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CLIENT INFORMATION AND AGREEMENT FOR PSYCHOTHERAPY SERVICES

Welcome to my practice! I appreciate the opportunity to work with you. This document contains important information about my professional services and business policies, as well as a summary of the confidentiality laws. Please read this information carefully and feel free to discuss any questions or concerns with me at any time. When you sign this document, it will represent a contract between us.

Benefits and Risks of Psychotherapy

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, as well as the issues of concern. Different approaches to treatment are appropriate at different stages and in different circumstances. While psychotherapy can facilitate growth, insight, and change, this will occur only if you commit yourself to working toward your goals both during and outside of sessions. No guarantees can be made that you will achieve any certain outcome. Further, therapy can bring unexpected changes to your life and, for some people, therapy can bring up emotional pain as part of healing, so that you may experience difficult feelings before starting to feel better. I encourage open discussion of questions or concerns you may have about your therapeutic progress or any other aspect of your psychotherapy experience.

Our first few sessions will focus on information gathering and getting acquainted. This time allows me to learn more about you and your concerns, goals, hopes, and expectations, while allowing you to learn more about my way of working within the psychotherapy relationship. At the end of this initial evaluation, we will jointly plan a course of therapy to meet your needs.

Appointments and Cancellations

Therapy sessions last 50 minutes and are typically scheduled on a weekly basis, usually at the same time each week. Once an appointment is scheduled, you will be expected to pay for it in full. If you need to cancel or reschedule an appointment, please give 24 hours notice in order to avoid being charged for that hour.

Fees and Payment

My fee for an initial evaluation (90 minutes) is \$300. A regular 50-minute therapy session is \$195. Payment is due in full at the time of service, unless we have agreed to other arrangements. I am not able to accept credit cards. You can pay by check, bank transfer, or using an online service such as Venmo or Zelle. Please note that if a check is returned, you will be charged for any related fees.

Insurance

I am not “in network” with any insurance companies. If you wish to seek reimbursement from your own insurance company I will provide you with documentation to assist you with this process. **It is your responsibility to find out the details of your coverage.**

Occasionally services other than psychotherapy time are needed or requested (e.g., treatment reports, letters, extended telephone conversations, etc.). Such services, as well as associated out-of-pocket expenses, will be charged to your account. My hourly fee will apply, and will be pro-rated for portions of an hour if appropriate. If you enter into legal proceedings that require my participation, I will bill for all professional time (including preparation time and travel time) even if I am required to testify by another party. Because of the complexity and time involved in legal matters, my fee for such services is \$250/hour.

Contacting Me

Routine Calls: My office telephone number is 678-403-6686. Although I am not often immediately available to take calls, I check my confidential voice mail frequently and will usually return all calls within one business day. When leaving a message, please provide your telephone number and information about when you would be easiest to reach. If I am out of the office for an extended time, I will leave the name of a colleague who may be contacted if necessary. Please note that I am a sole practitioner and am not formally affiliated with any other psychologists.

Emergencies: I check my messages (email and voice mail) frequently, but much less so after hours and on weekends. If you leave me a message, I will usually get back to you within a few hours. If you feel that you cannot wait even a short time for me to return your call, please do one or more of the following: (1) contact your physician; (2) go to your local emergency room and request the psychiatrist on call; (3) call your clergy; (4) contact a psychiatric hospital; (5) call your county mental health emergency number; (6) call 911; or (7) call a trusted family member or friend.

Confidentiality

Information about you will be kept confidential in accordance with the Ethical Principles of the American Psychological Association, the Laws of Georgia and the federal HIPAA laws. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA.

There are some situations in which I am legally obligated to take actions that I believe are necessary to attempt to protect others from harm and I may have to reveal

information about a patient’s treatment. These situations are rare in my practice. If I have reason to believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I become aware of an immediate threat of harm to a particular individual, I would be required to take protective actions that might include notifying the potential victim, contacting the

police, contacting family members, or seeking hospitalization. If a patient 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. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

There are other situations in which your confidentiality might be breached. If you are involved in litigation, a judge could order the release of information to a court of law (although I would always attempt to protect your records by asserting that they are privileged). You might authorize the release of your records to a third party by your written consent, such as when you sign a release of information to another treatment provider or to an insurance carrier. Please note that I cannot be responsible for the confidentiality or disposition of records released to a third party once in the hands of that third party. If a government agency is requesting the information for health oversight activities, I may be required to provide it for them. Also, if a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

I may also occasionally find it helpful or even necessary to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. I will note all consultations in your Clinical Record. If we agree that it is advisable for me to confer with another medical or mental health professional whose services you have utilized, I will ask you to sign a form authorizing me to communicate with that individual regarding your treatment before doing so.

Consent

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Print Name

Signature

Date

As witnessed by:

Therapist Signature

Date

