

Jennifer L. Grzegorek, PhD  
Licensed Psychologist  
2535 E. Mount Hope Ave ~ Lansing, Michigan 48910  
Office 517-896-4231 ~ jgrzegorek@pbctherapists.com ~ Fax 517-372-2542

## **THERAPEUTIC SERVICES CONTRACT**

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully. It is important to me that you understand and feel comfortable with my office policies, and so please do ask me if you have any questions or concerns. When you sign this document, it will represent an agreement between us.

### **1. PSYCHOLOGICAL SERVICES**

It is important that you know that psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, or other unpleasant feelings. On the other hand, psychotherapy has also been shown to have great benefits, including helping people have better relationships, find solutions to specific problems, and experience significant reductions in their feelings of distress. Know that I will do everything I possibly can to help you with your concerns, but unfortunately I cannot guarantee what your experience will be like.

### **2. PROFESSIONAL FEES**

My hourly fee is \$225 for the first session, \$120 for each individual 45-minute session and \$170 for each individual 60-minute session thereafter, and \$170 for couple/family sessions.

I charge my usual hourly rate for other professional services I provide (including, but not limited to, letter-writing, report-writing, phone calls, transportation time, court testimony, time spent waiting to provide testimony, and so forth), whether these services are provided at your request, at the request of your lawyer, or at the request of any other individual who is acting on your behalf. I will prorate the hourly cost if I work for periods of less than one hour.

### **3. MISSED APPOINTMENTS**

If you cancel a session with less than 24 hours advance notice, you will be charged a cancellation fee of \$60 (half my 45-minute session fee). If you do not show up for an appointment and you have not contacted me to cancel the appointment (i.e., you “no-show”), you will be charged my full 45-minute session fee of \$120 (\$145 for missed couple and family sessions). You will be expected to pay this fee at the time of the next session, along with that session’s co-pay. In the case of repeated late cancellations or no-shows, you may be asked to pay your outstanding fees prior to scheduling another appointment. Please understand that, in order to be fair to everyone, I cannot offer exceptions to this policy except in rare cases such as illness or the sudden death of a family member. *Note: your insurance will NOT pay for missed sessions*, so for you this will be an out-of-pocket expense.

#### **4. BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, including co-pays and co-insurance costs. If you do not know the amount of your co-pay or co-insurance, you will be expected to pay the full session fee at the time of your session. (In that case I will give you a receipt that you can submit to your insurance company for reimbursement.)

I do not want financial concerns to be a barrier for you. If you are having difficulty paying the balance on your account, please contact me as soon as possible so that alternative arrangements can be made. I am very willing to work with you to arrange an affordable payment plan.

As a last resort, if your account has not been paid for more than 120 days and arrangements for payment have not been agreed upon, I have the option of sending your account to a collection agency. If such action is necessary, the collection agency's costs will be included in the claim. Currently, the charge for involving a collection agency is about \$36, which will be applied toward the total amount you owe. In collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided (but not the content of our sessions), and the amount due. Note that if your account is sent to collections and you still fail to pay, the collection agency may notify the three major credit reporting bureaus of your non-payment. Such action is likely to have a negative impact on your credit rating. I do not want this to happen. Please help me avoid having to involve a collection agency by contacting me directly to discuss alternative payment options.

#### **5. INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, understand that you (not your insurance company) are responsible for full payment of my fees.

#### **6. CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voicemail that I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are unable to reach me and feel that you can't wait for me to return your call, please contact **911** or proceed to the nearest emergency room. If I will be unavailable for an extended time, I will discuss with you alternate resources, if necessary.

You may also contact me by text or by email. Keep in mind that email may not be the safest way to send me confidential information; please see my email policy on page 5 of this therapy contract for additional information.

#### **7. CONFIDENTIALITY**

Your confidentiality is very important to me, and I will do everything I can within the limits of the law to protect it. In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information to others about our work with your written permission. But there are a few rare exceptions that I may be required by law to take action about:

- If I believe that a child or an elderly person is being abused, I am required by law to file a report with the appropriate state agency.
- If a client threatens to harm himself/herself, I may be required to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- If I believe that a client is threatening serious bodily harm to another person, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

Know that these situations have very rarely occurred in my practice, and I am as reluctant to share your information with others as you may be for me to share it. Because your confidentiality is of utmost importance to me, if I become concerned that I may need to inform others about any information you've shared with me, I will make every effort to discuss it with you before taking any action. If I am required to take action, I will reveal the least amount of information possible to fulfill any of my legal and/or mandated requirements.

Thanks for reading this whole document!

I have read the information in this document and agree to abide by its terms during our professional relationship.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jennifer L. Grzegorek, PhD  
Licensed Psychologist  
2535 E. Mount Hope Ave ~ Lansing, Michigan 48910  
Office 517-896-4231 ~ [jgrzegorek@pbctherapists.com](mailto:jgrzegorek@pbctherapists.com) ~ Fax 517-372-2542

### MISSED APPOINTMENTS

Please understand that I have only a small number of appointments available each week. Because of this, it is important that I have some notice when appointments are canceled so I can offer your appointment to someone else. Therefore, if you wish to cancel an appointment, please call or text (517) 896-4231 or send an email to [jgrzegorek@pbctherapists.com](mailto:jgrzegorek@pbctherapists.com) at least **24 hours prior to the appointment time**. If you call and I do not answer, please be sure to leave a message.

