Karen Lee Gillock, Ph.D.
Cognitive Behavioral Therapy

TREATMENT CONTRACT AND INFORMATION ON POLICIES/PROCEDURES

GENERAL GUIDELINES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, as well as the particular issues that are presented. There are many different methods that can be used to deal with the changes that you hope to make. My approach is Cognitive Behavioral Therapy.

Cognitive Behavioral Therapy (CBT). CBT is a very general term for a classification of therapies with similarities (i.e., Cognitive Therapy, Dialectical Behavior Therapy, Self-Instructional Training, Acceptance and Commitment Therapy, etc). Very different from other forms of psychotherapy (i.e., psychoanalytic, psychodynamic, etc.), CBT as a therapy emphasizes the important role of thinking in how we feel and what we do. For a more in-depth look at the characteristics of most cognitive-behavioral therapies, please refer to the CBT page of my website https://www.psychologist-nh.com/cognitive-behavioral-therapy-cbt/.

Benefits and Risks. As with other health interventions, CBT can have both benefits and risks. As psychotherapy often involves discussing unpleasant aspects of your life, you may experience painful feelings like sadness, guilt, anger, frustration, and helplessness. Such discomfort is generally temporary, short-term, and manageable. On the other hand, CBT has been shown to have benefits for people who actively engage in it. Therapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress and other symptoms. And while no guarantees can be made regarding treatment success, it has been my real privilege to have worked with people who have done a variety of difficult – and frankly amazing – things they thought to be all but impossible in order to pursue healthy, happy, productive lives.

Client Rights. Three supporting documents, the *Notice of Privacy Practices* (HIPAA) and *Behavioral Health Participant Rights and Responsibilities* (CIGNA), and *Good Faith Estimate for Health Care Items and Services Under the No Surprises Act*, describe your rights as a psychotherapy client. These documents can also be found under the Practice Information tab on my website, in Treatment Contract and Forms (https://www.psychologist-nh.com/therapy-practice-information/nh-psychologist-my-contract-with-you/) and I am happy to discuss any of these rights with you.

Professional Records. The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your Clinical Record. Your Clinical Record is primarily stored in a laptop computer that is protected in a manner that is in keeping with the *Ethical Principles of Psychologists and Code of Conduct*.[1] While I have exercised due diligence in protecting the confidentiality of your PHI/Clinical Record both on the laptop computer and paper records stored in my office, I cannot provide a complete guarantee against an unanticipated event (i.e., accident, theft). Given computer safeguards, I do not believe your PHI will be at any greater risk than if a paper copy of the information was stored in a file cabinet in my office. If you are uncomfortable with these arrangements, please discuss this with me at any point during our work together. Except in unusual circumstances, you may examine and/or receive a copy of your Clinical Record if you request it in writing.

Confidentiality. The law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written advance consent. Your signature on this Treatment Contract provides written advance consent for those activities, as follows.

- If I believe that a client presents an imminent danger to his/her health or safety, I am legally and ethically obligated to intervene appropriately to provide for the client's protection. Such interventions may include dispatching police and/or emergency rescue services to his/her home, seeking hospitalization for him/her, or contacting family members or others who can help.
- Consultations/collaborations with other health and mental health professionals is helpful and professionally warranted. During such communications, I make every effort to avoid revealing client identity. Other health professionals are also

[1] http://www.apa.org/ethics/code

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. I will note all consultations in your Clinical Record.

- Business contracts with corporate service firms, as required by HIPAA, require a formal business associate contract with these entities, in which they promise to maintain the confidentiality of data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the name of these entities and/or a copy of these contracts.
- Disclosures required by health insurers or to collect overdue fees are outlined in my Financial Policy on pages 6-7 of this contract.

There are some situations where I am permitted or required to disclose information without either your consent or authorization, as follows.

- If you are involved in a court proceeding and a request is made for information concerning the professional services that I provided you, this is protected by the psychologist-client privilege law. However, I may be legally bound to provide requested information if I am presented with a court order. If you are involved in or contemplating litigation, you want to consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency requests the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I can disclose relevant information in order to defend myself.
- If a client files a workers' compensation claim, and my services are being compensated through workers' compensation benefits, I must, upon request, provide a copy of the client's record to his/her employer or the Industrial Commission.

There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about the client's treatment. These situations are unusual in my practice.

