



OUTPATIENT SERVICES CONTRACT

I am pleased that you have chosen to bring your child to Seedling Behavioral Psychology for therapy services. The therapeutic relationship is unique in that it is a highly personal, and at the same time a contractual, agreement. Given this, it is important to reach a clear understanding about how the relationship will work, as well as expectations for each party. Below is the Outpatient Services Contract regarding therapy at my clinic. This document will discuss services, fees and billing, insurance reimbursement, attendance, and critical elements of therapy. My guiding principle is to protect the best interest of my clients while delivering the highest quality services. I can do this most effectively if you help me by asking questions or raising concerns whenever such matters come to mind. Please read and indicate that you have reviewed this information and agree to it by filling in the signature at the end of this document.

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify me immediately. I will ask you to provide me with a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child.

If you are separated or divorced from the child's other parent, please be aware that it is my policy to notify the other parent that I am meeting with your child. I believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving mental health evaluation or treatment. One risk of child therapy involves disagreement among parents regarding the child's treatment. If either parent decides that therapy should end, I will honor that decision, unless there are extraordinary circumstances.

PSYCHOLOGICAL SERVICES

Our first few sessions will involve an evaluation of needs for your child. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.



PROFESSIONAL FEES

Sessions are scheduled for 50 minutes once weekly, although some sessions may be longer or more frequent. My fee is \$200 cash/check/card for a 50-minute session. If we meet more than the usual time, I will charge accordingly. In addition to weekly appointments, I charge this same hourly rate for other professional services that you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge \$500 per hour for professional services I am asked or required to perform in relation to your legal matter.

All professional fees are continually reviewed and adjusted as needed. If fees are raised, clients will be notified and given a two-month notice, when possible, before new fees take effect.

BILLING, PAYMENTS, AND INSURANCE REIMBURSEMENT

You will be expected to pay (cash/check/card) for each session at the time it is held. Payment for other professional services will be agreed to when such services are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment.

I do not bill health insurance. You are responsible for full payment of my fees. If you have a health insurance policy, it may provide some coverage for mental health treatment. It is very important that you find out exactly what mental health services your insurance policy reimburses for. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have any questions about your coverage, call your plan administrator. If requested, I can print a receipt of payment for you to take to your insurance for potential reimbursement. Please provide me with the exact information needed on the receipt as requested by your insurance company.

ATTENDANCE POLICY

In order to provide the best possible care and maximize the benefits of therapy, it is very important that you attend all scheduled appointments. Regular and consistent attendance is necessary for your child to make progress toward therapy goals and improves treatment outcomes. Additionally, holding an appointment and not using it results in reduced availability of appointments for other families who are seeking help. Therefore, the following attendance policy is provided for your information and future reference.

1. I realize that there might be circumstances that require you to change your scheduled appointment. When this occurs, please notify the clinic at least 48 hours prior to your



appointment time so that the therapist can accommodate other clients. Please phone (801)-613-9184 to cancel or reschedule appointments.

2. Because session time is valuable, please make every effort to arrive on time for your appointments. If you will be more than 15 minutes late, please call to be sure your therapist can still see you. If your therapist can still see you, please be aware that your late arrival will result in a shorted session time for a full session charge.
3. If you cancel with less than 24 hours-notice, this will be considered a “Late Cancel.” If you do not attend your session and do not call to cancel, this will be considered a “No Show.” All “Late Cancel” and “No Show” appointments will be charged the regular session fee. If you “Late Cancel” or “No Show” for three sessions in a 4-month period, your case will be temporarily closed for a 3-month period. The purpose for this is to allow other families who are able to come in consistently to use available appointment times. It is also my hope that this time period might allow families who attend sessions inconsistently to have enough time to reorganize so that they can attend consistently when treatment is reinitiated.
4. In order to reinitiate services following the 3-month period, you can contact Dr. Morgan Schroeder at (801)-613-9184.
5. If your family’s case is temporarily closed and you want to seek services elsewhere, the following referral sources are provided for your convenience.
 - Utah Department of Human Services, Division of Substance Abuse and Mental Health 801-538-3939 (dsamh.utah.gov/child-mental-health)
 - Huntsman Mental Health Institute, Child & Teen Mental Health Services 801-583-2500 (healthcare.utah.edu/hmhi/treatments/children-teen/)

CRITICAL ELEMENTS OF THERAPY

As a part of my treatment process, I believe it is helpful for parents to know what to expect in terms of your involvement in services. My behavioral services require much effort on the part of parents and caregivers. Because of this, it can be very time consuming, and it is not always the best fit for every family. Below is a list of expectations that I believe are critical to progress in my clinic so you can have an idea about whether this will be appropriate for your family at this time.

- My primary treatment model is short term therapy.
- The focus of treatment is on your child’s behavior in the clinic, home, and later on, in the community. If behavior problems occur solely at school, this will not be a concern that I cannot address as I am unable to provide recommendations to school staff because I cannot observe your child directly in the school.
- Regular attendance (attending scheduled appointments) is expected. Primary caregivers MUST attend all sessions.



- Scheduled sessions are more frequent at first and occur weekly during the first 3-4 weeks. Sessions are then spread out and faded as problem behaviors improve.
- Parent/Caregiver is required to be active in all sessions (e.g., practicing skills, receiving coaching).
- Together the parent/caregiver and therapist will develop clear, realistic short-term goals based on behavior.
- I will demonstrate appropriate skills in session so that you (parent/caregiver) can practice the specific skills with your child in the clinic and home setting.
- Homework is required and is ***the most important part of therapy***. It will include:
 - Implementing recommendations and practicing skills at home in between sessions
 - Daily data collection about behavioral concerns
 - Collaborating with the therapist to review homework each session
 - If you are unable to complete homework, I may give you more time between sessions for you to find adequate time to practice the recommended skills (i.e., delay the next session until practice/homework completion can occur).

If after working with your family it seems that your child is unable to benefit significantly from my services, I will provide a list of other therapists and will discontinue services.

Signature indicates Receipt and understanding of policy

Date

Parent/Guardian Name (Printed)