Northampton County 610-252-9060 Lehigh County 610-782-3127

Carbon County 610-377-0773 Warren County 908-454-5141

Monroe County 570-421-2901

Dial 911, or seek assistance at your local emergency room.

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