- If I have cause to suspect that a child under 18 or a dependent elderly person is abused or neglected, or if I have reasonable cause to believe that a disabled adult is in need of protective services, I will file all necessary reports with the appropriate state agencies, as per my ethical and legal mandates in the State of New Hampshire. Once such a report is filed, I may be required to provide additional information.
- If I believe that a client presents an imminent danger to the health and safety of another, I may be required to disclose information in order to take protective actions, including warning the potential victim, if identifiable, initiating hospitalization, and/or calling the police.

If such situations arise, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to only what is absolutely necessary.

SESSION STRUCTURE AND FORMAT

Location/Telehealth. With few exceptions, psychologists' training assumes face-to-face interactions. The American Psychological Association recognizes that specialized training in providing online therapy is essential. There are some very subtle, important things that need to be considered when working with people over an electronic connection, such as different perceptions of non-verbal behaviors (i.e., looking away to take notes), logistical impacts (i.e., screen position, volume setting), and practitioner wear-and-tear (i.e., concentrating and attending to a computer/TV monitor/screen is significantly more tiring – think "zoom fatigue"). As such, with few exceptions, all therapy will be conducted in-person at my office in Lebanon, New Hampshire. This setting allows for more accurate verbal and non-verbal feedback as well as liberal use of the whiteboard for demonstrating CBT concepts and providing written materials. When in-office interactions are not an option, such as during travel times, emergency interventions, or weather restrictions, I can provide audio (telephone) delivery on a temporary, situation-by-situation basis with established clients. ***In no case, though, will telehealth be the primary means of therapy delivery.***

Initial Sessions.

Assessment. Our first priority involves developing a basic shared understanding of your needs and motivations for coming to therapy at this time. I will be asking you questions such as "what brings you here today?" and "what changes would you like to make?". By the end of our first session or two, in order to make the most effective use of your therapy, we will want to have made a clear assessment of the problem you wish to address and the strengths/ motivations you bring to your therapy efforts.

Fit. During these initial sessions, we can both decide if CBT is the best means and if I am the best person to provide the services you need in order to meet your therapy goals. If I think that we are a good fit for meeting your needs and goals, I will be able to offer you some first impressions of what our work may involve if you decide to continue with therapy. You want to evaluate this information along with your own opinion about how comfortable you feel in being able to work with me in a CBT framework. Therapy involves a commitment of time, money, and energy, so you want to be careful about the psychologist you select. By the end of the evaluation period, if I believe

that I cannot provide you with the appropriate services, I will make all reasonable efforts to secure suitable referrals. Likewise, if you have questions about my procedures, we need to discuss them whenever they arise. If concerns persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Goals. CBT is goal-focused. Clear objectives are critical to making effective use of and achieving maximum benefit from therapy. At the end of our first sessions together, we will be able to define initial goals that we will use throughout our work together to monitor progress and suggest course alterations as appropriate. Please take a few moments at this time and consider what you would like to achieve in therapy – in essence, what changes you would like to make such that, if those changes were made, you would know that therapy had fulfilled its purpose for you.
To make sure your goals are attainable, make them SMART[2]:

- Specific (simple, sensible, significant) – in order to focus your efforts and feel truly motivated to achieve your goals.
- Measurable (meaningful, motivating) – so that you can track your progress, stay motivated, and know when the goal has been accomplished.
- Achievable (agreed, attainable) – goals need to be realistic and attainable to be successful. They stretch your abilities but still remain possible. Beware of setting goals that someone else has power over – focus on achievements that are entirely up to you.
- Relevant (reasonable, realistic and resourced, results-based) – ensure that your goals matter to you, that they are worthwhile and applicable to you.
- Time-bound (time-based, time limited, time/cost limited, timely, time-sensitive) – so that you have a deadline to focus on and something to work toward.

Subsequent Sessions.
Duration and Timing. Once therapy has begun, 45-50 minute sessions are typically scheduled weekly or bi-weekly at a time we agree on, although they can be more or less frequent depending on your particular concerns or scheduling logistics. Barring the rare emergency, you will be seen at the scheduled time. This time is set aside just for you, so it is important that you be on time if you wish to make full use of the session. Because the standard therapy hour according to insurance regulations is 38-52 minutes, if you are more than 15 minutes late for an appointment, you will be billed out-of-pocket at my standard rate (refer to Financial Policy on pages 6-7 of this contract). Insurance does not cover these types of charges.

Sessions end at 45-50 minutes of the hour regardless of the time you present for your appointment. Although this can at times feel artificial, especially if we are discussing emotionally-laden issues, it is necessary in order to maintain therapeutic boundaries and an efficient office schedule. Further, it has been found to be counterproductive to allow sessions to go over the agreed-upon time as it undermines the necessary structure of therapy.

