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THERAPIST-CLIENT SERVICES AGREEMENT

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which can be found on my website (leebeckstead.com; https://25c31106-3665-4039-b7a1-dae80861cd1e.filesusr.com/ugd/676e95_c6920a81ac6645ba80a7c2aa03c17f61.pdf), explains HIPAA and its application to your personal health information in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it, if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations that you have incurred.

PSYCHOLOGICAL SERVICES

Psychotherapy is a collaboration between client and therapist to increase understanding and awareness and bring about change. There are many different clinical methods that I may use to help you respond to the problems that you hope to address. My priority is to empower you to make any changes that fit for you. Psychotherapy calls for an active effort on your part and therapy will be most successful if you work on things we talk about both during and between your sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. These feelings are normal and will be temporary, depending on the depth of your emotional difficulties and distress. My hope is to help you manage and resolve those feelings during and after your sessions. Psychotherapy has been shown to have many benefits. Therapy can lead to improved self-esteem, better relationships, solutions to specific problems, and significant reductions in distress. Although there are no guarantees of

what you will experience, I try to maintain a safe and respectful environment that can maximize the possibilities for you to achieve positive growth and healing.

Our first few sessions will involve an evaluation of your needs. 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 if we decide working together is the appropriate course of action. If we determine another plan would be more appropriate, I will provide referral information. If you have questions about any of my procedures, let me know so that we can discuss them whenever they arise. Feel free to question me or ask me why I am asking something or offering an intervention. If your doubts persist about my work, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Couples therapy starts with an assessment of the relationship past and present and hopes for the future. The first session(s) will be together with both partners and then I may meet with each partner individually once and the sessions following those individual ones will discuss the information shared. If there is any sensitive information not known by both partners, then I will explore with the partner the reason, motivation, and effects of withholding or disclosing the information. Please know that information discussed in couples therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. *By signing this agreement, you agree not to subpoena me, the therapist, to testify for or against either party or to provide records in a court action.* Also, I do not offer individual counseling to those I currently provide or have previously provided couples counseling. If during couples counseling or if the relationship breaks up and either or both of you wish to participate in individual counseling, then I will provide referrals to other providers.

MEETINGS / SESSIONS

If psychotherapy is begun, 55-minute sessions will be scheduled at a frequency that is mutually agreed upon. We may also mutually decide to change the length and frequency of sessions at any time during the course of your therapy. ***Once an appointment is scheduled, you are expected to pay for the full fee unless you provide 24-hours [1 day] advance notice of cancellation.*** I understand illnesses, accidents, and other beyond-our-control situations occur, and with these events, there will be no charge for missed or cancelled appointments. If keeping or remembering appointments is difficult for you, I encourage you to talk with me about how to change this pattern. If you arrive to the session under the influence of alcohol or other substances, then I will cancel the session, find you a safe ride home, and require you to pay for the session. **It is important to note that insurance companies do not provide reimbursement for cancelled or missed sessions.**

Telehealth. I am set up to use a secure, HIPAA-compliant web-based teletherapy platform called Doxy. All you need to access your session is a secure internet connection, a web browser (for example, smart phone, computer), and a confidential quiet space. Although phone therapy or videoconferencing allows possibilities of extending work where it was not possible, there are inherent limitations involved. For example, it may be difficult for both of us to fully assess or understand each other's emotional state without access to our nonverbal cues. In addition to the standard rules of confidentiality limitations, you should be aware of the unique confidentiality limitations for telehealth (for example, cell

phone messages can be picked up and overheard by others & it may not be possible to guarantee that the conversation is not overheard by other members of a household).

Also, most states do not allow therapists to provide services if they are not licensed in that state. Therefore, I can only offer telehealth if you are living in Utah. During the COVID-19 pandemic, most insurance companies are reimbursing for telehealth, but you will want to contact your insurance company and verify this. If you decide to end teletherapy informally (for example, stop calling or responding to calls), I will ask you to send me a letter, leave a message, or, ideally, talk with me about your decision.

CONTACTING ME & OUTSIDE CONTACT

Due to my work schedule, I am usually not immediately available by telephone. I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by a confidential voicemail that I monitor frequently. If you are difficult to reach, let me know on your message of times when you are available. Please limit calls, texts, and e-mails between sessions for scheduling and administrative purposes only. We can talk during your sessions about how to manage any distress between sessions.

