

**Sweetgrass Psychological Services. LLC**

1001 Anna Knapp Blvd.  
Mount Pleasant, SC 29464

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(843) 532-8442

**SERVICES AGREEMENT**

**PSYCHOLOGICAL SERVICES**

Welcome to my practice. Because you will be putting a good deal of time and energy into therapy, you should choose a psychologist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the outcome of therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

Psychotherapy requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, if I don't ask, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

**MEDICATIONS**

As a psychologist, I do not prescribe medications. I prescribe and provide *psychological* and *behavioral* interventions. If you are currently taking a medication in an effort to aid with emotional or mental difficulties, then I will want to consult with your prescribing physician. If you are interested in utilizing medications for the concerns for which you consult me, then I can provide you with a referral for a medical consultation with a physician.

**MEETINGS**

The very first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 60 minutes for this initial evaluation. Following this, we will usually meet for a 50-55 minute session once or twice a week, then less often. If you cannot make your scheduled appointment, I require more than 48 hours' notice, otherwise I will charge my full fee of \$165.00. I will tell you with as much notice as possible of my vacations or any other times we cannot meet.

**CONSULTATIONS**

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about other treatments, their risks, and their benefits. Based on what I learn about you; I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another psychologist or another professional in addition to me. As a responsible person and ethical psychologist, I cannot continue to treat you if my treatment is not working for you.

## **PROFESSIONAL FEES**

### **INITIAL EVALUATION (60 minutes)**

\$175.00

During the initial evaluation, an understanding of the patient's presenting concern(s) will be developed, a comprehensive psychosocial history will be gathered, and treatment goals and a treatment plan will be developed.

### **PSYCHOTHERAPY-INDIVIDUAL, FAMILY, OR MARRIAGE (50-55 minutes)**

\$165.00

Generally psychotherapy is scheduled on a weekly or bi-monthly basis. Appointments are scheduled on the hour.

### **PSYCHOTHERAPY-EXTENDED SESSIONS**

Prorated

Sometimes it is beneficial to extend a psychotherapy session rather than stopping or postponing work on a particular issue. When an extension of a session is needed, I will tell you, because sessions that are extended beyond 60 minutes will be charged on a prorated basis.

### **CONSULTATIONS**

Prorated

The cost of consultations lasting more than 10 minutes (telephone consultation with client, consultations with other professionals, hospital visits, etc) will be \$165.00 per 60 minutes, prorated for the time needed.

### **ACADEMIC SUPPORT SERVICES**

The rates for academic support services are consistent with the rates for psychotherapy.

#### **Initial Evaluation (50 minutes)**

\$175.00

#### **Report review and Consultation**

Prorated

#### **Individual Sessions (45-50 minutes)**

\$165.00

### **FORENSIC SERVICES**

Charges for all forensic services will be based on the time involved in providing my service at \$400.00 per 60 minutes due to the additional amount of preparation involved in any legal proceeding. Please note that I do not go to court for divorce or custody matters. Prior to starting work with divorcing/divorced families, I require a signed agreement that I will not be asked to provide records, testimony or recommendations for legal matters. Some services may require payment in advance.

## **BILLING AND PAYMENTS**

Full payment of services is due at each session. Payment by cash, credit card or check is acceptable. Please make checks payable to Sweetgrass Psychological Services or Dr. Amy Rhodes. Because I expect payment at the time of our meetings, I do not send bills.

If the appointment is not kept or is cancelled with less than 48 hours' notice, you will be charged in full.

If you think that you may have trouble paying on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches \$330.00, I will notify you. If it then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this will be turned over to small claims court or a collection service which require me to disclose otherwise confidential information. In most collection situations, the only information I release is the patient's name, nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

You will be given advance notice if my fees should change.

### **CONTACTING ME**

Since I do outpatient evaluations and psychotherapy, I am often not immediately available by telephone. I am generally available by phone from 9:00 a.m. to 6:00 p.m. Monday through Friday and 9:00 a.m. to 12:00 on Saturdays. You may always leave me a message on my voicemail, and I will make every effort to return your call within 24 hours except on Sundays and holidays. When you leave me a message, please inform me the best way to reach you.

