

## Holly Serrao, Ph.D. Counseling Psychology

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10 Maxwell Drive Suite 205 \* Clifton Park, NY 12065  
(518) 288-7156 phone  
(518) 309-7838 fax  
drhollyserrao.com

### PATIENT INFORMATION

CLIENT NAME: \_\_\_\_\_

RESPONSIBLE PARTY: (if under age 18) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TEL (HOME): \_\_\_\_\_

TEL (OFFICE): \_\_\_\_\_

TEL (CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

GENDER: male female

EMERGENCY NAME(S) & NUMBERS:  
\_\_\_\_\_

How did you hear about us? (Please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Physician _____ | <input type="checkbox"/> Non-physician referral |
| <input type="checkbox"/> Website         | <input type="checkbox"/> Phone book             |
| <input type="checkbox"/> Internet        | <input type="checkbox"/> Other _____            |

### WHO IS RESPONSIBLE FOR THE BILL? (If different)

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TEL (HOME): \_\_\_\_\_

TEL (OFFICE): \_\_\_\_\_

TEL (CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_

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**Holly Serrao, PhD**  
Licensed Psychologist

## **SERVICE AGREEMENT FORM**

Welcome to my practice and thank you for choosing to engage in therapy with me. So that we can work best together, I have outlined some important things about my professional services & business policies. This is a legal document. Please read it carefully. I encourage you to jot down any questions you might have and feel free to ask me about them at our next meeting.

Signing this document represents an agreement between us. You may revoke this Agreement in writing at any time, which invalidates it only from that point forward.

### **PSYCHOLOGICAL SERVICES**

- I view psychotherapy as an active, collaborative process. The success of psychotherapy depends on your efforts both during and between sessions.
- Psychotherapy can have benefits and risks. You may at times experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. You may also frequently experience benefits, such as improved relationships and reductions in feelings of distress; however, there are no guarantees of what you will experience.
- If you have any questions or difficulties with therapy, please discuss them with me as they arise. I am open to and encourage feedback.

### **MEETINGS**

- We will spend the first 2-3 sessions in an evaluation to determine if I am the best person to provide the services you need. Should it be determined that there is not a goodness of fit, then your case will be discharged and I will be happy to assist you in finding more appropriate services to meet your needs.
- Psychotherapy sessions are typically 45-50 minutes, with about 5 more minutes for administrative tasks such as payment and scheduling. Initial evaluations last approximately 60 minutes.
- If you are late for your appointment, the session will still end at the scheduled time. Therefore, arriving late will interfere with your appointment time

**You will be responsible for the session fee once it is scheduled unless you cancel within 24 hours of the appointment time.**

### **PROFESSIONAL FEES**

- I charge \$180 for the initial evaluation and \$160 for each session thereafter
- Payment is due in full at the time of service unless we make other arrangements.
- If you have not paid for a service for more than 60 days without any agreed upon arrangements, I have the option of using legal means to secure the payment, such as a collection agency or small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only

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information released regarding the patient's treatment is his/her name, the nature of services provided, and the amount due.

- I charge \$100 per hour for other professional services such as report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals at your request, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.
- Please note that I do not provide expert testimony for divorce or custody disputes. I do not provide custody evaluations or make custody recommendations. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time even if I am called to testify for another party. [Because of the difficulty of legal involvement, I charge \$200/hour for preparation, transportation costs, and attendance at any legal proceedings].

#### **CONTACTING ME**

- My office hours vary, and I am often not immediately available by phone. I utilize the services of an office administrator, who is also HIPPA compliant and bound by confidentiality requirements, in order to receive and respond to messages in a timely fashion
- I make an effort to return all urgent calls within 24 hours
- You may email me, but please know that it is not entirely confidential, and it is not for urgent matters. Please do not email sensitive, personal information via email
- I do not communicate via text messages. Please use phone calls for sensitive, confidential information and email (if you wish) for non-confidential, non-sensitive information.

#### **EMERGENCIES**

- If you are unable to reach me and feel that the matter qualifies as urgent, please contact your physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.
- If you are having an emergency (such as feeling like hurting yourself or someone else) please call 911, 211 Hotline, or the Help Hotline at 747-HELP, or the CDPC (Capital District Center) Mobil Crisis Unit at 518-549-6500. You can also go to the nearest emergency room.

