

Rachel Z. Goodman, Ph.D.

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AGREEMENT REGARDING PROFESSIONAL SERVICES AND BUSINESS POLICIES

This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions. After you have reviewed this document, please sign and date it and return it to me.

PSYCHOLOGICAL SERVICES

Typically, therapy begins with an initial evaluation. During this time, we can assess whether working together will best help you meet your treatment needs. If psychotherapy follows, we will schedule one 50-minute session per week at an agreed upon time. If it does not appear that working together is in your best interest, I will do my best to assist you in getting the help you need and will try to provide you with the name of an appropriate alternative psychotherapist.

FEES AND CANCELLATION POLICY

You will be expected to pay for all sessions at the end of each session, unless alternate arrangements have been made between yourself and Dr. Goodman. You may pay by check or cash—I do not accept credit cards. Notification of at least 24 hours is required for cancellation of sessions without charge. For any cancellations of less than 24 hours, you will be charged a cancellation fee of up to 100% of the session fee, payable either before or at the next scheduled session. Bills that are 30 days past due may be placed in collection. I will inform you before I take that measure to provide you with the opportunity to pay promptly.

In addition to weekly psychotherapy appointments, I charge for other professional services rendered. Additional services may include report writing, telephone conversations lasting longer than 15 minutes, attending meetings with other professionals that you have authorized (e.g., psychiatrist, teacher), and preparation of records or treatment summaries. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

HEALTH INSURANCE

If you have a health insurance policy, it will usually provide some coverage for mental health services. You may choose to submit copies of your receipts to your insurance company and they can pay you directly. You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. This information will become part of the

insurance company files and is likely to be stored in a computer. While insurance companies claim to keep such information confidential, I do not have control over how they store or use this information.

BETWEEN SESSION CONTACT

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a confidential voicemail system that I monitor frequently during business hours. I will make every effort to return your call on the same day that you make the call. When you call, please inform me of some times when you will be available and additional numbers where I can contact you. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

EMERGENCY CONTACT INFORMATION

If during an emergency you are unable to reach me, contact your psychiatrist (if applicable), call 911, or go to the nearest hospital emergency room.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. At your request and with appropriate authorization, I will send these records to additional mental health professionals with whom you are working (e.g., psychiatrist).

CONFIDENTIALITY

In general, the privacy of all communications between a patient and his/her psychologist is protected by law and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Circumstances that may require a breach of confidentiality include: (1) if the patient presents danger to themselves, (2) if the patient presents an imminent danger to another person, (3) when there is reasonable suspicion of child abuse or neglect of abuse or neglect of a dependent elder adult, (4) when disclosure is mandated by law.

Occasionally, I might find it helpful to consult with other professionals about a patient's treatment. However, your name or identifying information will not be revealed. All precautions to maintain anonymity will be taken. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

The therapist, Rachel Z. Goodman, is a psychologist with the L'Ordre des Psychologues du Québec (permit # 10405-05). She has informed me of the purpose and type of therapy that is offered to me. In addition, the probable advantages, disadvantages and potential risks of intervention, as well as alternatives have been explained to me.

Your signature below indicates that you have read the information in this document and agree to all of its terms. You have also agreed that this consent be drawn up in English.

Print Patient's Name

Patient's Signature

Date

If patient is under 18 years old:

Print Legal Guardian's Name

Legal Guardian's Signature

Date