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Client Contract

Welcome to my practice. This letter contains important information about my professional services and policies. Please read it carefully and let me know if you have any questions. This signed document will represent and agreement between us.

About Myself

I am a licensed, doctoral level clinical psychologist. I provide psychological assessments and therapy to children, adolescents, adults, families, and groups. I am trained in many different forms of treatment, including cognitive-behavioral therapy, behavior management therapy and psychodynamic interventions. Although I have developed specialty clinical skills in diagnosing and treating children with emotional and behavioral problems, I also serve the adult population with issues such as depression, anxiety or relationship problems.

Treatment Expectations

I will do my very best to provide you with respectful and appropriate treatment informed by research. Together we will develop a plan for therapy to help you feel better. This is a team approach and I encourage you to let me know what is helpful or if you have any concerns. Please be prepared to discuss your goals for treatment at our first appointment.

Appointments

Therapy sessions are 50 minutes long, unless otherwise arranged. Please make every effort to be on time for your appointment and I will do the same. If you are late, please understand that I must follow my regular schedule to be fair to the next person. I make every effort to be punctual, but if you find yourself waiting for more that 10 minutes, please knock on my door.

Cancellations

If you find it necessary to cancel an appointment, I must be notified so that an attempt can be made to fill the unused appointment time. A \$100.00 fee will be charged for all appointments that are failed or canceled with less than 24-hour notice. Please note that insurance companies do not provide reimbursement for cancelled appointments.

On very rare occasions I am forced to reschedule appointments due to emergency or

unforeseen circumstances. When I must do this, I will make every attempt to reschedule your appointment at a time that is convenient for you. Thank you in advance for your flexibility if such a situation should arise. I will assume that it is allowable for me to contact you by phone unless you inform me otherwise.

Fees

My fee for a diagnostic assessment (the initial evaluation at your first visit) is \$230.00. The fee for a 60-minute therapy session is \$175.00. In addition to regular therapy appointments, I charge \$175.00 per hour for other professional services you may need. However, I will break down the hourly cost if I work for periods of less than one hour. Other services include phone calls lasting more than 10 minutes, attendance at meetings with other professionals that you have authorized, report writing, preparation of records or treatment summaries, and time performing other services you may request. If you become involved in legal proceedings that require my preparation or participation, you will be expected to pay for my professional time if I am called to testify by you or by another party. My fees are \$300.00 per hour for preparation and attendance at any legal proceeding.

Billing and Payments

Clients are expected to pay for the appointment as well as for any outstanding balances with cash, check, or credit card at the beginning of each session. Under special circumstances, I am willing to slide my fee down or arrange for a payment plan. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I may involve the use of a collection agency to secure payment.

Insurance Reimbursement

I am out of network for all insurance policies. Many insurance companies will provide some coverage for mental health services. I will give you a statement at each session that you may submit to your insurance for reimbursement. I recommend that you check with your insurance company prior to beginning services so that you know if you are eligible for reimbursement and if any authorizations are required.

Due to the wide variety of insurance coverage available, I can make no guarantee that any particular company will provide reimbursement for services. Please remember that my services are provided for and charged to you, not your insurance company. You are expected to pay the full payment for each session.

Confidentiality

In most situations, the law protects the confidentiality of all communication between a client and psychologist. Information is released only with your written and informed consent, unless otherwise required by law. There are a few legal exceptions to confidentiality. I am mandated by law to report to appropriate state agencies if I learn

of minors or vulnerable adults who are currently or have within a specified period of time been abused or neglected. I am also required by law to report certain information in connection with a “duty to warn” others of potential homicidal or suicidal acts. Consistent with professional standards, I do engage in continuing professional education and consultation. I may discuss your case with other professionals who have agreed to keep all information confidential, and I will not use any identifying information without your permission.

If you are seeking reimbursement from your health insurance company, they may request information about diagnosis, treatment plans and progress of treatment and other information needed for authorizations. In addition, many insurance companies request that your primary care provider be informed of your treatment as well. I will ask you to sign forms authorizing me to release this information if it is requested.

Clients under the age of 18 generally must have the consent of their parents or guardians to receive psychological services. Although parents have the right to access treatment records, it is my policy to provide parents with only general information about treatment unless there is a risk that a child will harm him or herself or someone else. I will provide on-going feedback (either written or verbal) to parents about the nature of treatment, progress, and general concerns.

Confidentiality is an issue that will be discussed during your first appointment and you should feel free to ask questions. My preferred policy is to extend confidentiality to adolescents as I find that it creates a safer atmosphere for them to participate in therapy. If an issue arises that I believe should be shared with parents, I will talk with the adolescent about it. Of course, if I am concerned about the teenager’s safety, including threats of suicide, harm to self or others, or abuse, I will break confidentiality and report this concern to the appropriate party. Parents of adolescents: Please talk with me about this policy if you have questions or concerns. Therapy works best if the family is included in treatment, so every effort is made to make this happen in a way that is helpful to all involved.

Clinical Records

I am required by law to keep treatment records. Clinical records are kept confidential and are retained indefinitely. You have a legal right to your records. Requests for records must be made in writing. My policy is that a review of records must be made in my presence so that any questions can be answered.

Contacting me

I check my voicemail regularly during regular business hours but due to appointments, I am not available at all times. When I am unavailable, my phone is answered by confidential voicemail. I will make every effort to return your call within one business day.

Crisis

If a crisis occurs, I will do my best to help you. If you are unable to reach me and feel that you cannot wait for me to return your call, there are community crisis resources that can assist you. Please ask for these resources if you feel you might need them. A general resource is the Crisis Intervention Center at 612-873-3161. Other sources of help include family and friends, your insurance provider, hospital emergency rooms, the police department or 911.

Client Rights and Responsibilities

I am dedicated to treating you with respect, courtesy and competence. You have a right to receive services that are appropriate to your needs, to participate in your treatment, to review your record if you desire, to be treated fairly and with consideration, and to have your information kept confidential as described above. You have a responsibility to keep your appointments, to be an active participant in treatment and to let me know if you have any concerns about your care. I look forward to working with you and hope that we can be an effective team in helping you and/or your child to feel better quickly. Your signature below indicates that you have read and had the opportunity to ask questions about this document and that you agree to abide by these terms during treatment.

Client Signature

Date

Client Signature (or parent, if client is a minor)

Date

Jordan Hart, Ph.D., L.P.

Date