You should know that I normally do not return phone calls after 6 pm, on weekends, during holidays, or when I'm out of town. I normally turn my phone off during these times. If you need more available services, then I can talk with you about other resources or referrals that may meet your needs more effectively. To be fair to both of us, if you need to talk between sessions, then I will charge for any telephone conversations lasting longer than 15 minutes. **If you would like speak with a trained mental-health professional while I'm away or unavailable, then you can call (801) 587-1055.**

Email/Texts: Email communication and texts are not secure and could be read by others as messages are stored on remote servers. **If you choose to contact me via email or text, you are accepting those privacy risks to send your protected health information as unsecured communication and then to accept email and text as an acceptable medium for my unencrypted response.** If you decide to take the risk of communicating via email and texts, then I recommend you do so only for scheduling and administrative purposes, rather than a medium for personal information. Please do not use email or texts for emergencies. You should also know that any emails or texts I receive from you and any responses that I send to you become a part of your medical record. If you have a concern about confidentiality or privacy, feel free to speak with me directly at 801-556-8110.

Social Media: I do not interact with clients using social media. If you have questions about this, please bring them up when we meet and we can talk more about it.

Dual Relationships: My professional ethics require me to avoid dual relationships with clients, which means that I do not socialize or create friendships or romantic/sexual or business relationships with current or former clients. In a professional relationship with a mental health practitioner, a dual relationship between a client and a provider--or one that is romantic, financially motivated, sexual, or otherwise risks impacting the provider's judgment or the quality

of the services provided--is never appropriate and should be reported to the Division of Professional Licensing.

If our paths cross outside of counseling, to protect your privacy, I will not approach or acknowledge you unless you do so first. If you decide to say hello to me in public, I would definitely welcome that, but I will not introduce you to the person(s) I am with to protect your privacy. You should know that if I am with others, then it may be best to avoid any acknowledgement because those I am with will likely ask about our association and although I will not provide them with any information, your confidentiality will be broken.

EMERGENCY PROCEDURES

Because I am not available 24-hours, after 6 pm, and during weekends/holidays, if an emergency occurs and you can't reach me, please dial 911 or the University Neuropsychiatric Institute (801) 587-3000 and ask for the crisis worker. My voice message includes this emergency number. Another number to contact would be the free, 24-hour National Suicide Prevention Lifeline at 1-800-273-TALK (8255). If you would like speak with a trained mental-health professional while I'm away or unavailable, then you can call (801) 587-1055. If you are struggling with substance abuse, then you can call (855) 780-5955 for immediate help. Leave me a message so that I will know what is happening and can contact you as soon as possible.

PROFESSIONAL FEES, BILLING, & PAYMENTS

My typical out-of-pocket fee is \$175 per 55-minute session. If we are billing through your insurance, the fees billed to your insurance company will vary depending on the contracted rate with your provider. In addition to appointments, I charge \$175/hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

You will be expected to pay for each session at the time it is held, unless we agree otherwise. I accept personal checks, debit and credit cards (VISA, Mastercard, AMEX, Discover, HSA and FSA), or cash. ***If you pay by credit card, then I will charge you their .028 service fee.*** Payment schedules for other professional services will be agreed to when they are requested. Optum Salt Lake County Medicaid members do not have to pay for covered services received when they have Medicaid.

An annual finance charge of 17.5% will accrue on all unpaid accounts unless specific payment arrangements have been set up between us. 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. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is the client's

name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim (40% more).

LIMITS ON CONFIDENTIALITY

The law protects the privacy of communications between a client and a psychologist. 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 other situations that require only that you provide written, advance consent. **Your signature on this Agreement provides consent for those activities, as follows:**

Consultation. I may occasionally consult with other health and mental health professionals about my work with you. During this consultation, I would make every effort to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless it is important to our work together. I will note all consultations in your Clinical Record.

Please be aware that other professionals rent space in the building where the office of Lee Beckstead, Ph.D. is located. While I may engage in peer consultation with them, my practice is a separate business and the other therapists do not have access to your medical record or private health information without your written authorization.

Business Associates. I have a formal business associate contracts with Office Ally for purposes of electronic billing, with Faxage for faxes, and with Doxy and Zoom for telehealth. These contracts require that this business associate maintain the confidentiality of these data as required by HIPAA except as specifically allowed in the contract or otherwise required by law.

