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### **(SAMPLE) SERVICE CONTRACT**

This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our first meeting. Once you have signed this document, it will represent an agreement between yourself and Dr. Heather Stone. However, you are free to discontinue services at any time.

#### **PSYCHOLOGICAL SERVICES**

If this is your first visit with a therapist, or if you have had prior experiences with therapy, there are certain things you need to know about what to expect from our work together, and what your rights are as a client. Psychotherapy is not like a visit to the medical doctor; it calls for very active effort on your part. In order for the therapy to be most effective, you will have to work on the issues we discuss both during and between our sessions.

There are many different methods we may use to deal with the problems that you wish to address. These methods may include the use of cognitive-behavioral techniques, skill-based homework assignments, relaxation and breathing techniques, assertiveness training, insight-oriented problem solving, collaboration about treatment goals, and honest communication, to name a few. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. However, until such improvement occurs, there may be times where you could experience feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. If at any time you feel uncomfortable with any subject, you may decline to address it at that session. While my style is very interactive, it is you who ultimately decides what or when to self-disclose. I will do my very best to respect your level of readiness and to move forward at a pace that allows you to feel emotionally safe.

#### **MEETINGS**

The initial evaluation typically spans 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. I will also be able to offer you with some first impressions of what the work will include and a possible treatment plan, should you decide to continue with therapy. You should evaluate this information along with your own impressions, since you are ultimately the consumer who is receiving these services. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the

therapist you select. If you have any questions or concerns, we should discuss them whenever they arise. Two important influences on the successful outcome of therapy include the therapeutic alliance (a good “fit” between therapist and client), as well as the therapist’s area or areas of expertise. If I believe at any time that the treatment you need falls outside the scope of my practice, or if I become concerned that our work may not provide you with significant improvement, I may refer you to another mental health professional by providing you with three names of other persons or agencies.

The therapeutic hour is a 50-minute session, with a 10-minute break between clients. In the beginning of treatment, the sessions should occur weekly so that you can experience a sense of momentum and continuity. If your situation or symptoms significantly improve, it may be appropriate to change the frequency of sessions, perhaps to every other week. Conversely, during times of crisis and/or an exacerbation of symptoms, we may need to explore longer or more frequent sessions. Ultimately, it is my responsibility to keep track of the therapeutic hour so that you can fully immerse yourself in the process without worrying about the time. Occasionally I may inform you a few minutes before the end of the session that our time is winding down, so that you may have the opportunity to leave the session feeling composed or complete.

## **CONTACTING ME**

I check my messages frequently, at least every 24 hours. However, there may be times when I am unavailable or in session with another client. There may be other unusual circumstances, such as poor cell reception, when I am not always immediately available by telephone. In these instances, it is best to leave a message on my voicemail **with your phone number and some good times to reach you**, and I will return the call as soon as I am able. If I am unavailable for an extended period of time, such as away on vacation, I will provide you with the name of a colleague to contact, if necessary. If you are in crisis or have a psychiatric emergency, you may call 911, go to the nearest hospital, or call the Sonoma County Crisis Line at (707) 576-8181.

## **FEES**

My fee for clinical work is \$150 per hour, unless otherwise specified, and the fee for services will be established at or prior to the first meeting. This fee applies to other professional services, such as report writing, telephone conversations lasting longer than ten minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, my hourly fee may increase for preparation and attendance at any legal proceeding. I do keep a small number of slots available for low fee clients (based on a sliding fee scale), but unfortunately that space in my practice is limited. My fee for services may be increased at the beginning of the year, but should this increase take place it will be discussed with you within one month prior to that change. You will be expected to pay for each session at the beginning of the hour,

unless we agree otherwise, or unless you have insurance coverage, which requires another arrangement. Once an appointment hour is scheduled, you will be responsible for payment of that session unless you provide a **24-hour advance notice of cancellation**.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I reserve the right to charge all unpaid services to your credit card of record, and/or use legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, all costs associated with same will be included in the claim. In most collection situations, the only information I release regarding a client's treatment for collection purposes is his/her name, the nature of services provided, the dates of unpaid services, and the amount due.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a psychologist is protected by law, and can only be released with your written permission. There are a few exceptions to confidentiality, and these include situations in which I am legally required to take action to protect others from harm, even if I have to reveal some information about a client's treatment. As a mandated reporter, I am required by law to report the suspicion of child abuse, elder abuse, or dependent abuse (e.g., a disabled person) to the appropriate state agency. These reports are mandated if my suspicion is *reasonable* and if I learn about such events during my professional capacity. Sometimes the suspected perpetrator of abuse is not the client but rather a third party, such as a client's neighbor, friend, or family member.

If I believe that a client is suicidal, or is threatening serious bodily harm to another, I am also required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for that person or to contact family members or others who can help to provide that person's safety.

In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. However, in some proceedings a judge may determine that the client has expressly or implicitly waived the right to confidentiality, in which case a therapist might be required to give testimony. If any of these situations were to occur, I will make every effort to fully discuss them with you before taking any action. Additionally, I may occasionally consult with other professionals about a case. During a consultation, I make every effort to avoid revealing any identifying information about the client. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or

concerns that you may have at our first meeting. While I will be happy to discuss any of these issues with you, please keep in mind that the laws governing confidentiality are quite complex, and I am not an attorney.

## **CLOSURE**

Termination of therapy can be a positive experience, representing the completion of important psychological work. While all of us are a “work in progress,” with ongoing lessons and unfolding challenges, we are also entitled to decide, to the extent that we are able, when the significant chapters of our lives should end. If you choose to terminate therapy for any reason, I would encourage you to do so with conscious awareness and forward planning, allowing yourself to review the important work you have done, and to express any feelings you may have about saying goodbye. To that end, it is ideal to work together toward closure and within a large enough time frame, so that I can adequately support your leaving. It is my experience that clients who leave with only 1-2 weeks’ notice do not always have enough time for successful resolution of the therapeutic work.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Heather Stone, Ph.D.  
Clinical Psychologist  
License PSY 21112

\_\_\_\_\_  
Date