

**JOHN "JACK" D. MCINROY, ED.D, P.C.**  
**6444 E. Hampden Ave. # D**  
**Denver, CO 80222**

CLIENT INFORMATION		RESPONSIBLE PARTY	
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>	<b>St.</b>	<b>Address:</b>	<b>St.</b>
	<b>City</b> <b>Zip:</b>		<b>City</b> <b>Zip</b>
<b>Home Phone:</b>	( )	<b>Home Phone:</b>	( )
<b>Work Phone:</b>	( )	<b>Work Phone:</b>	( )
<b>Cell Phone:</b>	( )	<b>Cell Phone:</b>	( )
<b>Social Security #:</b>		<b>Social Security #:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	
<b>Sex:</b>		<b>Sex:</b>	
<b>Marital Status:</b>		<b>Employer name &amp; address:</b>	
<b>Name of Spouse:</b>		<b>Insurance company:</b>	
<b>May I call and leave a message for you at:</b>		<b>Policy #:</b>	
<b>Special instructions regarding messages:</b>		<b>ID #:</b>	
<b>Describe the reason you are seeking therapy:</b>		<b>Group #:</b>	
<b>Who should we contact in case of emergency:</b>		<b>Authorizatio n #:</b>	
<b>What are the names/ages/relationships of those who live with you:</b>		<b>Email address:</b>	_____ ___ Yes    ___ No
<b>Who referred you to us:</b>	_____	<b>Do we have your permission to email information to your home:</b>	
<b>Date Today:</b>			

**DR. JOHN D. MCINROY, ED.D., P.C.**

**OUTPATIENT SERVICES CONTRACT AND DISCLOSURE FORM**

Welcome to Dr. John “Jack” D. McInroy’s psychological practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

**MY QUALIFICATIONS**

I received my B.S. Degree from Mansfield State University in 1958, my Master’s Degree in Counseling from The Pennsylvania State University in 1961. In 1975, I received my Doctoral Degree in Counseling from The University of South Dakota. Moving to Colorado, I began full-time private practice in 1975 and became licensed (#515) as a psychologist in 1977. I have been a full-time psychologist since that time. I am a member of the American Psychological Association and was President Elect of the Colorado Psychological Association. If you would like to know more about my qualifications, please don’t hesitate to ask me.

**PSYCHOLOGICAL SERVICES PROVIDED**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. I can say that the majority of clients who engage in therapy with me become significantly better, but there are no guarantees of what you will experience.

## **Therapy Contract and Disclosure: page 2.**

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **MEETINGS OR THERAPY SESSIONS**

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it **unless you provide 24 hours advance during the work-week, notice of cancellation,** unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment. A Monday appointment must be cancelled by the previous Thursday. We are unable to bill your insurance company for cancelled appointments.

### **PROFESSIONAL FEES**

My hourly fee (50 minutes) is \$150.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services may include: report writing, telephone conversations lasting longer than ten minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. 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 difficulty of legal involvement, I charge \$200.00 for the first two hours of service (including travel time) and \$200.00 per hour for each additional hour, any preparation involved, and attendance at any legal proceeding.

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is your name, the nature of services provided, and the amount due.

### **Contract and Disclosure Form: page 3.**

I may consider this a violation of this contract and may discontinue services until this matter is resolved. If necessary, I may refer you to another therapist that can meet your psychological and financial needs.

#### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, 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 mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have become increasingly more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some insurance plans or Employee Assistance Programs will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy or work out another arrangement with you.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). 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 it 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.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office between 9 am and 5 pm, on the following days: Monday through Friday. On Friday I am usually in the office from 8-2. I will not answer the phone when I am in a therapy session with a client unless it is an emergency. When I am unavailable, you can leave a message on my voice mail. (303-673-7339) I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you have a mental health emergency, you can call my emergency line at (303) 929-2598. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of another therapist to contact, if necessary.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records for seven years. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time (and copying expenses) spent in responding to information requests.

### **MINOR CHILDREN**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up full access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

### **CONFIDENTIALITY**

In general, law protects the privacy of all communications between a client and a psychologist, and I can only release information about our work to others with your written permission, but there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, such as those involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

## **Contract and Disclosure: Page 5.**

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency (in most cases, this will be the county Social Services Department).

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations do not commonly occur in my practice. If a similar situation occurs, however, I will make every effort to fully discuss it with you before taking any action.

Occasionally, I may find it helpful to consult other professionals about a case (whether it be my colleagues in this practice or outside the practice). During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I may not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

### **OTHER ISSUES**

You have a right to a second opinion from any other practitioner concerning your treatment, and it is your right to terminate therapy at any point in time.

Certain situations in therapy are never considered to be appropriate. For example, in a professional relationship, sexual intimacy between a therapist and client is never appropriate and should be reported. The practice of both licensed and unlicensed practitioners in the field of psychotherapy is regulated by the Colorado Department of Regulatory Agencies. If you feel an ethical violation has occurred, you may submit a complaint about your care to your respective insurance company or report your complaint directly to the regulatory board:

Colorado Department of Regulatory Agencies  
State Grievance Board, Suite 1340  
Denver, CO 80202  
Phone #: (303) 894-7766

**Contract and Disclosure: Page 6.**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Please keep a copy of this agreement for further reference.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Printed Name of Therapist & Credentials: Dr. John "Jack" D. McInroy

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

Client's Name \_\_\_\_\_ Date of Initial Session: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contract Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Person: \_\_\_\_\_

Sessions Auth: \_\_\_\_\_

Date of Auth: \_\_\_\_\_

Payment Schedule \_\_\_\_\_

CO-PAY \_\_\_\_\_

**Diagnosis:** Axis I \_\_\_\_\_ Axis II \_\_\_\_\_ Axis III \_\_\_\_\_

**Dates of Service:** Axis IV \_\_\_\_\_ GAF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAR Sent:** \_\_\_\_\_