**If you cancel a session with less than 24 hours advance notice, you will be charged a cancellation fee of \$60 (half my 45-minute session fee). If you do not show up for an appointment and you have not contacted me to cancel the appointment (i.e., you “no-show”), you will be charged my full 45-minute session fee of \$120.** You will be expected to pay this fee at the time of the next session, along with that session’s co-pay. In the case of repeated late-cancellations or no-shows, you may be asked to pay your outstanding fees prior to scheduling another appointment.

Please note that, because I must be fair to everyone, exceptions cannot be made except in rare cases of unforeseeable emergency.

Important: if you are charged for a missed appointment, your insurance will not cover this expense.

I understand that if I miss or cancel a scheduled appointment without giving Dr. Grzegorek at least 24 hours’ notice, I will be charged **\$60**. If I do not show up for an appointment and I have not contacted Dr. Grzegorek to cancel the appointment, I will be charged the full 45-minute session fee of **\$120**. I understand that I must pay this fee (\$60 or \$120) at the time of my next session, along with that session’s fee or co-pay. In the case of repeated late-cancellations or no-shows, I may be asked to pay the outstanding fees before I am permitted to schedule another appointment. I further understand that my insurance will not cover these fees.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jennifer L. Grzegorek, PhD  
Licensed Psychologist  
2535 E. Mount Hope Ave ~ Lansing, Michigan 48910  
Office 517-896-4231 ~ jgrzegorek@pbctherapists.com ~ Fax 517-372-2542

### **EMAIL POLICY**

Many clients enjoy having the option of using email to communicate. Because privacy, confidentiality, and the security of your information are very important to me, I am providing you with the following information so that you can be fully informed about 1.) How email is used in my practice, and 2.) The possible risks of using email as a way to communicate. You will be asked to sign to indicate your understanding of this policy and to either to provide or deny authorization for me to communicate with you via email.

#### **When to Use Email**

Email is best used for quick, business-related issues such as scheduling or sending non-confidential documents or information.

#### **When Not to Use Email**

In many situations email is not the best way to communicate with me, especially 1.) to transmit confidential or private information, including protected health information (PHI); or 2.) when a quick or urgent response from me is needed. Examples of such situations include, but are not limited to:

- You wish to provide me with confidential, therapy-related, or other highly sensitive information
- From an email account that is not private (such as a shared email address)
- Your safety or the safety of someone else has been compromised (or is expected to imminently become compromised)
- You need a quick or timely response from me for any other reason

In the above situations, or with any urgent situation, it is best to contact me by phone and/or call 911 for immediate assistance.

#### **Who Has Access**

I maintain a password-protected email account that I use solely for communication related to my practice (jgrzegorek@pbctherapists.com). I make every attempt to ensure the security of this account. Besides me, no other individual or company is authorized to have access to this email account. What this means is that, unless my email account is accessed by a third party without my authorization, I am the only person who will have access to our email communications. Your email communications may be stored electronically and/or printed and placed in your paper file. If placed in your paper file, our email correspondence is subject to the same protections as is all of your protected health information.

**Standard Turnaround Time**

I do my best to respond to emails as quickly as I can, typically within 24 hours (or the next business day if received on a holiday or weekend). But I cannot guarantee that emails will be read in that time period. If I become aware that there may be an extended delay in my ability to respond to email, I will make every effort to let you know this ahead of time and/or will create an automatically-generated email response that informs you of this.

**Confidentiality, Privacy, and Security of Email**

I use a HIPAA-compliant email encryption service called Paubox. However, it is very important for you to be aware that even the securest encrypted email communication can be accessed by unauthorized people, and thus the privacy and confidentiality of such communication can be compromised. While I endeavor (and take steps) to protect my computers from hackers, viruses, worms and other threats to the security of your correspondence, I regret that I cannot fully assure their protection. Finally, it is always a possibility (however rare), that email can inadvertently be sent to the wrong person or email address.

I do not store your protected health information (PHI) on any electronic devices that I use to access the internet (e.g., my laptop or cellular phone), but I do use these devices to access my email, including the email account that is associated with my private practice. All electronic devices that I use to access the internet and/or email (e.g., my laptop, cellular phone, and desktop computer), are password-protected.

**Implicit Permission for Email Use**

Regardless of whether you authorize me to communicate with you by email as indicated by your signature below, if, in the future, I receive an email from you, I will understand that to mean that I am authorized to respond to you at that same email address, unless you explicitly state otherwise.

~~~~~

I have read and understand the above. (Please check one and sign.)

I authorize Dr. Grzegorek to use email to communicate with me. I understand I may revoke this authorization in writing at any time.

I do not authorize Dr. Grzegorek to use email to communicate with me.

Client Name (please print): \_\_\_\_\_

Email address(es) that may be used (please print): \_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_