Colette de Marneffe, Ph.D.
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Philadelphia, Pennsylvania 19103
215-645-2565

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. The following information is intended to provide you with guidelines of my practice and to answer frequently asked questions. If you have any concerns about these policies, please discuss them with me.

PSYCHOLOGICAL SERVICES

The process of psychotherapy varies depending on the challenges you wish to address and the goals you bring to therapy. I use a number of different methods, and I will select those I believe will be most effective in helping you reach your goals. Psychotherapy calls for active effort on your part and will be most successful with your active engagement in establishing goals and working toward them during and between sessions.

Psychotherapy has been shown to have benefits for people who undertake it. Therapy often leads to improved relationships, greater clarity about specific problem areas, reduction in feelings of distress, and improved strategies for coping with difficult thoughts, emotions and circumstances. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, anger, frustration, and guilt. We will engage in ongoing conversation about your therapy experience.

Our first session(s) will involve an evaluation of your needs and goals. By the end of the evaluation, I will offer you some first impressions of what our work will include and a preliminary treatment plan. You should evaluate this information along with your own sense of whether you feel comfortable working with me. If you have questions about my procedures or approach, please discuss them with me whenever they arise.

It is often not possible to predict the duration of treatment at the outset. However, I will discuss this with you and give you my professional judgment about the possible/likely length of treatment.

FEES

Initial Evaluation (90 minutes) – $420.00
Individual, couple or family therapy (50 minutes) – $240.00
Individual, couple or family therapy (60 minutes) – $280.00

Fees will increase by $10.00 per session at the start of each calendar year.

PAYMENT

Payment is expected at the time of service, unless other arrangements are made in advance. You may pay by check, cash or credit card (Visa, Mastercard, Discover or American Express). I will give you an invoice (monthly, or more frequently as requested) that includes all information required for insurance claim submission.

INSURANCE

With the exception of Medicare and Tricare, I am not an in-network provider for any insurance plans. Your private health insurance plan may provide out-of-network benefits and it is your responsibility to determine your benefits and to submit insurance claims.

CANCELLATIONS

It is important to keep all scheduled appointments in order to maintain the continuity of treatment. In the event that you need to cancel an appointment, please provide at least 24 hours notice. If you do not provide 24 hours notice and you cancel for any reason other than a true emergency or inclement weather, you will be charged the full session fee. If I am able to schedule another appointment at the time of your cancelled session, you will not be charged for the missed appointment. In addition, if we are able to reschedule the appointment the same week, I will waive the fee for the missed session. If you have Medicare, your insurance will not pay for a missed session. Consequently, you will be responsible for paying the full allowable fee.

CONFIDENTIALITY

Pennsylvania law recognizes that patient-therapist communication is privileged, and, as such, any information concerning your treatment can only be released with your written consent. There are several exceptions to this privilege, as follows:

- The law requires that a psychologist report any suspicion of possible abuse of a child, elderly, or disabled person.

- The law requires a psychologist to take appropriate action when a patient threatens serious physical harm to self or others. Such action can include informing family members, other professionals, law enforcement officers, or potential victims of the harmful intent, or seeking hospitalization for the patient.

- When court-ordered, a psychologist may release confidential information.

PRIVACY

I am required to give you information about the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which informs you about the required management of private health care information. I will give you a copy of this form, or, if you prefer, you can read it on my website (www.drcdemarneffe.com). Your signature on this form attests to your having been given access to HIPAA policies, as they concern your treatment with me.

MINORS

If you are under 18 years of age, it is important for you to know that the law provides your parents with the right to have access to information about your treatment. Since privacy is often needed in order for therapy to be helpful, I ask parents to waive their right to specific information about our work together, and I will discuss with you any conversations I have with your parents. In the event that I believe you are at risk of behavior that could seriously harm you or another person, I will notify your parents of my concern, and I will also tell you that I am sharing this information.

TERMINATION OF TREATMENT

You may elect to discontinue treatment at any time. You will be responsible for paying for all services rendered. The decision to stop therapy can be difficult and I encourage you to raise for discussion with me your inclination and/or thoughts about bringing therapy to a close. Under rare circumstances, if a client and I do not agree about the treatment method or goals, or if I deem the therapy to be a risk to client wellbeing, I may recommend the discontinuation of treatment. In this situation, I would thoroughly discuss this with you and would recommend other mental health professionals.

RECORDS REVIEW AND RETENTION

If I request records of prior evaluations or treatments, I will ask that you give me non-original copies. For adults, I will retain clinical records for five years after the last session. In the case of minors, I will retain records for five years, or until your 21st birthday, whichever is later. If your insurance is Medicare, I will retain records for six years after your last session

CONTACTING ME

I am usually not immediately available by telephone. When I am unavailable, your call will go to a voicemail box that I monitor several times daily. I will make every effort to return your call on the same or next business day.

In the event of an emergency, if you are unable to reach me and cannot safely wait for me to return your call, please contact your primary care physician, call 988 or 911, or go to your nearest emergency room.

If I am unavailable for an extended period of time, I will provide you with the name of a colleague to contact if necessary.

EMAIL AND TEXT MESSAGES

I prefer to use email and text messaging only to arrange or modify appointments. Please do not email or text me information related to your therapy sessions as they are not completely secure or confidential. If you choose to communicate with me via email or text message, please be aware that all such messages are retained in the logs of your and my internet and cell phone service providers.

COVID-19

I am currently conducting in-person sessions, with masks optional, as the risk of developing serious illness from Covid-19 has diminished. We agree to inform one another if either of us has been exposed to Covid-19, shows, symptoms, or tests positive for Covid-19. In the event of cancellation due to Covid-19, there will be no charge for the cancelled session. If you wish to meet virtually due to Covid-19 concerns, please discuss this with me.

INFORMED CONSENT

I certify that Dr. Colette de Marneffe has answered any questions I have about the information contained in this contract. I have read, understand, and accept the terms of this contract.

Signature:_____ Date:_____

Co-Signature (if applicable):_____ Date:_____