

Tania Davidson, PhD, Registered Clinical Psychologist

Outpatient Services Contract



Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them in our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular issues that you bring to treatment. There are many different methods that Dr. Davidson may use to deal with the problems that you hope to address. These methods include cognitive behavioural, psychodynamic and mindfulness-based psychotherapy among others.

Psychotherapy can have benefits and risks. Approaching feelings and thoughts that a person has tried not to think about may be painful. Making changes in your thinking or behaviours can be scary and sometimes disruptive. On the other hand, clients find that their relationship with their therapist and the work done in psychotherapy results in benefits such as improved relationships, solutions to specific problems and significant reductions in feelings of distress. It is important to remember that there are no guarantees as to what you will experience. There are risks involved with changing. Most people who take these risks in therapy found benefit and found it helpful overall. .

The first session or two will involve an evaluation of your needs. By the end of the evaluation, Dr. Davidson will be able to offer you some first impressions of what the work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with Dr. Davidson. Therapy involves a significant

commitment of time, money and energy, so you should be very selective about the therapist you choose to see. If you have questions about Dr. Davidson's procedure, you should discuss them whenever they arise. If your doubts persist, Dr. Davidson will be happy to refer you to another mental health professional for a second opinion.

MEETINGS

Dr. Davidson normally conducts an evaluation that will last several sessions. During this time, you and Dr. Davidson can decide if she is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, she usually schedules one 50-60 minute session per week at a time that is agreed upon, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for the visit unless you provide at least 24 hours advance notice of cancellation. If you cancel or reschedule in less than 24 hours, you will be billed for the session at the rate you normally pay. If it is possible, Dr. Davidson will make every effort to reschedule your appointment.

PROFESSIONAL FEES

Dr. Davidson's hourly fee is \$200.00 for an hour. In addition to your weekly appointments, she will charge this amount for other professional services you may need, though she will break down the hourly cost if she works for periods of less than one hour. Other services include report-writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals that you have authorized, preparation of records or treatment summaries and the time spent performing any other service that you request. If you become involved in legal proceedings that require Dr. Davidson's participation, you will be expected to pay for the professional time even if they are called to testify by another party. Legal proceeding cost is billed at \$200/hour always.

BILLING AND PAYMENT

You will be expected to pay for each session at the time it is held. She accepts cash, credit cards and other online payments she can discuss with you. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of financial hardship, Dr. Davidson may negotiate a fee adjustment. Dr. Davidson will provide you with a "superbill" invoice/receipt to submit for insurance reimbursement at your request, if you have a third party insurance that offers reimbursement.

CONTACTING YOUR CLINICIAN

Dr. Davidson is not always immediately available by phone. When she is unavailable, the office telephone is answered by confidential voice mail that is monitored frequently. Dr. Davidson will make every effort to return your call within a business day, with the exception of weekends and holidays. If you are difficult to reach, please inform Dr. Davidson of the times when you will be available. In emergencies, you may contact Dr. Davidson via cell phone at 022 534 4533. If you are unable to reach Dr. Davidson and feel that you cannot wait for her to return your call, contact your family/ general physician or the nearest hospital emergency room and ask for the psychiatrist on call. Dr. Davidson may be away from the office at times for professional meetings, occasional vacations and professional conferences. Clients are always to be informed well in advance of these planned absences and Dr, Davidson will make every effort to have a therapist offered as back-up who can provide interim counseling and support until Dr. Davidson returns.

ELECTRONIC COMMUNICATION

Dr. Davidson is available to clients via secure email (drtaniadavidson@hushmail.com) that is encrypted and privacy-compliant for your safety. In addition, Dr. Davidson is available via cell phone 022 534 4533 for urgent matters and emergencies, and via text on this number for the same. Please be aware that texts are not entirely secure communication and that sensitive therapy material should not be addressed in this manner. Once you are a client of Dr. Davidson's, you can opt to use a secure, privacy-compliant text platform that she uses (Signal) to communicate with text.