#### **ENDING THERAPY**

- If you decide to end your therapy before the two of us decide that your therapy is complete, please let me know that. If you miss a session or do not reschedule and a month passes, your therapy will be considered legally terminated. I am not, at that point, responsible for your care. Most of the time, I am happy to restart therapy with past clients, but I always reserve the right to keep your case closed.

#### **PROFESSIONAL RECORDS**

- The laws and standards of my profession require that I keep treatment records. You may examine and/or receive a copy of your Clinical Record if you request it in writing except in unusual circumstances, such as: danger to yourself and others, when others have supplied information to me confidentially by others, or when the record makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health

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professional so you can discuss the contents. In most circumstances, I charge a copying fee of \$.50 per page.

- I keep patient records electronically for five years after your last date of service, as required by SC law.

## **MINORS & PARENTS**

- The law allows parents of un-emancipated patients under 17 to examine their child's clinical record unless I decide that such access is likely to cause harm or injury to the child. I will often request an agreement from parents that they consent to give up their access to their child's records. If they agree, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about your treatment to others if you sign an Authorization form that meets certain legal requirements imposed by HIPAA, which are reviewed in a separate Notice. Our office administrator is also bound by HIPPA regulations.

### ***Exceptions to Confidentiality***

Certain Federal and State laws and other special circumstances may necessitate exceptions to the general expectation of confidentiality. Some of the most prominent and important exceptions include:

- \* **THREATS OF HARM:** If you threaten to harm either yourself (e.g., suicide threats) or someone else and I believe your threat to be imminent, we are required by law to take whatever actions seem necessary to protect you and/or others from harm. This may include our divulging confidential information to others, including the appropriate authorities.
- \* **ABUSE OR NEGLECT:** If I have reason to believe that you or someone you know is or may be abusing or neglecting a child, an elderly person, or an otherwise impaired person (e.g., a mentally retarded adult), then we are required by law to report this to the proper authorities.
- \* **COURT ORDERS:** If you are (or become) involved in litigation of any kind and it becomes known that you have received mental health services (thereby making your mental health an issue before the court), you may be waiving your right to keep your record confidential. You may wish to consult with your attorney about these matters before you disclose that you have received treatment. We will attempt to protect your confidentiality appropriately, but if a court order is issued for your record, State law dictates that we must comply.
- \* **MINORS:** If you are a legal minor (i.e., a non-emancipated person under 18 years of age) or you otherwise have one or more legal guardian(s), then your legal guardian(s) is(are) considered by law to be the one(s) responsible for making treatment decisions, including decisions about what access is allowed to your treatment record. In most cases, we ask the legal guardian(s) to waive his/her/their rights in this regard and to allow you to be treated as if you were able to make those decisions for yourself. These can be complex situations that are best dealt with on a case-by-case basis.
- \* **FAMILY/MARITAL:** If treatment involves others close to you, such as your spouse, child(ren), friends, etc., then we will need to clarify our role in relation to each person. In most cases, there is only one

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identified patient, and our allegiances will be first and foremost to that person. But there are exceptions, such as when I am providing marital therapy to two persons, in which case the *relationship* is the “patient” and therefore we cannot “take sides” with either person (e.g., testify for one or the other in divorce or child custody disputes).

- \* **COLLECTION OF FEES:** If we must resort to the use of a collection agency in order to receive payments due for psychological services, we are allowed by law to release confidential information without patients' consent. Typically, only necessary information, such as name and amount of money owed, will be disclosed.

If any of the above mentioned situations arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

- I may also occasionally find it helpful to consult with other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. Your signature on this Agreement provides consent for this.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE INFORMATION IN THIS DOCUMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE BEEN OFFERED (ON THE WEBSITE AND IN THE OFFICE) THE HIPAA NOTICE FORM DESCRIBED ABOVE.

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Client/Date

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Parent or Guardian/Date (if under 18)

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Therapist-Holly Serrao, Ph.D./Date