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**OUTPATIENT SERVICES CONTRACT**

Welcome to my practice. The Board of Mental Health Practice requires all mental health professionals to provide clients certain basic information. Also, to avoid confusion and misunderstandings, I am providing additional important information about my practice for your review and agreement. Please read it carefully and jot down any questions that you might have so that we can discuss them during our meeting. Once you sign this, it will constitute a binding agreement between us.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the patient and the particular problems which the patient brings. It requires an active effort on your part in order to benefit, and to be successful, you will have to work both during our sessions and at home.

Psychotherapy has both benefits and risks. Psychotherapy has been shown to have benefits for people who undertake it. It often leads to a significant reduction in feelings of distress, better relationships or resolution of specific problems. There are no guarantees about the outcome, however. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. You should be aware that there are alternative types of services other than those being offered by me. You may prefer to obtain counseling from someone other than me. You also have the choice not to obtain any counseling services. There are also risks and benefits associated with alternatives and with not pursuing any counseling. To the extent you are interested in alternatives, you should discuss this with me.

**QUALIFICATIONS AND SCOPE OF PRACTICE**

I am a New Hampshire Licensed Mental Health Counselor, governed by the Code of Ethics of the American Mental Health Counselors Association (2000 Revision). My license is displayed in my office. A copy of the Code of Ethics is available in the waiting room. I received my Master of Arts Degree from Rivier College in Nashua, NH in May of 1988. I will further provide information regarding my training, qualifications and experience upon request. My practice areas include individuals, couples and families including adults, adolescents and children.

**SESSIONS**

The first session will be an evaluation which will take approximately one to two sessions. During this time, we can both decide whether I am the best person to provide the services which you need in order to meet your treatment objectives. At the end of the evaluation, I will be able to offer some initial impressions of what our work will include and an initial treatment plan so that you can decide whether you feel comfortable working with me. Since therapy involves a commitment of time, money and energy, you should be very careful in selecting your therapist. If you have questions about my procedures or approach, we should discuss them as soon as they arise. If your doubts persist or you feel uncomfortable with my approach, I will be happy to help you secure consultation with another mental health professional.

If psychotherapy is initiated, I will usually schedule one 50-minute session per week at a mutually agreed upon time. Under some circumstances, sessions may be longer or at a different frequency.

**CONFIDENTIALITY**

Confidentiality of all communications between a client and psychotherapist is protected by law, and I can only release information about our work together to others with your written permission. There are, however, certain exceptions:

Your insurance company requires that I provide them with information regarding the diagnosis and type of treatment before paying for or authorizing additional visits. They may also require additional clinical information such as a treatment plan summary or other details of your case. This information becomes part of the insurance company record.

Your insurance company is required to keep this information confidential, but once it is in their files, I have no control over what use may be made of my information.

In judicial proceedings in which child custody determinations or issues of your emotional condition are at issue, such as a civil commitment hearing, a judge may require disclosure of your treatment information. If this is a concern, I encourage you to seek legal advice prior to beginning treatment.

Among the exceptions to confidentiality are New Hampshire reporting laws which require licensed psychotherapists to report conduct to the appropriate authorities in certain instances. For instance, I must report conduct to the authorities if I suspect that a child, or believe that an incapacitated adult has been exploited, abused or neglected. If I believe that you may harm yourself, I may seek hospital treatment on your behalf. If I believe that you may pose a threat of harm to others, I may contact the appropriate authorities or seek treatment on your behalf. In these instances, I would be required to provide certain appropriate information to authorities or the hospital.

I may occasionally find it helpful to consult about cases with other professionals. During these consultations I make every effort to avoid revealing the identity of my client. A consultant is legally bound to keep information confidential as well.

### **PROFESSIONAL FEES**

The fee for psychotherapy is \$130 per 50-minute session.

If you do not have medical insurance that will reimburse for psychotherapy, I am willing to arrange a "sliding fee scale" that will allow you to pay on a mutually agreed upon charge per session for this therapy.

The agreed upon "sliding fee" or co-pay is: \$\_\_\_\_\_.

I have been hired to act as your/your child's therapist only. In the event you request or require me by subpoena to provide ancillary professional services relating to my role as your therapist or that of your child's therapist, services such as preparing copies of records, a summary, report writing, deposition or trial preparation and attendance, travel time, etc., will be charged at the rate of \$150.00 per hour.

