



THERAPIST - CLIENT SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. When you sign this document, it represents an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOTHERAPY

Psychotherapy is a process that has lifelong benefits. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, increased personal awareness and insight, increased skills for managing stress and a greater overall sense of well-being. Because it is a process of change, it involves the willingness to take risks. These risks may include discussing unpleasant aspects of your life and experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness.

Psychotherapy is an active process that requires the client to take full responsibility for his/her inner and outer life and decisions. New understandings and insights gained in session are only as valuable as their application to the “real time” experiences of your daily life. That is where the “rubber hits the road” and while I am here by your side, it’s *you* that has the privilege of creating the life and relationships you desire.

Psychotherapy is a relationship between people that works in part because of the clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

APPOINTMENTS

Appointments will ordinarily be **50 minutes** in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with a **notice of 48 business hours**. **If you miss a session without canceling, or cancel without giving me a 48 hour notice, I charge my standard fee. Cancellations within the first half of the fee period (48-24hours) are charged at half. Cancellations made within 24 hours of the appointment are charged at full fee.** I will try to find another time to reschedule the appointment. You are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Finally, I reserve the right to adjust my fees bi-annually. When making a new appointment, if I have not seen you within 2 months of your last appointment the most current fee will apply.

PROFESSIONAL FEES

The standard fee for a session is \$275.00 and sessions are 50 minutes long. There are a number of ways to process payment including cash, check, bank transfer and credit card. **If a credit card is used an approx. 3.5% processing fee will be added to the standard fee. Regardless, of form of payment, when booking a session, you will be asked to put a credit card on file to reserve the appointment.** You can then choose to use that as a form of payment or cash/check at end of our session together. All payments are made prior to or immediately following the appointment. If an alternate form of payment is not rendered within the same business day of the appointment, the credit card on file will be charged.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, e-mail or telephone conversations, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the services that I provide. Your records are maintained on my password protected laptop and in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and /or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled **Notice of Privacy Practices**. You have been provided with a



copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. **Texting is not a confidential form of communication.** If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe:

Go to your Local Hospital Emergency Room or call 911 and ask to speak to the mental health worker on call.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you speak with me so that I can respond to your concerns. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.



CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Client(s)

Printed Name of Client(s)

Date _____

Email _____

Cell # _____