

Jennifer A. Blanchette, PsyD
New Life Counseling
Mental Health Associates of Maine
251 Woodford St.
Portland, ME 04103
Phone: (207) 749-2343
Psychologist-Patient Services Agreement

Welcome to my office. I am aware that choosing a therapist can often be confusing and difficult. I am providing you with the following information in an effort to assist you with your decision-making process. Please feel free to ask further questions about any material presented here when we meet.

Professional Background:

Degrees:

B.A. in Psychology, Old Dominion University, 2002

M.S. in Psychology, Old Dominion University, 2005

M.A. Clinical Psychology, Regent University, 2009

Psy.D. in Clinical Psychology, Regent University, 2011

Psychology Internship:

Rappahannock Community Services Board, 2010-2011

Licensure

Licensed Psychologist, State of Maine, PS1372

First licensed: March 2013

License expiration: April, 2014

Licensure as a psychologist in the State of Maine requires a doctoral degree and the completion of both a national written exam and an examination of Maine law to determine competency. Psychologists are trained to provide clinical services for a variety of presenting issues. I have broad based training to provide services to individuals, couples, and groups. My areas of specialty include depression, anxiety, PTSD, Christian psychotherapy, spiritual issues, and substance abuse.

Regulation

If you are concerned about aspects of treatment that you are receiving from me, I encourage you to let me know this. I find that issues can be resolved when we speak about them directly. However, it is your right to be aware of the complaint process in the State of Maine. The practice of psychology is regulated by the Department of Professional and Financial Regulation. Complaints may be filed with the State Board of Psychological Examiners through this office at: 35 State House Station, Augusta, ME 04033: (207) 624-8603.

Treatment

Psychotherapy is not an easy process to define as it can vary depending upon the theoretical orientation of the therapist paired with the presenting needs of clients. My theoretical orientation incorporates aspects of both cognitive-behavioral and interpersonal process approaches. I focus treatment primarily on the present. At times, we may talk about past issues but I believe that patients benefit most when therapy incorporates a present oriented approach that teaches people skills in managing stressors and encourages change in problematic behavior patterns.

Psychotherapy is different from a medical appointment with a physician. It involves a significant commitment of time, effort and money on your part. I believe therapy works best when it is collaborative and has a specific focus. We will identify the major problem(s), goals, and a specific time frame within which to accomplish these goals. The length of time that people are in treatment will vary greatly. Some people may achieve their goals within a few weeks/months. Others may need to be in treatment for years, especially when their problems have been present for many years. I cannot guarantee how long treatment will last nor can I guarantee a specific outcome. There are risks to being in psychotherapy, including the unlikely possibility that your symptoms will simply get worse. Most patients find that their symptoms may get worse before they get better. If you have questions concerning your progress in treatment, please do not hesitate to ask me.

We may use outcome measures to track your progress and to determine when you have achieved your goals. You may also determine on your own that you wish to end treatment. If you decide to discontinue treatment at any time, I believe that these are discussions that are best to have in person (not over the phone) so that we can provide closure to the work that you have done or determine next steps for your treatment.

Please note that I provide Christian counseling to my clients of a similar faith. Please know that I have worked with people of various backgrounds and while I'm open with this worldview that I hold, I do not impose this on my clients. I approach my client's lives non-judgmentally and we discuss matters of faith at your pace. Some clients will see me specifically for this type of counseling others will have no faith belief at all. We will discuss how you want to discuss matters of faith and religion in our meetings on an individual basis.

Assessment Phase

In starting to work with someone in therapy, I conduct a comprehensive assessment of you, your background, and your presenting issues. This process usually takes between 2 to 4 sessions. It is a time for both of us to get to know each other and determine if there is a "fit" between us. Research has shown that the relationship between psychotherapist and patient is the most important component of successful therapy. I will be evaluating my ability to provide the best treatment for you and you can be determining if you feel comfortable and can trust me. If you decide that treatment with me cannot work, I want you to feel free to let me know. I want people to get the most that they can from their treatment, whether this is with me or not. In this case, I will work with you to identify referral options who can best meet your needs.

