



## **THERAPIST/CLIENT SERVICE AGREEMENT**

Welcome to my practice! This document (the Agreement) contains important information about my professional services and business policies. It also contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail, and my practice is in general accordance with HIPAA policies. The law requires that I obtain your signature acknowledging that I have provided you with this information.

Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. 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 or if you have not satisfied any financial obligations you have incurred.

### **PSYCHOLOGICAL SERVICES**

Therapy is a relationship between people that works in part because of the clearly defined rights and responsibilities held by each person. This frame creates the safety to take risks and empower clients to create change. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to know. I, as your therapist, have responsibilities to you. These rights and responsibilities are explained below.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. However, therapy can lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. I cannot guarantee this will happen, but I will make my best effort to effect change. Psychotherapy requires a very active effort on your part, as well. In order to be most successful, you will have to work on things that we discuss outside of sessions.

The first few sessions involve a comprehensive evaluation of your needs. By the end of the evaluation, I will offer you some initial impressions of what our work may include. If you decide to continue, we will discuss your goals and create an initial treatment plan. Please evaluate this information as well as your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy and, therefore, needs to feel right to you. If you have questions about my style or techniques, please ask me as they arise.

### **APPOINTMENTS**

I typically set aside 60-75 minutes for our first session. This allows us to:

- talk about your main concerns and what you hope to achieve in therapy
- help you decide whether you'd feel comfortable working with me
- determine whether my services are appropriate for addressing your issues
- discuss how the therapy process works and how long it might take
- review my office policies, privacy and confidentiality, and other issues

If either of us decides that our "match" does not work, I will provide you with a referral(s) to another therapist(s). After the initial session, I usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week, with some variation depending on your need.

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## **CANCELLATION**

Therapeutic services are most effective when meeting times are regular and consistent. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, you must provide at least 48 hours notice. If you have an appointment schedule for 5:00 p.m. or later, you must provide 72 hours notice of cancellation. **If you miss a session without canceling, or cancel with less than 48 or 72 hours notice (respectively), you must pay \$100 for the missed session** as insurance companies do not provide reimbursement for cancelled sessions. You are responsible for coming to your session on time. If you are late, your appointment will still end on time.

\_\_\_\_\_ (initial)

## **FEES, BILLING, AND PAYMENT**

- My standard fee for a 50-minute session is \$120. The initial session is considered an intake assessment and is \$160 for 60-75 minutes. Longer or shorter sessions are charged proportionately. I also charge at the same rate for significant amounts of time (over 15 minutes) spent on phone calls or contacting concerned parties such as other professionals, family members, etc.
- If you are paying with insurance, I will bill each session to your insurance company. You are responsible only for the co-pay, which is usually listed on the front of your insurance card as “BH”. I will keep track of the number of sessions you have had with me that have been billed to your insurance company. You are responsible for knowing your health plan coverage not limited to deductible, approved services, number of allotted sessions, etc .  
*Therefore, you are responsible for the total fee of sessions which are not covered by your insurance company.*
- Payments are due at the **beginning** of each session. Paying in this manner tends to be much more comfortable for clients because it allows a natural transition at the end of the session.
- Should a balance accrue and no payment is received, I reserve the right to seek remuneration by any means legally possible including, but not limited to, the retention of a collection agency.

\_\_\_\_\_ (initial)

## **INSURANCE**

- I accept payment directly from insurance companies. Currently, I am a participating provider for Blue Cross/Blue Shield of Rhode Island, Aetna, and Neighborhood Health Plan of Rhode Island. In the event that I am not a participating provider in your managed care plan, my services are typically reimbursable and I will provide you with a monthly statement that you may submit to your insurance to obtain out-of-network reimbursement.
- Insurance companies require a formal diagnosis for my services. Diagnoses are technical terms describing the nature of your problems and their duration. All diagnoses come from a book entitled the DSM-IV. I have a copy in my office and I will be glad to let you see it to learn more about your diagnosis.

## **PROFESSIONAL RECORDS**

I am required to keep appropriate records of the psychological services that I provide. Although psychotherapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, and a mention of the topics discussed. You have the right to a copy of your file at any time. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records are maintained in a secure location in the office.

## **CONFIDENTIALITY**

The confidentiality of all communications between a client and a therapist is generally protected by law and I, as your therapist, cannot and will not tell anyone else what you have discussed or even that you are in therapy without your written permission. 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. With the exception of certain specific situations described below, you have the right to confidentiality of your therapy. You may request to share information with whomever you choose and you may revoke that permission in writing at any time.



There exist some limitations to confidentiality that I am legally bound to take. If possible, I will make every attempt to inform you when these limitations will be put into effect. The legal exceptions to confidentiality include, but are not limited, to the following:

- If there is good reason to believe you are threatening serious bodily harm to yourself or others. If I believe a client is threatening serious bodily harm to another, I may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to him/herself or another, I may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.
- If there is good reason to suspect, or if there is evidence of, abuse and/or neglect toward children, the elderly or disabled persons. In such a situation, I am required by law to file a report with the appropriate state agency.
- In response to a court order or where otherwise required by law.
- To the extent necessary, to make a claim on a delinquent account via a collection agency.
- To the extent necessary for emergency medical care to be rendered.

Finally, there are times when I find it beneficial to consult with colleagues as part of my practice for mutual professional consultation. Your name and unique identifying characteristics will not be disclosed. The consultant is also legally bound to keep the information confidential.

**CONTACTING ME**

If you need to contact me regarding any matter that is not of an urgent nature, you can email me at: [cordiscounseling@gmail.com](mailto:cordiscounseling@gmail.com), or call me at: (401) 440-6443/(401) 374-7472. I am often not immediately available by telephone. While I am usually in the office during normal business hours, I do not answer the phone when I am with a client. If you need to reach me between sessions, or in an emergency, you have the right to a timely response. You may leave a message on my confidential voicemail and your call will be returned as soon as possible. When you contact me please be clear about the reason you are contacting me so we can address your concerns in a short time.

If your call is a clinical emergency, defined as a situation in which there is danger of harm to self or others, please state the nature of the emergency on my voicemail and I will return your call as soon as absolutely possible. If you do not hear from me or I am unable to reach you, it remains your responsibility to take care of yourself until such time as we can talk. If you feel unable to keep yourself safe, go to your nearest emergency room.

I will make every attempt to inform you in advance of any planned absences, and provide you with a name and phone number of the therapist covering the practice.

**TERMINATION OF THERAPY**

You have the right to terminate therapy or request a referral to another therapist at any time. Since therapy is a cooperative and often emotional venture, please raise any concerns you have so that we can figure them out together.

When we jointly decide to terminate your therapy with me, we will schedule a session to process our work together and say goodbye. The last session is important for closure and the hard work done deserves to be honored.

**CONSENT TO PSYCHOTHERAPY**

Your signature below indicates that you have read this Agreement and agree to its terms. It also serves as an acknowledgment that you have received the HIPAA Notice Form described above.

**Client’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_