



**Kathleen B. Corcoran, Ph.D., Inc.**

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## **SERVICE AGREEMENT**

This Agreement contains important information about my professional services and business policies. It also contains a summary of the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this information no later than our first session. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless:

- 1) I have to take action outlined in the limits of confidentiality;
- 2) If there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or
- 3) If you have not satisfied any financial obligations you have incurred.

## **PSYCHOLOGICAL SERVICES**

Psychotherapy is a collaborative process between you, me and anyone else you determine to be appropriate. Our first few sessions will focus on exploring the reasons you are seeking services and gathering some pertinent background information. After these first few sessions, we will discuss more specifically what you hope to accomplish in therapy and options in reaching those goals.

I assume that you know what is best for you and through our collaboration we can clarify how best to achieve it. My philosophy is to view you as a person whose mind, body and spirit are interconnected. My view is to see emotional, spiritual, and physical health challenges as normal human experiences, which are impacted by one's way of living and coping. These challenges can be an opportunity to enhance your health as well as an opportunity for growth.

To meet the unique needs of each client, my services integrate current scientific findings with innovative practices in complementary and alternative methods in psychotherapy. There are a variety of services in the community that may be helpful to integrate into your psychotherapy and you are encouraged to explore what combination, if any, might work best for you.

Psychotherapy can have many benefits and some 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 benefits. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, improved coping skills and a better sense of well-being. There are no guarantees what you will experience, but we have found you can maximize your success when you put energy into your goals in between the sessions.

## **SESSIONS**

Individual sessions will normally be 45 minutes in duration. Couples' and family sessions will be 60 minutes or longer. If they are shorter or longer for some reason, the fee will be adjusted according to the quarter hour. Many people meet weekly for the first few sessions then decide on what is the best frequency for them. The frequency can vary depending upon need, schedules and finances.

## **TELEPHONE CALLS**

Your calls are answered by our 24 hour voice mail system. Please leave a message in my confidential voice mail box along with the best time to reach you, and I will call back as soon as possible. Brief phone calls to change appointments or clarify information are welcome and will not be charged. However, if phone calls are greater than 15 minutes, they will be charged according to the quarter hour. If you have a need to speak with me after business hours, leave a message then press 9 then 1 then #. I will be alerted to your message and get back to you when I am available. In an emergency, the following are 24-hour hotline numbers, or go to your nearest emergency room.

Psychiatric ER/Suicide Hotline	216-623-6888
Rape Crisis Center	216-619-6192
Child Abuse	216-696-KIDS

If I will be unavailable for an extended time, I will indicate on my voice mail greeting the name of a colleague who is covering for me.

### **CANCELLING APPOINTMENTS**

Although it is best therapeutically to keep regular appointments, there may be times when you cannot come in. It is requested that you call the above number at least 48 hours in advance to cancel the appointment. **If you do not cancel more than 24 hours in advance, you will be charged the full normal fee for that session.** It is important to note that insurance companies will not pay for missed appointments.

### **FEES**

The fee for one 45-minute hour of individual psychotherapy or consultation is \$125.00. The fee for one 60-minute hour of psychotherapy for a couple or family is \$135. I also charge this amount 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, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

I am not a forensic psychologist and therefore, do not conduct evaluations for the court system. If you become involved in legal proceedings that require my participation due to a court-ordered subpoena, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the significant time and energy associated with legal involvement, I charge \$350 per hour for preparation, travel and attendance at any legal proceeding.

**I request that you pay the whole fee at the end of each session, unless we have a written agreement otherwise.** According to our ethics we are not allowed to barter or have other forms of payment. Also, any bank fee incurred for a check for insufficient funds will be added to your balance due.

### **THIRD PARTY/INSURANCE USAGE**

**If you are using insurance to help pay for sessions, I will provide a superbill to you at the end of the session for you to submit to your insurance so that you can be reimbursed directly. An agreed upon payment is expected at the end of each session.**

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. For example, I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record, except for psychotherapy notes. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company 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 information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier. 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.

### **CONFIDENTIALITY**

There are laws that clarify the privacy of all communications between you and me. In most situations, I can only release information about you if you sign a written authorization form. There are some situations where I am required to break confidentiality and others that require you provide written, advance consent. If I am concerned that you are in immediate danger of harming yourself or anyone else, confidentiality will not be maintained. Also, if you tell me of a minor, anyone under the age of 18 years old, who is believed to be being abused or neglected, by law I am obligated to report this to the appropriate authority. Your signature on this Agreement provides consent for those activities, as well as those activities outlined in the Ohio Notice, the attachment specifying the federal and state laws regarding confidentiality.

### **PROFESSIONAL RECORDS**

You should be aware that, pursuant to HIPAA, I separate **Protected Health Information** about you from **Psychotherapy Notes** I make about our session. The Protected Health Information is

contained in your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your life is impacted, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, testing materials, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing and the request is signed by you and dated not more than 60 days from the date it is submitted. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$1 per page for the first ten pages, 50 cents per page for pages 11 through 50, and 20 cents per page for pages in excess of fifty, plus \$15 fee for records search, plus postage. The exceptions to this policy, if any, are contained in the attached Ohio Notice Form.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal.

If your session includes other people, I can not release the record or allow you to review it unless all parties present have signed an authorized release. The only exception to this policy is if a judge orders the record to be released.

## **CLIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of Protected Health Information. These rights include requesting that I amend

your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of Protected Health Information that you have neither consented to nor authorized and that are not involved in treatment, payment or health care operations; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Ohio Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

**MINORS & PARENTS**

Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child’s treatment records unless I decide that such access would injure the child or we agree otherwise. An exception to this is for children between 14 and 18 who may independently consent to and receive up to 6 sessions of psychotherapy (provided within a 30-day period) and with certain exceptions, no information about those sessions may be disclosed without the child’s agreement. While privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, parental involvement is also essential to successful treatment. For children 14 and over, it is my policy to request an agreement between my client and his/her parents allowing me to share general information about the progress of the child’s treatment and his/her attendance at scheduled sessions. Any other communication will require the child’s authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Your signature below indicates that you have read the information in this document and agree to its terms. Your signature also serves as an acknowledgement that you have received the HIPAA Notice Form described above.

\_\_\_\_\_  
Client’s or Authorized Person’s Name (please print)

\_\_\_\_\_  
Client’s or Authorized Person’s Signature

\_\_\_\_\_  
Date