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Mike Blakey, Psy.D. Licensed Psychologist

# **Agreement for Psychological Services**

Welcome to GCA. This Agreement contains important information about our professional services and business policies.

### **Psychological Services**

Psychotherapy is not easily described. It varies depending on the personalities of the therapist and client, and the particular problems the client is experiencing. There are different methods I may use to help address different problems. Psychotherapy is not like a typical 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 in and outside of our sessions.

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, or helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

#### **Meetings**

Our first few sessions will involve an evaluation of your needs. However, if during the initial assessment period I determine, in my professional judgment, that I am *not* a good fit for your particular treatment needs, I may provide possible referral sources for you to contact. In addition, you should evaluate your own experience of whether you feel working with me is a good fit. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions, please feel free to ask them as they arise.

If psychotherapy is begun, I will usually schedule one 55-minute session (one appointment hour of 55 minutes duration) per week at a time we agree on, although this may vary.

#### **Payment for Services**

Payment is expected at time of service. Please see the **Medical Practice Commitments and Expectations** form included with your new client paperwork for more detailed information.

The hourly fee for regular therapy appointments is \$220. The fee for the initial intake session is \$380. Examples of other billable services beyond your therapy appointments include report writing, frequent or lengthy telephone conversations, consulting with other professionals (with your permission), and preparation of records or treatment summaries. If you become involved in legal proceedings that require the participation of clinic personnel, you will be expected to pay for the requested services, including preparation and transportation costs. Because of the complexity and difficulty of legal involvement, our fee is \$350 per hour for any legal work. However, I only provide clinical services and will refer clients to other providers for forensic services whenever possible.

## Couples Therapy (marriage or partner specific services) Only

If you are being seen for couples therapy, **full payment for services is due at the time of service**. You will be provided a receipt for services and if your insurance company covers the cost of couples therapy, many insurers do not, you can coordinate this with them for possible reimbursement.

My signature below indicates that I have read this agreement and agree to its terms. It also serves as an acknowledgement that I have received the HIPAA notice form titled Notice of Privacy Practices and the Medical Practice Commitments and Expectations Forms.

I understand that I may revoke this Agreement at any time except to the degree that GCA or its designee have already taken action in reliance on it, there are claim related obligations imposed by my health insurer, or I have not satisfied all financial obligations.

| Signature of Client (or Representative) | Date                                                                                                                                                                                                     |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Printed Name                            |                                                                                                                                                                                                          |
| Frinted Name                            |                                                                                                                                                                                                          |
| Name of Client (if different)           | If the authorization is signed by a personal representative of the client, a description of such representative's authority to act for the client must be provided (e.g., parent, legal guardian, etc.). |