### **MAINTAINING PROFESSIONAL BOUNDARIES**

Licensed psychotherapists are obligated to establish and maintain appropriate professional boundaries (relationships) with present and past clients. These boundaries may differ depending on the circumstances, but certain boundaries must clearly never be crossed. For example, a therapist should not become sexually involved with a client. Reports of such conduct should be directed to the New Hampshire Board of Mental Health Practice, 49 Donovan Street, Concord NH 03301, (603)271-6762. Do not hesitate to raise any questions you may have regarding professional boundaries.

### **BILLING PROCEDURES AND PAYMENTS**

You will be expected to pay for each session at the time of the service unless we make other arrangements. If you have insurance coverage, you will be expected to make the co-payment at the time of the visit. Under unusual circumstances such as financial hardship, special fee arrangements may be negotiated.

Patient accounts that are 90 days overdue are sent to collection. This may result in some loss of privacy, as the collection agency may list the debt on the patient/responsible party's credit report. In addition to the overdue amount, collection agency commissions and/or legal fees incurred in the collection process will be added to the account balance. Currently, for 90-day balances, a 35% commission rate is applied; older balances are assessed a 50% commission rate. As a rule, treatment is suspended until satisfactory arrangements are made for payment.

Once an appointment is scheduled, you will be expected to pay for it unless you provide **24 hours advance** notice of cancellation or unless we agree that the appointment was canceled due to circumstances beyond your control. **I do not** make confirmation calls. The responsibility of attendance is a therapeutic issue. Appointments are, at times, in great demand, and your appointment is reserved only for you and cannot be filled without sufficient notice. The charge for a late cancellation will be billed to you and not your insurance company.

**INSURANCE REIMBURSEMENT**

In order to set realistic goals and priorities, it is important to evaluate the resources available to pay for treatment. If your health care insurance covers psychotherapy, I will submit claim forms directly to your insurer. By signing this agreement you agree to release all the information necessary to the insurance company to obtain reimbursement for services. You will also irrevocably assign and transfer directly to me all benefits payable by the insurance company. While I will do everything I can to help you obtain your benefits from the insurance company, you retain the responsibility for these fees for services rendered. Insurance companies typically **WILL NOT COVER FEES FOR MISSED APPOINTMENT** and telephone consultations.

Most managed care companies limit the number of sessions which will be fully or partially covered. Clients are encouraged to communicate directly with the managed care company about such limitations before starting treatment. Any concerns about the confidentiality of managed care records should also be directed to the managed care company. Some insurance companies or managed care companies require that I send billing information and/or treatment plans electronically, e.g., by facsimile or e-mail. I cannot guarantee the confidentiality of such communications. If you do not consent to electronic communications, please inform me immediately before we start treatment so that I can determine whether and how to proceed.

**PROFESSIONAL RECORDS**

I maintain a file for each client. This includes intake, diagnosis, treatment plan, billing, consent to treatment, treatment notes, discharge summary and any other written or electronic information I received from or about said client. Treatment notes include the date and number of the session, brief notes on what was discussed and brief treatment recommendations and the date of next session. The client is entitled to a copy of the records for a fee which covers copying and administrations costs. If you wish to see a copy of your records, I recommend that you review them with me so that we can discuss the contents.

In the event of my impromptu death or disability, your records will be administered by a colleague as determined by provisions in my professional will.

**CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office during regular hours every weekday, I am not able to answer the phone when I am with a client. When I am unavailable by telephone, my office staff will take messages and telephone numbers. I will make every effort to return any calls from you within 24 hours with the exception of weekends or holidays. If you are difficult to reach, please leave times and alternatives in terms of when I can most effectively reach you. I may also be reached by e-mail at [gat121@comcast.net](mailto:gat121@comcast.net). In the case of an emergency, please call my cell phone at (603)860-3418. Please remember, I cannot guarantee the confidentiality of communication via a cell phone or the internet. In addition, in the case of an emergency you may also want to contact your family physician or the emergency room at the nearest hospital. Whenever I am planning to be unavailable for any extended period of time, I provide a name of a trusted colleague who is covering for me.

Your signature below indicates that you have read the all of the above information in this document and agree to its terms during our professional relationship. You were given a copy of this contract for your records.

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Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