With regard to other social media (Facebook, Linked In, Instagram, etc), Dr. Davidson cannot be linked/friended to you in order to protect your confidentiality.

PROFESSIONAL RECORDS

The laws and standards of the profession require that this practice keep treatment records. You are entitled to receive a copy of your records, or your clinician 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, it is recommended that you review them with your clinician so that the contents can be discussed. Clients will be charged an appropriate fee for her professional time spent in responding to information/copy requests.

Dr. Davidson does not use electronic health records, but uses paper charts that she stores in locked files in her office and in locked storage for closed records. These are maintained for the required number of years (7) should these records be requested by written release of the client or client representative. These records are destroyed after such time. She believes that paper records offer more security in that they cannot be "hacked" or lost inadvertently by computer malfunction.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychotherapist are protected by law, and your clinician can only release information about your treatment to others with your written, signed permission. There are a few exceptions.

In most legal proceedings, you have the right to prevent Dr. Davidson from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order their testimony if he/she determines that the issues demand it.

There are some situations in which Dr. Davidson is legally obligated to take action to protect others from harm, even if they have to reveal some information about the client's treatment. For example, if your clinician believes that a child or an elderly/disabled person is being abused, she is required to file a report with the appropriate agency.

If Dr. Davidson believes that a client is threatening serious bodily harm to another, or death to another, she may be required to take action to protect others. These actions may include contacting the police or seeking hospitalization for the client. If the client threatens to harm him/herself, she may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection and safety for the client.

These situations have occurred rarely in this practice. If a similar situation occurs, Dr. Davidson will make every effort to discuss it with you fully before any action is taken.

There are times when Dr. Davidson consults with other professional colleagues to gain greater insight and receive feedback on her work. This is an essential part of professional practice that most psychologists practice in order to provide the highest quality of treatment. If Dr. Davidson consults on her work, she will not use your name or any other identifying information. If you feel that Dr. Davidson is in need of getting better information about a topic of concern for you, please let her know: she is always open to your suggestions and concerns and encourages collaboration.

All other disclosures of information, even to say that you are receiving treatment, must be authorized by you and all other information remains protected and confidential. If, by some chance, you happen to come across Dr. Davidson outside the office, her policy is that she will take her cue from you as to how you wish to handle it. You are absolutely entitled to 100% privacy and can choose to not acknowledge knowing her in any way and that is acceptable and normal. If, however, you decide to greet Dr. Davidson, she will reciprocate and volunteer no information about how you know her. That is your choice. Your privacy is always the most important priority.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss with Dr. Davidson any questions or concerns that you have at the next meeting. She will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and Dr. Davidson is not an attorney. If you request, she will provide you with relevant portions or summaries of the laws regarding these issues.

OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. Dr. Davidson is always willing to discuss how and why she has decided to do what she is doing, and to consider alternatives that may work better. You can request that Dr. Davidson try something else you

think may be more helpful. You can request information about Dr. Davidson's training in working with your particular issue and can always choose to see another therapist if you choose. You are free to end therapy at any time and can decline services altogether if desired. Please let Dr. Davidson know if you choose to end therapy so that she may provide you with several referrals to other psychologists.

Responsibilities of a Therapy Client

1. Clients are responsible for coming to their appointment on time, as scheduled. If clients are late, the session will end on time and not run into the next client's appointment time.
2. Clients are responsible for paying for psychotherapy services when they are rendered.
3. The client is responsible for informing Dr. Davidson of any change in address and phone number and emergency contacts.

CONSENT TO PSYCHOTHERAPY

I have read this statement, had sufficient time to be sure that I considered it carefully, and understand it. I understand my rights and responsibilities as a therapy client, and my clinician's responsibility to me. I agree to receiving assessment and/or treatment with Dr. Davidson as described. I know that I can end therapy at any time, and that I can refuse any requests or suggestions made by Dr. Davidson. I agree to abide by the terms of this contract for the duration of our professional relationship.

Signed: (Client)

Date: _____

Dr. Davidson: _____