Structure. It is important for clients to know what to expect in a typical CBT session in order to make an informed decision about engaging in this type of therapy. Structure is a very important ingredient in effective CBT treatment. First, we engage in a status check that allows you to provide information about salient events or changes since our last session. Typically, I will start by asking an open-ended question, often as simple as “how are you?” or “what has your week been like?” I will be looking for thoughts, emotions, and behaviors – information that may be used to direct that particular session’s CBT skill development towards your larger therapy goals. This "setting the agenda" allows us to collaboratively determine how to best spend our time during the session and ensure that we remain on-target with your goals. If I have any items for the agenda, I will introduce them at this time. We can also discuss continuing issues of importance from prior therapy sessions, and we'll discuss any "homework" you did during the week. Next, we will discuss agenda items in detail. This is a fluid process, but typically involves a combination of problem-solving and challenging the helpfulness of thoughts/beliefs. You will learn or practice new CBT skills that will help you modify unhelpful thoughts, feelings, and behaviors in order to solve problems independently. Finally, at 45 minutes to the hour, I will ask you to draw conclusions and summarize important points in your own words. We will also create homework assignments collaboratively, which usually consists of programmatic workbook reading and exercises, implementing behavioral solutions to problems, monitoring/challenging unhelpful thinking, and/or practicing other cognitive and behavioral skills.

Homework. ***CBT, like any other healthcare appointment, calls for very active effort on your part.*** Goal achievement could take a very long time if you only think about the techniques and topics taught for one hour per week. For example, if, when you were learning to multiply numbers, you spent only one hour per week studying, you might still be wondering what 7 X 6 equals. You very likely spent a great deal of time at home studying your multiplication tables, maybe even with flashcards. The same is the case with CBT. In order for your therapy to

[2] Condensed from https://www.mindtools.com/pages/article/smart-goals.htm

be most successful, you will have to work on things we talk about in between our sessions. That's why homework plays a major role in your CBT therapy.

We will work collaboratively to develop assignments to practice in “real life” the skills/techniques learned in session. And the good news is, unlike the homework you were forced to do in school, CBT homework cannot be done “wrong.” In fact, if you don’t do the work we agreed upon, that in and of itself becomes an agenda item for the session, and we can challenge the thoughts that interfered with your ability/willingness to do the assignment. So please don’t think of it as a punishment or something to dread, but rather as a way to increase your therapy efforts outside of the sessions to ensure success in reaching your therapy goals!

Materials. CBT is fairly unique amongst the psychotherapies in that they are widely researched and empirically supported. As a result, I often use handouts and will suggest workbooks or manuals to enhance our work together. Documents and handouts that I have personally created will be made available free of charge. If I suggest a published work, I will give you an opportunity to review it free of charge by checking it out of the Lending Library. (Any materials in the waiting room are available to anyone through the Lending Library in the waiting room – whether it pertains directly to our work together or not – just follow the instructions on the form, and you may borrow them up to 30 days.) Of course, our work together is not contingent on the purchase of suggested materials, and I do not believe that the benefit of therapy is defined by using or forgoing the use of workbooks or other aids. When I suggest one of these items, you will decide if the material would be of benefit to you in achieving your therapy goals, and if so, you can purchase it from your favorite bookstore or online merchant. Please be aware that insurance companies will not reimburse for psychotherapy materials.

Concluding Sessions. CBT is not an open-ended, never-ending process. CBT is typically brief and time-limited. It is considered among the most rapid in terms of results obtained. The average number of sessions clients receive (across all types of problems and approaches to CBT) is approximately 20. Other therapies, like psychoanalysis, can take years. What enables CBT to be briefer is its highly instructive nature and the fact that it makes use of homework assignments.

Because CBT is time-limited, it is understood at the very beginning of the therapy process that there will be a point when the formal therapy will end. Ideally, psychotherapy is discontinued when treatment goals are met, we agree that it’s time to stop, and you know where to obtain follow-up services if needed in the future. To handle the conclusion of our work as smoothly as possible, it helps to think of it as a process and begin planning for the end of therapy at the outset of treatment.

However, sometimes transitions are not mutually agreed upon. Often such sudden and unforeseen terminations can be challenging. And sometimes they are marked by a lack of discussion, such that people leave and simply don’t come back. In these latter cases, ***90 days of non-activity, defined as no contact or scheduled sessions and no pre-arranged plans for continued contact, means that, by default, the therapy relationship has ended and the client’s file will be closed***.

