



PRACTICE POLICIES

Dear New Client,

I am looking forward to meeting with you for our first session. Because I would like to focus on you and your present concerns, I have included some information about me and my professional services and business policies for you to review before we meet. Please read this information carefully and jot down any questions you might have so that we can discuss them at our initial session.

Practice and Payment Policies

Length of Sessions

All sessions are 50-minutes in length, although a longer session may be scheduled if needed.

Lateness

Please come on time. Because I may have another appointment right after you, I will most likely be unable to extend past our usual end time. Your full fee will be due even if you are late. If I am running late, I will either prorate your session fee or extend the time.

Insurance

I do not participate with any insurance companies. It is your responsibility to ensure that you are covered. We can discuss how to ensure this if it would be helpful during your initial session. You will be charged if your insurance does not pay your bill as you expected.

Rates

My regular session rate for an initial intake session is \$200. My session rate for an individual therapy session is \$150 for a 50-minute session. Psychological evaluation rates vary.

Means of Payment

I accept cash, check, or credit card.

Time of Payment

Fees are due at the time of the appointment. Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 30 days of when you receive it.

Receipts

If you would like a receipt, please let me know. I will print out or e-mail you a receipt on a weekly basis, upon request.

Cancellation Policy and Fee

If you cancel a session with less than 24-hours advance notice, I will charge you your regular session rate for the missed appointment. If you have a crisis or illness and can't attend your appointment, call me and we will discuss it. If this happens rarely, or for the first incidence, I will generally waive the cancellation fee.

No Court Testimony

If you ever become involved in a divorce or custody dispute, or any other legal matter, I will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.



Complaint Procedures

If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses those of us in the independent practice of psychology.

In Case of Emergency

If you are feeling suicidal, do not call me, since I may not be available 24/7. Instead, it is your responsibility to seek out help immediately. Go to your nearest emergency room or call 911. If there is an emergency and I become concerned about your personal safety, I may need to contact someone close to you—perhaps a relative, spouse, or close friend. I may also need to contact this person, or the authorities, if I become concerned about your harming someone else, especially children or the elderly.

Questions

Please feel free to ask any questions you have about therapy at any time. Confidentiality Information I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession.

Insurance

If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross/Blue Shield may ask for information about you and your symptoms, as well as a detailed treatment plan. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

Legal Limitations to Confidentiality

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. If you are a minor, there may be some information I need to share with your parents or guardians but I will discuss those matters with you before I talk to your parents or guardians. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission. Here are some of these situations:

- A. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.
- B. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.



C. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.

D. If I believe or suspect that you are abusing a child or an elderly person, I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

E. If a court orders me to testify about you, I must do so.

F. If I am testing or treating you under a court order, I must report my findings to the court.

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 general information about our work together; unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. 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.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

Sending Your Records Out

If you want me to send information about our therapy to someone else, you must sign a “release-of-information” form. I have copies that you can see, so you will know what is involved. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

Professional Consultation

I may occasionally find it helpful to consult other professional about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our



Legal Consultation

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. If you have special or unusual concerns, such as these, and so need special advice, I strongly suggest that you talk to a lawyer about these concerns.

No-show Fee

If you do not show up for your appointment and do not call, I will charge you your regular session rate. Your insurance will not cover this charge. We cannot schedule another appointment until that fee is paid.

Non-payment of Fee

If you have not paid your psychotherapy fees and do not respond to my attempts to contact you and work out a payment plan, 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. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. By coming to see me, you agree to this policy.

A late fee of 20% of the unpaid balance will be charged each month that a balance remains unpaid.

Phone Messages

I am often not immediately available by telephone. You can always leave a message on my voicemail and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you leave me a message on a Saturday or a Sunday, I will return your call on Monday. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Email

Please feel free to communicate with me by email. My email address is doclrr@gmail.com. I check my email at least once a day but if your matter needs more timely attention, please call instead. I will do my best to assure your confidentiality through email but due to viruses, hackers, etc., no email correspondence can be guaranteed to be confidential. Do not send any information that you would consider to be sensitive information through email.

Contact

I will not be available at all times. Please feel free to discuss with me my availability and if you think this will be a problem, I will gladly give you a referral to someone else who may meet your needs better.

Emergencies

If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you should call 911 or go to your nearest hospital emergency room.



Lauren Rattke-Rounds, Ph.D. PLLC

Licensed Psychologist

248-962-5064

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RECEIPT OF NOTICE OF PRACTICE POLICIES

Patient Name:

Given to Patient on:

Signature of Patient or Parent/Guardian:

Date

Relationship or Personal Representative to the Patient:
