

OUTPATIENT SERVICES AGREEMENT

Karen Muehl Counseling, PLLC

Welcome to Karen Muehl Counseling, PLLC. This Outpatient Services Agreement (the “Agreement”) contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this Agreement, it will represent a legal contract between us.

PSYCHOLOGICAL SERVICES

I provide psychotherapy for the treatment of mood and anxiety disorders, issues of adjustment, relationship problems, grief and loss, identity concerns, coping with trauma, and posttraumatic stress disorder. I also provide career counseling. I welcome clients who identify along the LGBTQ spectrum and I have previous experience working with clients on issues of gender and sexuality, including transgender identity. I respect and affirm all aspects of culture and identity which may be important or relevant for clients, such as race or ethnicity, nationality, gender, sexuality, spirituality or religion, and physical ability. All services are provided through my professional practice, Karen Muehl Counseling, PLLC (“KMC”).

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular concerns you bring forward. My approach to psychotherapy integrates cognitive and behavioral principles, interpersonal process approaches, feminist and multicultural theory, and mindfulness-based approaches. The methods I utilize are informed by theory, professional literature, research evidence (when available), and “best practices.” In order to provide you with the best possible services, I am engaged in ongoing professional development activities, such as reading professional publications, seeking consultation with colleagues, and attending continuing education and training events.

Psychotherapy can have benefits and risks. Therapy usually involves a substantial commitment on your part in terms of time, money, and energy. In my experience, clients who put more effort into working on their goals between sessions tend to have greater benefits from counseling. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. You should know that sometimes people find that they feel worse before they feel better. Making changes in your life, working through emotional difficulties, shifting your ways of thinking, trying new behaviors, developing new patterns, and gaining self-awareness or insight is often challenging. Although it is impossible to guarantee outcomes, if we decide to work together I will make every effort to help you succeed.

Your sessions are your time to discuss any topics that you feel are appropriate. You may end our counseling relationship at any time. You also have the right to refuse any of the suggestions I make, and to initiate discussion about how the therapy is going for you. I invite you to provide honest and direct feedback about the therapy process, and any concerns you may have about counseling or about me. Please talk with me about these things so that we may address them. I may also initiate discussions about your progress. If it seems that you are not making progress toward your goals or benefitting from therapy, I may recommend that we end counseling.

MEETINGS (SESSIONS)

Our first session (or sometimes 2 sessions) will be an initial consultation. During this time, I will assess your needs and offer you some first impressions. Together we will set goals for therapy and I will make treatment recommendations to help you reach those goals. We can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun I will usually recommend weekly sessions (45 to 60 minutes per appointment) initially so that we can build a therapeutic relationship and establish some momentum in our work together. As we continue to meet we can re-evaluate whether meeting more or less frequently would be appropriate.

PROFESSIONAL FEES

My hourly fee is \$150 for the initial assessment. Individual sessions are \$125 (45 min.) or \$150 (60 min.). In addition to weekly appointments, my fee schedule for other professional services you may need is detailed on KMC's *Fee Agreement and Financial Policy*, which will be given to you along with this Agreement and the *Notice of Privacy Practices*.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important for you 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. It is very important that you find out exactly what mental health services your insurance policy covers. I may provide you with assistance in helping you receive the benefits to which you are entitled; **HOWEVER, you (not your insurance company) are responsible for full payment of my fees.** Please refer to the *Fee Agreement and Financial Policy* for more information about insurance.

CONTACTING ME

I am often unable to answer phone calls because of being in session with other clients, but you may leave me a confidential voice mail message. I check voice mail frequently and will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. **HOWEVER, if you feel that you are in crisis or experiencing an emergency, you should call 911 or go to the nearest emergency room, or go to the Behavioral Health Center at CMC-Randolph (501 Billingsley Rd., Charlotte, NC 28211, (704) 444-2400 or (800) 418-2065).**

Additional crisis resources include:

- Mecklenburg Mobile Crisis Team: (704) 566-3410
- National Suicide Prevention Lifeline: (800) 273-8255

ELECTRONIC COMMUNICATION

E-mail. You may contact me by e-mail at karen@kmtherapy.com to correspond about scheduling, payments/billing, or other logistics and business matters. E-mail correspondence may become part of your clinical record. KMC e-mail is secure and encrypted and meets HIPAA standards for protected health information, but your email service provider might not have the same level of security in place, and KMC cannot be responsible for disclosure of confidential or protected health information that is not under our control.

