

◆◆◆◆**Service Agreement**◆◆◆◆

1. **Introduction**

This is an important document, so it will be reviewed with during our first session. It covers many of the “business” aspects between you and I and the therapy process. Please ask questions as they arise.

2. **What are my qualifications?**

It is appropriate to ask the qualifications and experiences of your therapist. I have a Master’s Degree in Social Work and am licensed in the State of Alaska as a Licensed Clinical Social Worker.

3. **How long and frequent are the therapy sessions?**

A. Standard therapy sessions in the office are 50 minutes. Please arrive on time for your session. I will end our session on time in order to see the next patient.

B. The number of your sessions will be kept to the fewest necessary to realize your treatment goals. Sessions will typically occur once each week, and gradually space further apart as treatment progresses.

4. **What if I have to cancel a scheduled session?**

A. First of all, try not to cancel sessions.

B. However, if you have an emergency or illness and cannot attend the session, please call the office to cancel.

C. In the absence of an emergency or illness, sessions canceled without at least 24 hours advance notice will be charged at the session rate.

5. **How do I contact you between sessions?**

A. For non-emergencies you can call the office or leave a message on my voice mail. I regularly check for messages and I will return your phone call as soon as possible.

B. I do not provide 24-hour emergency support. If you feel 24-hour availability is necessary for your treatment, please discuss this during our first session.

6. **What are the cost?**

A. The cost of a standard 45-50 minute session will be \$160. Intake appointments are \$225

B. Services are sometimes provided outside of the office. With your knowledge/request I may make school visits, attend various meetings, provide court testimony, and so on. A fee schedule is available upon request specifying costs for various services.

## 7. **Professional Records**

You are entitled to receive a copy of the record, but if you wish, I can prepare an appropriate summary. Professional records, can be misinterpreted and/or upsetting. If you wish to see your records, I recommend that you review them with me and discuss the contents. (Clients will be charged an appropriate fee for any preparation time required to comply with an information request.

## 8. **How is billing and insurance handled?**

- A. Payment is expected in full following each session unless special arrangements have been made with me.
- B. Payment can be made by check, cash, or credit card, e.g., Visa or Mastercard
- C. After each session you will be provided with a receipt, to attach to an insurance claim form and submit.
- D. I will be happy to act as your advocate with your insurance carrier. Please let me know if I can be helpful.
- E. The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits. Sometimes it is difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMO's and PPO's often require advance authorizations before they will provide reimbursement for mental health services. These plans are often oriented towards a short-term treatment approach designed to resolve specific problems interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. While quite a lot can be accomplished in short term therapy, many patients feel that more services are necessary after insurance benefits expire. Some managed care plans will not allow me provide services to you once your benefits expire or are no longer available. If that occurs I will do my best to find you another provider who will help you continue your psychotherapy.

## 9. **What is "confidentiality"?**

- A. Confidentiality is an important aspect of the relationship between you and your therapist. Simply stated, confidentiality means that your treatment is a private matter. I will, with some exceptions, only provide information to other parties about your treatment with your written permission. These exceptions include, but are not exclusively limited to:
  - 1. Diagnostic coding and session attendance for your insurance carrier.
  - 2. Information required by federal, state, or local statute or civil ruling to be disclosed to appropriate persons, that may include, but are not necessarily limited to:
    - (a) Information concerning child abuse.
    - (b) Information concerning intent to harm oneself or another.
    - (c) Any information requested by court order.
- B. You should be aware that most insurance agreement require you to authorize me to provide a clinical diagnosis, and sometime additional clinical information such

as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I as a mental health provider have no control over what they do with it.

- C. I do share office space in this suite with other therapists. However, we are all independent, solo therapist operating as separate business entities. Thus I do not discuss or share my cases with the other therapists in the office. Your private, clinical information is kept in my office and only viewed by me.

10. **Am I guaranteed that things will get better as a result of treatment?**

No. It would be great if we had such guarantees, but we do not. Many people do benefit each year from psychological interventions, which is encouraging. However, there are many factors that influence the outcome of treatment. Perhaps one of the most important factors is your realization that treatment is a very challenging process, and a great deal of work.

11. **What should I do if I am dissatisfied with treatment?**

- A. This may happen! If it does, be sure to let me know of your dissatisfaction. Talking it through is sometimes beneficial.
- B. If your dissatisfaction cannot be reconciled, then I will help you to transfer to another mental health professional.

12. **Your Case File Status**

In the event of an unplanned interruption of service, I reserve the right to close your file and place it in an inactive status. However, if you wish to reschedule another appointment after a period of time, I will open the case file at the time of the next session.

13. **Use of non-prescription drugs/alcohol before sessions.**

Please do not use mood-altering substances for at least 24 hours before our sessions as this affects how you think and feel, and may impede your therapeutic progress.

Richard Steinzeig, MSW, LCSW  
2600 Denali, Suite 606  
Anchorage, AK 99503

**Receipt and Acknowledgment of Notice of Privacy Practices & Service Agreement**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Richard Steinzeig, MSW, LCSW's Service Agreement. I understand that if I have any questions regarding the Service Agreement, I can contact Richard Steinzeig, MSW, LCSW.

\_\_\_\_\_  
Signature of Client

Date

\_\_\_\_\_  
Signature or Parent, Guardian or Personal Representative \*

Date

\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member

Date