If you are unable to reach me and feel that you cannot wait for me to return your call, you or a family member should call your own medical doctor, or call Mobile Crisis program at (843) 727-2086, which can respond 24 hours per day, or go to the nearest emergency room. In any case, please ask the professionals who see you to attempt to contact me, so that I may provide a consultation to them for the purposes of your treatment.

If you experience a crisis that is not so severe that you need immediate professional interventions, then you can utilize the local telephone Hotline service at (843) 744-HELP. Hotline is a non-profit volunteer organization, and the telephone staff can assist you 24 hours a day.

### **IF I NEED TO CONTACT SOMEONE ABOUT YOU**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you-perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided

|                            |  |
|----------------------------|--|
| <b>Name</b>                |  |
| <b>Address</b>             |  |
| <b>Phone Number</b>        |  |
| <b>Relationship to you</b> |  |

### **OUR AGREEMENT**

I, the patient (or his or her parent or guardian), understand I have the right not to sign this form. I understand I can choose to discuss my concerns with you, the psychologist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this agreement, I

can talk with you about them, and you will do your best to answer them.

I understand that no promises have been made to me as to the results of treatment or of any of procedures provided by this psychologist.

I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you. I understand that if I choose to terminate therapy, I will only be responsible for paying for the services that I have already received.

I know that I must call to cancel an appointment at least 48 hours before the time of the appointment. If I do not cancel or do not show, I will be charged for that appointment.

I have read, or have had read to me, the issues and points in this agreement. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this agreement. I hereby agree to enter into therapy with this psychologist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

I acknowledge that I have been provided a copy of a South Carolina "HIPAA Privacy Rule" Notice Form, which provides more detail about practice and billing matters.

Please print

Your name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Witnessed by interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

I, the psychologist, have discussed the issues above with the patient. My observations of this person's behaviors and responses give me know reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Amy Rhodes, Psy.D.  
License Number 1023

Date: \_\_\_\_\_

South Carolina provides the consumer the opportunity to file inquiries  
with its Board of Examiners in Psychology.  
Board offices may be reached at:

South Carolina Board of Examiners in Psychology

PO Box 11000

are receiving treatment from me.

I maintain detailed records of all contacts with my patients for at least six years following the termination of our work together, according to State law. With certain exceptions, all

work and communication between psychologists and their patients is confidential under State law, with further protections afforded by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which are reviewed in a separate Notice. I would release or share information about you only in accordance with HIPAA and other relevant laws. If and when I receive communications about you from others (e.g., calls from family members who are concerned about you) I will in most cases inform you of the contact at the next available opportunity.

There are some potential exceptions to the general rule of 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, I am required by law to take whatever actions seem necessary to protect you and/or others from harm. This may include my divulging confidential information to others, including the appropriate authorities. Even if a potential threat is not imminent, I reserve the right to contact spouses, family members, and/or other significant persons so that I may enlist their assistance in helping you to manage yourself. Similarly, if you express an intention to commit a crime, I am allowed by law to disclose confidential information if this is necessary to prevent the crime.
- ❖ **ABUSE OR NEGLECT:** If you indicate, directly or indirectly, 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 I am 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. I will attempt to protect your confidentiality appropriately, but if a court order is issued for your record, State law dictates that I must comply.
- ❖ **MINORS AND WARDS:** 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, I 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 my role in relation to each person. In most cases, there is only one identified patient, and my 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 I cannot “take sides” with either person (e.g., testify for one or the other in divorce or child custody disputes).

- ❖ **COLLECTION OF FEES:** If I must resort to the use of a collection agency in order to receive payments due for psychological services, I am allowed by law to release confidential information without patients' consent.

There are two situations in which I might talk about part of your case with another psychologist. I ask now for your understanding and agreement to let me do so in these two situations.

- ❖ First, when I am away from the office for a few days, I have a trusted fellow psychologist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Generally, I will tell this psychologist only what he or she would need to know for an emergency. Of course, this psychologist is bound by the same laws and rules as I am to protect your confidentiality.
- ❖ Second, I sometimes consult other psychologists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.