Fee Structure

Professional Fees

I charge \$150 for an initial assessment (first session which is usually about 60 minutes) and \$125 for individual sessions after this (which are usually 50 minutes). Group sessions are \$55 per group. As a provider for various insurance companies, I agree to accept the contract rates for different plans, many of which are lower than this. If you are not using insurance, your fee would then be as noted above, unless we have made other arrangements in advance. If you have questions about this, please do not hesitate to discuss this with me. I generally discourage people from bringing their psychotherapy treatment into court proceedings. However, if you do wish to have me involved in a court proceeding, I would expect to be reimbursed for preparation, transportation costs, and all of my professional time. Because of the difficulties in legal involvements, I charge \$275 per hour for preparation and attendance at any legal proceeding. Insurance does not cover this. Payment is expected in advance of a court appearance for up to the first three hours of preparation. I also charge for phone calls that last longer than 15 minutes. Patients are charged a percentage of my hourly fee, including the first fifteen minutes, if our time goes beyond that. Phone conversations outside of treatment are to be short and problem focused and I will recommend a course of action. If you require additional time, I will work to find a time to see you for an additional individual session as soon as possible.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. 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.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-IV. There is a copy in my office and I will be glad to let you see it to learn more about your diagnosis, if applicable.). Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). 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 if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by check or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

Cancellation policy

If we are working together in treatment, I will reserve times for you on a weekly or other basis as is needed. Since I have this time reserved for you, I cannot schedule anything else in it. I require patients to give me 24 hours notice of the need to cancel or change an appointment. Exceptions to this policy include urgent medical situations, weather or some personal emergency. I will provide you with the same level of notice of cancelling appointments except under the most urgent conditions (which are rare events). If you cancel an appointment late without urgent reasons as noted above or if you do not show, you will be charged for that appointment. This fee is not your co-pay but is the session fee based on your insurance policy. I do not wish to be charging my patients these fees and I work with each of them to ensure that we communicate effectively about our appointments. However, I have set aside professional time and I cannot use this at the last minute for another patient.

Confidentiality

All information shared with me is confidential, meaning that I cannot discuss you or information about you without having you sign a written Authorization. If someone in your life calls me and wishes to provide information, I will return their call but not acknowledge that you are a patient. I will listen to the information they wish to provide and the next time that I see you, I will tell you who called and what they had to say. You can then decide if you wish to sign an Authorization for this person.

However, there are some exceptions to this policy:

1. I share office space with others at Mental Health Associates of Maine. I do not share clinical information with others in this practice without a written authorization. However, you may know other providers in this office or other people receiving treatment here. I cannot provide a guarantee that you might not see these other people in this office. Please discuss these concerns with me if you
2. On occasion, I will consult with others in this practice and/or other colleagues in my profession so that I can provide the best clinical care. In cases of consultation, I eliminate personally identifiable information and share the least amount of clinical information that is necessary to discuss the clinical issue.
3. I am required by State of Maine law to report suspected abuse of a child or a dependent/incapacitated adult or elder. If someone tells me of knowledge of active abuse of his/her own child or another child or an elder, I cannot keep this information confidential.
4. If I have serious concern about your intention to harm yourself or someone else, I may require you to go to a hospital emergency room for an evaluation. If you refuse, I would be required to notify the appropriate authorities to ensure that you get the treatment that you need.
5. My records could be subpoenaed for court proceedings. This is usually never in anyone's best interest and interferes with therapist/patient confidentiality. Records are reviewed in complete detail and attorneys may wish to question me about you or your treatment. These proceedings are often adversarial and information can easily be misrepresented. You need to realize that despite the fact that I am your advocate, I also would need to reply to questions that may be asked to put your treatment in a negative light and I need to answer them directly. I cannot guarantee any specific outcome.
6. In the unlikely event that I am suddenly incapacitated/deceased, I have asked Dr. Aaron Blanchette to access my files to ensure that my patients have services arranged for them. By signing, you are authorizing this to happen in the event that it is necessary.