- KMC's scheduling and appointment system has the capability to send reminders via email. Initial here if you would like to receive appointment reminders by email: x: _____
- **HOWEVER, please do not e-mail me anything related to our work together, especially about urgent or sensitive matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. If you feel that you are in crisis or experiencing an emergency, you should call 911 or go to the nearest emergency room, or go to the Behavioral Health Center at CMC-Randolph (501 Billingsley Rd., Charlotte, NC 28211, (704) 444-2400 or (800) 418-2065).**

Text messages. Because text messaging is a very unsecure and impersonal mode of communication, I do not send or receive text messages with anyone in treatment with me. Therefore, please do not send text messages to me or ask me to send text messages to you.

- KMC's scheduling and appointment system has the capability to send reminders via text. Initial here if you would like to receive appointment reminders by text: x: _____
- **HOWEVER, please do not reply to appointment reminders sent via text or send texts related to our work together, especially about urgent or sensitive matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. If you feel that you are in crisis or experiencing an emergency, you should call 911 or go to the nearest emergency room, or go to the Behavioral Health Center at CMC-Randolph (501 Billingsley Rd., Charlotte, NC 28211. (704) 444-2400 or (800) 418-2065.**

Social media. I do not communicate with any of my clients through social media like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you on social media, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. **KMC does, however, participate on various social networks, but only for • marketing, • general informational purposes, or • in my private, personal capacity – but not as a means of communicating with clients in any manner.** If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. Social media communication or relationships with clients could compromise our professional relationship or lead to disclosure of confidential information. Therefore, please do not try to contact me in this way. I will not respond and will terminate any online contact.

Web searches. I will not use web searches to gather information about you without your permission. However, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, some of which may actually be known to us and some of which may be inaccurate or unknown. If you are concerned about any information you encounter about me through web searches, or in any other manner, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to request that I provide a copy of the records to you, or to another health care provider that you specify. You must sign a written authorization for release of confidential information in order for me to fulfill requests for records. If you would like a copy of your records I recommend that you schedule a session to review them together so we can discuss the contents. Also, you should be aware that because these are professional records they can be misinterpreted and/or upsetting to untrained readers. If I believe that providing your records to you would be emotionally damaging or harmful, I may deny access. My fee for records requests is \$15. **PLEASE NOTE, If you choose to keep a copy of your records I am no longer able to guarantee the confidentiality of the record once it leaves my office and cannot be responsible for any disclosures of information from your records that are not in my possession and control.**

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else, or that you have been seriously mistreated by an adult (e.g., physical or sexual abuse). In these cases, I will probably need to notify your parents of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient (client) and a psychologist is protected by law, and I can only release information about our work to others with your written permission. However many of the tools of modern communication may compromise confidentiality, such as email, text messages, social media, cell phones, faxes, and any other information transmitted over the Internet. I do use these forms of communication, but make every reasonable effort to protect your privacy. Please see additional information provided in my *Notice of Privacy Practices*, which you have been given along with this Agreement and the *Fee Agreement and Financial Policy*.

Your signature below indicates the following:

I, _____, have read the information in this **Agreement** and have had the opportunity to ask questions and discuss the terms with Dr. Karen Muehl. I understand this **Agreement** and I agree to abide by its terms during our professional relationship. I acknowledge that I have received a copy of this **Agreement**, the **Fee Agreement and Financial Policy**, and the **Notice of Privacy Practices** for Karen Muehl Counseling, PLLC.

X: _____
(Patient signature)

(Date)

X: _____
(Parent/Guardian signature)

(Relationship to patient)

(Date)

X: _____
Karen Muehl, Ph.D.

(Date)