This is in no way to suggest that a client cannot return after 90 days of non-activity. I encourage clients to think of therapy as a tool for making changes. As change can often be a waxing and waning process, oftentimes people who weren’t ready to make changes when they initially began therapy can be in a very different mindset later. When they are ready, and they decide that psychotherapy can play a role in their change efforts, I hope that they will feel comfortable reaching out to me, even if it has been over 90 days and their file is technically closed.

Regardless of the reason for ending therapy, as much as possible, I will always be available to provide referral information. A simple email or phone call asking for recommendations is all it takes.

POLICIES & PROCEDURES

This treatment contract and supporting documents represent a legally enforceable business relationship and your signature on these documents represents a binding agreement between us. Careful review of these policies and procedures can help us avoid risks of such business issues that may become the bases for misunderstandings, boundary violations, and ethical dilemmas or complaints. Please take as much time as necessary to completely understand my policies and procedures. After you have had sufficient time to review them, you will have an opportunity to ask any questions and I will address any concerns to your satisfaction before you affix your signature.

Communication Procedures. Generally, my typical workweek is Monday, Tuesday, Thursday, and Friday, 9:00am-8:00pm, but my days/hours can vary greatly. Further, I am often not available during work hours because I am a sole practitioner, do not have an administrative assistant, and will not answer the phone or email when I am with another client. I will make every effort to return your call/email within 48-72 hours (2-3 days), not including weekends, holidays, absences, and vacations. While this may seem like an inordinate amount of time, I believe that it is crucial for maintaining the personal-professional boundaries necessary for my mental and physical health so that I can provide you, to the best of my ability, with the service you deserve.

Email is the best means of contacting me; and yet, while I am the only person with access to my email account, I cannot vouch for the security, privacy, or confidentiality of electronic transmissions in general. Therefore, my preference is to limit email to logistical issues (i.e., scheduling) or requesting a more confidential communication (i.e., phone call). However, if you are comfortable with general confidentiality parameters, or the potential lack thereof, you can email information you would like me to have that can be discussed in subsequent in-office or phone sessions. Please understand that I will not reply directly to such email but will use them to prepare for our next scheduled session. ***Under no circumstances are you to use email to address crisis issues.*** I consider email to be a privilege, not a right, and if you abuse that privilege by sending messages of a critical, desperate, or threatening nature, I will consider it a boundary violation and will refuse to accept subsequent emails by blocking your address from my email account.

Because the nature of my sole-practitioner practice does not allow me to be a crisis counselor or available outside of business hours, it is important for us to have an agreed-upon plan to manage any between-session difficulties if they occur. ***If, during the course of our work together, you experience a psychological emergency (one involving potential life threat or harm to self or others) and you feel that you cannot wait for at least 48-72 hours (not including weekends, holidays, absences, and vacations) to speak with me, you are to call 911 and/or contact your local hospital emergency room (e.g., nearest or one covered by your insurance) and ask for the psychiatrist on call.***

Psychological emergencies are not the only problems that can arise in therapy. At times people find that they are not ready to approach their problems with CBT. At other times there can be difficulties prioritizing therapy efforts given work, family, or other obligations. Sometimes the fit between psychologist and client is not as suitable as initially thought. Occasionally, financial realities necessitate prematurely ending therapy. Any of these can result in therapy disengagement. I understand that some people can be especially uncomfortable having conversations about issues such as these. Please understand that, because I cannot control your behavior, communications with me are ultimately your responsibility. I will make appropriate efforts to contact you; however, if you do not respond to or initiate communications for a three-month period, I will have no choice but to assume that you are no longer interested in pursuing therapy at the time and/or with me, and I will close your file whether or not I have been able to communicate directly with you. ***If three months lapse without me hearing from you, by default, that means our therapy relationship has ended,*** and I will make referrals to other practitioners as requested. Conversely, if you are waiting on a response from me about anything, and you feel that it has been an inordinate amount of time, it is your responsibility to follow up – a brief email or voicemail will suffice.