Contacting Me

I maintain a busy private practice and teaching schedule. Hence, I cannot guarantee that I will be able to respond to telephone messages immediately. I do my best to respond within 24 hours at most. However, if your call is urgent, please let me know that in a message that you leave for me so that I will know of the urgency of your call. **However, if you cannot wait for a return call**

or you are in crisis, please go to the nearest local emergency room or call the Maine statewide crisis line: 1-888-568-1112.

I do not initiate email contact with patients. I do allow patients to make appointment changes using email but encourage people to be aware that electronic means of communication cannot be guaranteed to be confidential. I do not use email to communicate about therapy issues or to provide psychotherapy interventions.

Clinical Record

I keep a clinical record for all of my patients. This record contains this notice, an assessment, a treatment plan, and notes about our meetings. I may also have records that you have authorized to be sent to me from other providers. All of this information is kept in a locked filing cabinet in my office.

Patients have the right to review their clinical record at any time, except in the most unusual circumstances. If you wish to review your record, I will do so with you or ask that you arrange for another psychologist to do so. Clinical records may contain professional terminology that is confusing or difficult to understand and which may easily be misinterpreted. This is why I require that people review this initially with a professional present. Copies of professional records can be made with advanced notice and are provided at a fee of \$.15 per page.

Payment

Payment is expected at the time of service. Patients should plan to pay co-pays each session. By signing this agreement, you are committing to pay me, New Life Counseling, LLC., for all services rendered. I will take care of completing all insurance paperwork that is necessary for services to be reimbursed by your insurance company. However, if your insurer determines that they will not pay for services, you are ultimately responsible to pay for services. Payment that is not made at the time of a session is generally expected within 30 days. I am happy to work with patients to arrange for payment plans if that becomes necessary.

If a bill goes beyond the 30 days, I reserve the right to use a collections agency or small claims court to collect on unpaid debt. These means are used only as a last resort as I wish to work with my patients to resolve this other ways. If I do need to use collections agency/court proceedings, I will provide them with only the minimum of information to file the claim. If I need to rely on legal means to collect a debt, I include the fees associated with legal filings in the claim. I have never had to use these means to collect on unpaid debts and I will do everything that I can in working with patients to prevent this circumstance.

Insurance Reimbursement

If you are using insurance to pay for treatment with me, you are agreeing to have information about you provided to your company. I am required to provide a specific diagnosis for billing purposes. In addition, your insurer may require me to provide additional clinical information (either in writing or verbally) in order to authorize further sessions with me. I make every effort to provide the least amount of information that is necessary to complete the request of your insurer. If you have questions about the content of this information, I encourage you to discuss them with me. If you do not wish this information to be shared with your insurer, the insurer can refuse to pay for treatment, leaving you to cover the cost out of pocket.

Insurance companies are also covered by the Health Insurance Portability and Accountability Act (HIPAA) and they are supposed to keep this information confidential. However, I cannot control what the insurer does with this information after it is released to them. In certain cases they may share this information with a national data bank. In the future, you may sign an authorization for an organization to access your medical records (i.e., when applying for life insurance). Information stored in the national data bank would then be released. The only way to avoid this situation is to not use your insurance.

Your signature below indicates that you have read and understood the above information and agree to its terms. You are acknowledging that you have been given information necessary to consent to psychological services and are consenting to receive those services. Signing below also indicates that you have read and reviewed my Privacy Policies and Procedures. You will receive a copy of this agreement for your records.

Printed Name of Patient

Signed Name of Patient

Signature of Parent/Guardian (if required by law)

Date

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