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## OUTPATIENT SERVICES AGREEMENT

Behavioral health services are provided by licensed psychologists or licensed masters-level therapists at Savannah Behavioral Pediatrics, LLC.

### CONFIDENTIALITY

In general, communications between a patient and psychologist are protected by law. The practice maintains records of all patients and professional contacts, which are restricted to internal use and their confidentiality is strictly safeguarded at all times. Written or verbal information regarding your treatment at the clinic is released only with your expressed written permission and only to specific and clearly identified individuals. However, there are some exceptions listed below:

1) In some legal proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order a psychologist's testimony if she/he determines that the issues demand it. 2) There are some situations in which we are legally obligated to take action to protect others from harm, even if some information must be revealed about a patient's treatment. For example, if we believe that a child is being abused, we must file a report with the appropriate state agency. Also, if we believe there is danger or imminent risk of harm to a patient or others, we may be required to take protective actions, including notifying potential victims, contacting family members who can provide protection or seeking hospitalization. These situations occur rarely and we will make every effort to discuss the matter with you before disclosing information about treatment.

At times, the therapist may find it helpful to consult with other professionals about your case. During these consultations, the psychologist will make every reasonable effort to avoid revealing any identifying information about the patient or family. The consultant is also bound to keep all information confidential. In general, these consultations will not be discussed with you unless the therapist believes it is central to treatment.

### TRAINING AND SUPERVISION

Savannah Behavioral Pediatrics is a training facility, in which psychology doctoral students and postdoctoral psychology fellows develop skills in the delivery of psychological services to children and their families. Psychology and counseling students may observe sessions as part of their training. You will be informed regarding the times that observations will take place and the identities of any potential observers. You may, at any time, request that students not observe sessions.

### TREATMENT APPROACH

Our therapists employ an active, practical, brief and research-supported approach to treatment. We will work directly with you on current problems and concerns and make accommodations to help improve the child and/or family's functioning. These accommodations may require parents/guardians to make changes in their own interactions with their child and/or other family members, both in the clinic and at home. In some cases, this approach to treatment may involve physical interactions with the patient, including, but not limited to, physical guidance and physical enforcement of instructions or commands. If at any time before or during treatment, you are unclear about these methods, you should discuss your concerns with the therapist.

Our usual practice is to conduct an intake evaluation and provide initial recommendations during the first one or two sessions. If we agree to additional sessions, regular attendance is very important. If you are unable, for any reason, to attend regularly, or if appointments are missed without notice, we may choose to discontinue treatment. If services are ended prematurely for any reason, we will be pleased to refer you to another mental health provider, if possible.

### MINORS

Although most of our interventions involve working with parents and children together, sometimes treatment involves individual work with children. For children less than 18 years of age, be aware that parents have the right to examine records regarding these individual sessions. It is our policy, however, to ask parents to agree that we will provide them only with general information about our individual work with their children unless we feel there is a high risk that the child will seriously harm themselves or others. In this case, we will notify parents of our concerns, but will discuss the matter with the child first to do our best to handle any objections the child may have.

### INSURANCE REIMBURSEMENT

We recommend that you contact your insurance carrier and ask specifically about your plan's mental health coverage, including number of sessions allowed, types of therapy and/or testing permitted, and diagnoses not covered by your plan.

### FEES AND CANCELLATIONS

An initial evaluation is \$280 and is generally 60 minutes in length. The fee for therapy is \$230 for a 55-minute session. Testing and assessment is \$170 per hour, including scoring, report writing, and feedback. All testing and assessment requires a 50% down payment for all services to be rendered prior to the initiation of testing. Scoring and report writing typically equals the total time of face-to-face test administration and is charged separately along with a one hour feedback session to explain test results. Fee flexibility is available according to individual financial status. A discounted rate is available for payment at the time of services.

You are responsible for canceling your appointment (or your child's appointment) with AT LEAST 24 hours notice. No shows and sessions canceled without at least 24 hours notice will result in a cancellation fee of \$100. Your appointment is reserved for you, and it can be filled with a patient from the wait list only if there is 24 hours notice to fill the appointment.

I have read and understand all of the above information and agree to the provisions as described. I have had an opportunity to ask questions about the terms of this agreement.

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

Patient's Date of Birth: \_\_\_\_\_

Your signature: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

Today's Date: \_\_\_\_\_