Attendance Policy.
Regular attendance in therapy is important to your progress and goal attainment. Because there is no arbitrary timeframe for session frequency, we have the flexibility of scheduling our meetings according to your needs and schedule. I do ask that you thoughtfully consider scheduling within the realities of your therapy needs and other life obligations. In order to minimize scheduling confusions, at the end of each session I send an appointment confirmation email to clearly identify what I consider to be the date and time of our next meeting. ***It is your responsibility to check this appointment confirmation email*** and contact me if there is any discrepancy in our calendars. If you miss a session due to a mistake about dates or times, the appointment confirmation email will be considered the definitive agreed-upon understanding, and you will be charged for a missed session (see the next section on Financial Policy for further details).

Irregular attendance can create unanticipated disruptions in therapy momentum and progress, especially given that the nature of my work schedule can create as much as a two-to-three-week lapse between regularly-scheduled appointments (longer if I have an upcoming vacation or conference). Of course, I understand that life at times has a way of interfering with the best-laid plans, and as a result, sessions *sometimes* need to be cancelled/rescheduled. It is your responsibility to see that I am informed of any necessary cancellations. ***A minimum of 24-hours is needed to cancel without consequence*** (see the next section on Financial Policy for further details). The preferred method of rescheduling is via email, complete with current appointment time to be cancelled and two or three

specific date/time options for rescheduling. I will make every effort to confirm receipt of your email, but it is your responsibility to confirm that I receive the message with sufficient notice.

Because changing appointment times too often forfeits appointment times that other clients could have used and increases time lost to scheduling/rescheduling administrative activities, if you cancel, miss, or reschedule two appointments in a two-month period, we will discuss engagement obstacles and make alterations accordingly. ***If you cancel, miss, or reschedule three appointments in a three-month period, we will assume that there are engagement problems, we will suspend therapy for at least a period of six months,*** and I will make referrals to other practitioners as requested.

Winter Weather Exception: Because living in New England implies harsh winters, the cancellation policy of 24-hours is waived for perceived unsafe travel conditions due to weather conditions. I do not expect or want you to endanger yourself in order to keep an appointment. So, if the weather is bad, contact me as soon as you can to let me know that you will not be able to make the appointment, and regardless of how short the notice before your appointment, it will not be held against your attendance record.

Financial Policy. Because psychotherapy can often be a more emotionally-laden undertaking than some other healthcare interventions, and the psychologist/client relationship can often be more confidential/private than it is with other healthcare professionals, financial considerations can often be confusing for some clients. In fact, this is a professional relationship that represents my livelihood, and the actualities of life and the skills/expertise that I bring to our therapeutic relationship demand that I be appropriately reimbursed for the services I provide. Further, in order to set realistic treatment goals, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for behavioral/mental health treatment; however, ***you (not an insurance company) are responsible for full payment of my fees.*** In the interest of fairness, no exceptions will be made; however, if you expect or experience undue hardship as a result of these policies, please do not hesitate to approach me with options.

Service fees are based on a $225 "therapy hour" (45-50 minute psychotherapy session; 38-52 minute insurance schedule) rate (with a subsequent increases of $25 per year, in May, until my fees are within industry standards, after which only normal cost-of-living, inflation-based increases of a much smaller percentage are expected). Fees for services of longer/shorter duration are a percentage of this rate. These rates apply, but are not limited, to in-office or telehealth psychotherapy sessions, communications of a clinical nature (not administrative, i.e., rescheduling), report writing, records preparation/transmission, collaborative contacts with third parties (i.e., insurance companies, other providers), attending meetings with other professionals, and generating balance due statements and/or other efforts to collect fees/late cancellations/missed appointments.

Payment is expected at the time of service, and prompt payment is your responsibility. Acceptable forms of payment include check, credit card, or cash. My preference is to have credit card information on file with your permission to charge the session fee or co-pay to your credit card automatically. If you prefer to make arrangements to have your bank send an electronic check, I am agreeable with that plan, provided that the payment is received within a week of the session. In order to streamline administrative activities and keep costs in check, ***"balance due" statements/email/reminders will not be provided***. If you do somehow get behind on your payments, such that I have to provide you with a "balance due" statement as a reminder, you will also be billed, at the aforementioned rates, for the amount of time spent creating the statement ($43.75 administrative fee, the 0-15 minute rate). If I do not receive payment for the balance in full by the time of our next appointment, I will not be able to schedule subsequent sessions with you until your balance is current.