Insurance. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

Court order. If you are involved in a court proceeding and a request is made for information concerning the professional services I provided to you, such information is protected by the psychologist-client privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

Health Oversight. If a government agency is requesting the information for health oversight activities, I am required to provide it for them. Commercial health plans are required to submit risk adjustment data to the U. S. Department of Health and Human Services. This information is used to calculate risk scores for each person enrolled in a health insurance plan to predict healthcare costs and determine how much to reimburse. This means that if you use an insurance company to reimburse for your therapy sessions, then they will contact me periodically and may request to review your medical records. Those records will only be used for their annual risk

adjustment submissions and will be kept for 10 years by the company hired to do this risk assessment. Your consent is not required for me to provide your records to this company, a “business associate” of your insurance provider. If a health assessment request is from the FBI to investigate terrorism, the Patriot Act declares I cannot inform you of this disclosure.

Lawsuit. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

Threat to self. If a client 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.

Communicable Disease. If a client reports to me that he/she has a communicable disease, and discloses that he/she is engaged in activities that put others at risk of contracting the communicable disease, I am required to report that disease and activity to the Utah State Department of Health. Reportable communicable diseases include, but are not limited to HIV/AIDS, Hepatitis, Sexually Transmitted Diseases, and Smallpox.

Worker’s Compensation. If a client files a worker’s compensation claim, I must, upon appropriate request, provide a copy of the client’s record to the appropriate parties, the client’s employer, the workers' compensation insurance carrier or the Labor Commission.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client’s treatment.

Child Abuse. If I have reason to believe that a child has been or is likely to be subjected to incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect, the law requires that I immediately notify the Division of Child and Family Services or an appropriate law enforcement agency. Once such a report is filed, I may be required to provide additional information.

Vulnerable Adult Abuse. If I have reason to believe that any vulnerable adult has been the subject of abuse, neglect, abandonment or exploitation, I am required to immediately notify Adult Protective Services intake. Once such a report is filed, I may be required to provide additional information.

Threat to other. If a client communicates an actual threat of physical violence against an identifiable victim, I am required to take protective actions. These actions may include notifying the potential victim and contacting the police, and/or seeking hospitalization for the client.

While this written summary of exceptions to confidentiality should inform you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

You should be aware that I may keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. I will keep your Clinical Record in a secure, confidential location for at least 10 years by law. I do not periodically purge my records but will destroy them after I retire and after 10 years of your last session.

Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. I would however conduct this review meeting without a normal fee charge. In most situations, I am allowed to charge a copying fee of \$1.00 per page (and for certain other expenses). The exceptions to this policy are contained in my Notice of Policy & Practices Form https://25c31106-3665-4039-b7a1-dae80861cd1e.filesusr.com/ugd/676e95_c6920a81ac6645ba80a7c2aa03c17f61.pdf. If I refuse your request for access to your Clinical Record, you have a right of review (except for information supplied to me confidentially by others), which I will discuss with you upon request.

I may also keep a set of Psychotherapy Notes. These Notes are for my own use and designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical record [and information that is revealed to me by others where I have promised confidentiality]. These Psychotherapy Notes are kept separate from your Clinical Record. These psychotherapy notes are not available to you and cannot be sent to anyone, including insurance companies without your signed Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

CLIENT RIGHTS

HIPAA provides you with several rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; and having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and my privacy policies and procedures.

You also have the right to seek a second opinion, to ask for additional information, and to terminate treatment at any time. You have the right to file a complaint against me or any other provider by contacting the Division of Professional Licensing at (801) 530-6628. More information about how to file a complaint can be found here: <https://dopl.utah.gov/file-a-complaint/#:~:text=Filing%20a%20Complaint&text=DOPL%20can%20be%20contacted%20by,at%20DOPL%40utah.gov>

MINORS & PARENTS

Clients under 14 years of age who are not emancipated and their parents should be aware that the law allows both parents to examine their child's records unless there is court documentation to indicate otherwise or I decide that such access is likely to injure the child, or we agree otherwise. Since parental involvement in therapy is important, it is my policy to request an agreement between a child client between 14 and 18 and the child's parents allowing me to share only general information about the progress of the child's treatment and attendance at sessions. This means, for example, that I would not share information regarding drug/alcohol use or the sexuality of the minor. If requested, I can provide parents with a summary of their child's treatment when it is complete (see the above information under Professional Records). Any other communication will require the child's authorization, unless I feel that the child is in danger of killing him- or herself or a danger to someone else, in which case, I will notify the parents. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

