

Sabrina Strandberg, Psy.D.  
Licensed Psychologist #9183

## **SERVICE CONTRACT**

Welcome to my practice. 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.

### **MEETINGS**

**Once an appointment hour is scheduled, you will be expected to pay for the full fee (\$185.00) unless you provide 24 hours advance notice of cancellation.** In the case of an unexpected absence, such as one due to illness or other emergency, I will make every effort to notify you with as much prior notice as possible.

### **PAYMENT AND INSURANCE**

Payment is accepted in the form of cash, check, credit card, and HSA cards. Effective in August, 2019, I will not be contracted with any insurance companies and will not be able to bill insurance directly for services. I encourage you to contact your health insurance company to learn more about your eligibility, requirements and limits for reimbursement for neuropsychological and psychological evaluation services with an out-of-network provider. I will provide you with a detailed receipt to assist with the process of submitting claims and requesting reimbursement from your insurance company.

Payments for neuropsychological evaluations are due in two installments, with the first payment due at the initial parent interview session and the second at the last testing session. Payments for parent consultation and therapy sessions are due at the time of service.

Please note that insurance companies will not reimburse for neuropsychological testing for educational purposes, and there are specific criteria (only certain medical conditions may be covered) that may apply. It is the policy of this office that reports are not released until payment is received in full.

If you choose to seek reimbursement through insurance, you should be aware that your contract with your health insurance company may require that I provide it with information relevant to the services that I provide to you for purposes of claims review, utilization review, quality assurance and peer review by the insurance company. Sometimes I am required to provide additional clinical information such as a clinical diagnosis, treatment plans or notes. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. It is worth noting that if you authorize disclosure of your individually protected health information (PHI) for insurance purposes, I cannot guarantee how the information I release to the insurance company will be handled. This information becomes part of your record in the company's files and is then subject to their confidentiality arrangement with you. Please review the section entitled "Notice of My Policies and Practices to Protect the Privacy of Your Health Information" to learn more about the use and disclosure of your PHI.

In the event of an overdue account, you would receive a phone call and/or warning letter, after which the matter would be referred to a collection agency.

### **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.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will

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be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

### **MESSAGES AND EMERGENCIES**

I am often not immediately available by telephone or email. If you leave me a message on my voicemail, I will attempt to return your call within 48 hours if you leave the message. If you are difficult to reach, please inform me of some times when you will be available. You may request that I let you know if I am calling you on my smartphone as these communications are potentially less private than phone communications over a landline. You may also contact me by email for scheduling purposes, but please be advised that email is not a confidential form of communication.

If you are experiencing a mental health emergency and need immediate support and you feel that you can't wait for me to return your call, please contact your family physician, call 911 or go to the nearest emergency room and ask for the mental health clinician on call.

### **IF I NEED TO CONTACT SOMEONE ABOUT YOU**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

### **EMAIL AND SOCIAL MEDIA**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion.

If you need to contact me between sessions, the best way to do so is by phone. Direct email is second best for quick, administrative issues such as changing appointment times (although for cancellations with less than 24 hour notice please leave me a phone message as well). I prefer using email only to arrange or modify appointments. **Please do not email me clinical content, as email is not completely secure or confidential.**

### **POLICY ON THE CONFIDENTIALITY OF CLIENT COMMUNICATIONS**

In order to protect client confidentiality as well as the integrity of my/our work, it is the policy of this office that once a final report has been provided to parents, any and all communications and emails to or from them, and to or from doctors, attorneys, advocates or other professionals involved in the case, along with any and all early drafts of reports and other intermediate work product, will be promptly deleted and permanently extinguished from all of my/our computer files and other devices.

As part of this process, it is my/our policy to shred hard copy correspondence and notes, and to delete and permanently extinguish all emails and texts. Deleting emails means emptying both trash and deleted items folders as well as inboxes and sent emails.

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The purpose for these actions is to minimize the creation and maintenance of information in the file of a person being evaluated, that is not material to the ultimate findings and recommendations in our report. It also serves as a security measure against unwarranted and/or inadvertent disclosure of confidential material.

**CONFIDENTIALITY**

In general, law protects the privacy of all communications between a client and a psychologist, and I can only release information about our work to others with your written permission. But there are a few exceptions.

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.
- If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar 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 the 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.

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.

I encourage you to ask any questions you may have about the matters discussed above, and invite you to discuss with me any further issues that arise over the course of our work.

**CONSENT FOR TESTING/PSYCHOTHERAPY AND TO THE TERMS OF THIS AGREEMENT**

I have read this statement of policy and understand its contents. I have asked any questions I have had about these policies. I voluntarily consent to testing/therapy from Sabrina Strandberg, Psy.D. under the terms described above and understand that I have the right to terminate therapy at any time I desire.

Name of Client (Print): \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (if under 18) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I give consent for Sabrina Strandberg, Psy.D. to release to my health insurer information relevant to the services I have provided to you. Such information includes but is not limited to: summary of test findings, diagnosis, and treatment plan.

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Signature of Client or Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Therapist as Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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