

PSYCHOLOGICAL SERVICES AGREEMENT
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Welcome! The following information is provided to clarify the nature and limitations of the psychological services I offer. I primarily conduct individual, couples and family counseling, as well as, psychological evaluation and consultation. Research has shown that many clients effectively address their goals in six to eight sessions. However, some clients may have the need for longer treatment, depending on the nature of their presenting concern. I may refer you to another provider or agency if I feel that I cannot best meet your needs.

CONFIDENTIALITY

The code of ethics for psychologists (APA), federal laws and state laws regulating the practice of Psychology regard the personal information you discuss while in counseling to be confidential in nature. This means that a psychologist may not reveal any information about you to anyone, except for professional consultation, without your specific written permission. All records concerning you are kept in a locked file, and unauthorized access to this file is prohibited. Due to legal and ethical constraints, confidentiality is not guaranteed if you are found to be a clear and imminent danger to yourself (suicidal) or to another (homicidal), if you report current abuse of a child or dependent adult, or if your records are subpoenaed by a court of law.

FEE SCHEDULE – Effective 03/31/2015

Individual Therapy (New Client)	\$150 initial 50 minute assessment
Couples and Family Therapy (New Clients)	\$200 initial 90 minute session
Couples and Family Therapy (Established Clients)	\$140 60-minute follow up session
Individual Therapy (Established Clients)	\$130 50-minute follow up session
Individual Therapy (Extended Session)	\$140 Extended session
Gottman Assessments	\$30 per couple

Payment is due at time of service. For non-Blue Cross/Blue Shield **Kansas City** (NOT Kansas) clients who are using insurance, 100% of the first session fee is due the day of the appointment

At your first visit, or when you schedule your first appointment, a copy will be made of your credit card which will allow me to collect any remaining balance. You will be mailed the receipt. All of my professional time will be billed at the \$130 per 50 minute rate. This includes but is not limited to psychological assessment, report preparation, letters on your behalf and phone calls (of more than a 10 minute duration.) **You must give 24 hours notice if you wish to cancel an appointment or \$100 Cancellation Fee may be charged.** After hours calls are charged at 150% of the usual rate. For work outside my office, such as hospitalization or seeing clients in the hospital, I charge my individual rate for the time I am out of the office on your behalf.

While I have taken training in the Gottman Method of couples therapy, I want you to know that I (or my agency, if applicable) am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

INFORMED CONSENT

I have read the above and understand the nature of the services provided. I also acknowledge that I have received the HIPAA notice form as required by federal law. I also agree to assume financial responsibility for services provided to me and will comply with collection of payment.

Client Signature

Date