

# CLIENT-PROVIDER AGREEMENT

The Pinnacle Center for Mental Health and Human Relations

As of May 1, 2018

## Privacy

We agree to protect your privacy and the confidentiality of the information you reveal to us. We are required to record and maintain this information an official record. We will destroy the record 7 years after the last date of service. If you are less than 18 years on the last date of service, we will destroy the information when you turn 25 years old. As a general rule, we will not disclose this information without your permission. However, the following are exceptions to this general rule:

If we have reason to believe that a child or vulnerable adult has been sexually, physically, or emotionally abused, or neglected, we must report this to the appropriate authorities. We must do so regardless of how long ago the abuse/neglect happened.

If we believe you are at risk of imminently harming yourself or someone else, we can disclose your information to the people who are at risk or to the authorities, in order to prevent the harm.

If you file a lawsuit against us, we are permitted to disclose information about you to defend ourselves.

If the court ordered you here, we might be asked to provide the court status reports about your progress.

If we receive a court order to release your records. We must comply.

If you are using health insurance benefits to cover the cost of our services, we will release your information to them in order to file for reimbursement of those services.

If you give us permission, we will contact your primary care provider or psychiatrist to coordinate care.

If you are receiving couples', marriage, or family counseling from us, information about all parties involved will be contained in only one file with the name of the identified patient or client. Beware, though, that all parties have access to all the information in the entire file.

If we release information about you to another person or agency, whether it is because of the exceptions above or because you have given us permission to do so, we will disclose only that information necessary for the purpose of the release.

Please be aware that we will extend complete privacy to children and teenagers, in addition to adult clients (with the above exceptions). This is necessary for the therapeutic alliance. If parents request access to the content of their child's/teenager's records, we will suggest that information remain private. If the records are needed, for example to coordinate with another provider, we may provide a summary of treatment rather than the actual records. We will always coordinate with the parents to ensure the child's/teenager's welfare and safety.

You can ask for a copy of the "Maryland Notice Form," which has detailed information about your privacy rights.

## Our Services

We agree to provide the most professional services possible. Our services include psychotherapy, psychological testing, psycho-educational classes, forensic evaluations and interventions, and other

consulting services. How we do our work depends on the values and viewpoints of the provider, your value system, and the problems you are having. Even though our goal is to enhance your life in the long run, you may experience painful emotions such as sadness, fear, shame, disgust, and anger during the process. Psycho-educational classes are less in-depth than psychotherapy but they are still intended to help you learn better intra- and inter-personal skills. Forensic evaluations and interventions are conducted to help legal officials make more informed decisions about you and to help you comply with court orders.

If you are a parent/guardian who is bringing a minor to us for services, your consent attests that all other legal parents/guardians are aware of and also consent to these services. If this is not the case, please notify us immediately. If we discover that a parent/guardian is not aware of these services, we will notify them and if they are not in agreement, the services will temporarily cease until you resolve the dispute.

## **Contacting Us**

We agree to be available to you. Your main point of contact once you start seeing a provider is to contact that provider directly through their phone or email. You can call our main number at 301-705-7593 to reach us 24 hours a day and leave a message. If you are unable to reach us during an emergency and/or need immediate help, contact your nearest emergency room or call 911. You can also contact us via email or through our website at [www.pinnaclecenter.com](http://www.pinnaclecenter.com).

## **Contacting You**

You agree to allow us to contact you. The address, telephone numbers, and email information you provide will be used for that purpose. You may specify alternative methods of contact if you wish. Remember that caller ID will identify us as the caller and our correspondence and emails will include a return address identifying our center. If you wish, we can also send you email reminders of appointment times.

## **Health Insurance Benefits**

You agree to keep yourself informed about your health insurance plan benefits and whether our services are covered by your plan. Health insurance companies typically cover psychotherapy and counseling; however, other services we offer might not be covered. In cases when your health insurance covers our services, we will submit a claim to them for reimbursement. They send us their portion of the payment along with a notice telling us what you owe. You should also receive a copy of this notice at your home. If you believe the notice is incorrect, it is your responsibility to resolve the matter with them; we must charge you what they tell us.

Health insurance will pay for our services only if you meet the criteria for a mental illness diagnosis. If you meet such criteria, we want you to be aware that the diagnosis will be included in your records and might be disclosed to other persons who are entitled to the information or who obtain a legal right to the information. If you do not want to use your health insurance benefits in order to avoid this issue, please let us know. We can offer consulting sessions that avoid the use of mental illness diagnoses and that do not comply with health insurance "medical necessity" rules.

## Our Fees

You agree to pay for our professional services on the day they are rendered. The exact cost to you depends on whether you are using health insurance benefits, whether you have a deductible and copayment, and what services you are receiving. We charge \$175 an hour for most of our services. Forensic and other court-related work is charged at a higher fee due to the complexity and legal risk involved. In addition to typical services such as psychotherapy, consultations, evaluations, and psychological testing, we also charge for report writing, copying requests, telephone calls, and preparation time. Please ask if you are not sure of the cost. If you do not give us at least 24 hours notice of a cancelled appointment, or if you fail to show for a scheduled appointment, you will be charged a \$100 fee. We charge a \$35 fee for checks returned for insufficient funds. If you repeatedly bounce checks, we might require you to pay by cash, money order, or cashier's check. If it becomes clear to us that you are not able to pay for our services, we might refer you to lower cost or free services elsewhere. If you have not paid on an overdue balance for more than 90 days we have the option of using legal means to secure the payment. A collections fee of 35% will be added to your account before it is sent to a collections agency.

## Primary Care Provider

\_\_\_\_\_ Initial here if you **do not** want us to contact your primary care provider, or if you do not have one. Otherwise, complete the following information in order for us to coordinate your care with your primary care doctor:

Primary Care Provider Name: \_\_\_\_\_

Voice & Fax numbers: \_\_\_\_\_

**Your signature below attests to your consent to this Client-Provider Agreement in its entirety.**

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Signature (if the client is less than 18 years old, parent/guardian must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatures of other participants (if this is for family/couples' therapy)

\_\_\_\_\_  
Date

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