Late Cancellation/Missed Appointments: ***You will be charged the full standard fee ($225) for sessions canceled with less than 24 hours-notice or if you do not show up for an appointment that you did not cancel - regardless of the reason*** (with the standard exception of inclement weather in the winter – see above). If this seems harsh, please recognize that missing an appointment without sufficient notice for me to fill your spot forces me 1) to forfeit an appointment that another client could have used, which 2) results in double lost revenue from the session, as well as 3) incurs additional administrative expenses in scheduling, canceling, and rescheduling your appointment. Further, it is my preference to enforce the policy ***"regardless of the reason"*** because I believe that is a fairer arrangement than trying to determine what constitutes extenuating circumstances in one case and not another. ***Payment will be made immediately via automatic withdrawal from credit card information you provide on the signature page***. If I do not receive payment for the missed appointment in full by the time of our next appointment, I will not schedule subsequent sessions with you until your balance is current. Please be aware that insurance companies will not reimburse for late-cancelled or missed sessions.

Failure to pay for services may result in my seeking outside assistance to collect charges due. Balances left unpaid beyond 60 days will be referred to a collection agency or small claims court. If such action is necessary, an additional 33% of the balance will be due to cover associated collection fees. In most collection situations, the only information I will release regarding a client's treatment is name, nature of services provided, and amount due.

The only exception to the above rate scale is for services of a more legal (less healthcare) nature: 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 added efforts/difficulties associated with legal involvements, I charge a different per hour rate for preparation and attendance at any legal proceeding. These rates will be negotiated on an as-needed basis.

***Insurance Procedures*.** CIGNA is the only insurance company with whom I am a contracted provider. If you have any questions or concerns about insurance coverage or benefits, contact CIGNA directly for confirmation of coverage. Because your health insurance policy is a contract between you and CIGNA, it is your responsibility to obtain an authorization for service prior to your first visit, and to pay for any balance on your account, not to exceed the contracted rates I have agreed to accept from CIGNA for covered services. In the event that CIGNA does not reimburse for mistakes they or you have made (e.g. claims processing errors or data losses, failure to let me know that your plan has renewed or changed), you will be responsible for full payment of my standard fees.

By signing this contract, you are authorizing me to bill CIGNA to obtain direct payment for any contracted service. I will provide you with a Health Insurance Claim Form (CMS-1500) that you will need to complete, sign, and return so that I can submit claims directly to CIGNA on your behalf. Typically, I submit all insurance claims for the month at the end of the month via an online processing site (Office Ally) with whom I have a Business Associate Agreement (on file), and reimbursements are usually received in the middle of the following month. Your contract with CIGNA requires that I provide them with information relevant to the services that I provide to you in order to secure payment. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with your information once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Treatment Contract, you agree that I can provide requested information to your carrier.

If you have health insurance through a company other than CIGNA, it will usually provide some coverage for behavioral/mental health treatment. Upon request, I will provide you with a statement of services and fees that you can independently submit to your insurance carrier, but you will be responsible for paying for our sessions at the time the service is rendered at my full rate.

SIGNATURE PAGE

Your signature below indicates that you have read this treatment contract and supporting documents, have had any/all of your questions/concerns explained to your satisfaction, and agree to abide by its terms during our professional relationship.

You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it, if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

This document replaces all previous contracts/notices of changes signed prior to May 2026.

I have read, had an opportunity to discuss, and understand the contents of this "Treatment Contract and Information on Policies and Procedures" document dated March 2024 and I agree to the arrangements outlined within it. I have been given a copy of the materials for my records (if requested).

I agree to the use of email as a primary means of communicating logistical information with Dr. Gillock, understanding that she cannot vouch for the security, privacy, or confidentiality of electronic transmissions in general. Telephone communications are a completely acceptable form of communication if I decide not to take the risk of having email seen by a third party.

I agree to assume all responsibility for all professional fees imposed by Karen Lee Gillock, PhD, including but not limited to any portion of the agreed upon charges that are not paid by a third party (i.e., insurance company). I hereby authorize charges to the credit card designated below for services rendered by Karen Lee Gillock, PhD, as outlined in the Treatment Contract dated May 2026. I also understand that this document will be used for any disputed charges with my credit card company.

I have read, had an opportunity to discuss, and understand the contents of the supporting documents "Notice of Policies and Practices to Protect the Privacy of Your Health Information, " "Participant Rights and Responsibilities," and "Good Faith Estimate for Health Care Items and Services Under the No Surprises Act" documents dated May 2026. I agree to the arrangements outlined within them.

Client's Printed Name _____

Client's Signature _____

Date_____

Credit Card # _____
(this information is not negotiable – it must be provided in order to keep administrative costs down)

Type _____ Expiration Date _____ Billing Zip Code _____
(this information is not negotiable – it must be provided)

Provider's Signature_____

Date_____