INSURANCE REIMBURSEMENT

To set realistic goals and priorities, it's important to evaluate which 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. Many insurance policies provide a percentage reimbursement for the standard therapy fee. If I am not a member of your Managed Care Preferred Provider Panels, check your policy to see if it will cover an "out of network provider" or make an exception to allow reimbursement to me. I will fill out forms and provide you with whatever assistance I can 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. It is very important that you find out exactly what mental health services your insurance policy covers. At the end of each month, I will generate an insurance form and forward it to your insurance carrier. You should carefully read the section in your insurance coverage booklet that describes mental health services. Due to the rising costs of healthcare, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental-health coverage is available. It is particularly important that you call your insurance company and ask

- A. whether you need "pre-authorization" before meeting with me (many companies will not provide this retroactively);**
- B. the amount of your yearly mental-health deductible, if it is different than your medical and family deductible, and when the deductible needs to be met (for example, at the beginning of the year or starting in July);**
- C. how much they reimburse if I am or am not part of their provider panel;**
- D. how much is your co-pay and if you have a coinsurance cost;**
- E. any limitations about pre-existing conditions and when the condition ends;**

- F. any limitations regarding the number of sessions you are allowed and within which time frame (similar to your deductible requirement); &**
- G. any limitations regarding diagnosis or individual, couples, or group therapy.**

“Managed Health Care” 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 much can be accomplished in short-term therapy, some clients 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 continue your psychotherapy and will talk with you about other financial resources or options. If you have questions about your insurance coverage, call your plan’s Member Services. I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

If you decide to seek third-party reimbursement, you should be aware that your contract with your health insurance company generally requires that I provide it with information relevant to the services that I provide to you. I am required to provide the dates and length of services, what type of therapy is provided (e.g., individual or group), and *a clinical diagnosis* based on the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, fifth edition. I am willing to discuss this diagnosis with you and its implications. For example, some carriers can reject those applying for independent plans based on prior medical history. *They also require access to records from previous insurers as part of the application process. If you choose to use their insurance, then some of the potential consequences to consider is that this use and diagnosis may affect applying for health, life, or disability insurance in the future.* Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. If you request it, I will provide you with a copy of any report I submit. 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. As sharing of information from databanks becomes more pervasive, it is increasingly common for employers, security clearance agencies, and attorneys to obtain access to diagnoses and related materials through such electronic records. Although HIPAA provides a general framework to protect client confidentiality, there are many ways in which you relinquish many of your rights to privacy when you participate in third party reimbursement.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. ***By signing this Agreement, you agree that I can provide requested information to your carrier if you are using third party reimbursement.*** It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above. If your therapy is self-pay you maintain maximum control over your record. I do not assign any diagnosis to records for self-pay clients, nor do I release any

information about your therapy activities to anyone without your permission (except in situations outlined in the previous section “Limits on Confidentiality”).

ENDING THERAPY

Some clients benefit from a brief involvement in therapy whereas others will find an extended length of time more valuable. I am committed to working with you as long as the therapeutic process is productive and healthy. I am available at any time during the therapy process to discuss concerns you may have regarding the ending of your therapy. The process of ending therapy may be equally as significant as the work you accomplish during the course of your therapy. The ending of therapy will have the most impact when it evolves from a partnership between client and therapist. It is most productive if you can address the ending of your therapy over the course of several closure sessions. If I do not have contact or communication from you for a period of 30 consecutive days, I will assume that you no longer intend to remain active in this therapy relationship and your case will be closed. You have the option, however, to contact me again any time in the future to discuss continuing psychotherapy with me.

HIPAA PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

By law, I am required to secure your signature indicating you have received my **Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information** and that you have received and understood my Agreement Form. **Please download a copy of the Notice from leebeckstead.com (https://25c31106-3665-4039-b7a1-dae80861cd1e.filesusr.com/ugd/676e95_c6920a81ac6645ba80a7c2aa03c17f61.pdf) or ask me for a hard copy.** Thank you for your thoughtful consideration of these matters.

I, _____, have been given access to Dr. Beckstead’s **Notice of Policies and Practices** for protecting my health information. I understand that it is my responsibility to read this document and to ask about anything that is unclear.

(Signature of Client or Parent if minor) Date _____

I have read and understood Dr. Beckstead’s Therapist-Client Services Agreement:

(Signature of Client or Parent if minor) Date _____