



## **Counseling and Assessment Practice of Fairfax, LLC**

3925 Old Lee Highway, Suite 52A, Fairfax, VA 22030

### **Therapist-Client Service Agreement Office Policies and Procedures**

#### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the specific problems you are experiencing. There are many different methods we may use to deal with 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 many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of you (or your child's) needs. By the end of the evaluation, your therapist 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 your therapist. Therapy involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we would be happy to help you set up a meeting with another mental health professional for a second opinion.

#### **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, we ask that you provide us with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, our policy is to collect the regular fee for your visit [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. If it is possible, we will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

#### **PROFESSIONAL FEES**

The fee for the initial intake is \$130.00 and each subsequent session is \$130.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash; we are not able to process credit card charges as payment. Any checks returned to the office are subject to an additional fee to cover the bank fee

that we incur. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is our policy to charge this amount on a prorated basis (we will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request. If you anticipate becoming involved in a court case, it is recommended that we discuss this fully before you waive your right to confidentiality. If your case requires your therapist's participation, you will be expected to pay for the professional time required even if another party compels the therapist to testify.

## INSURANCE

We are a fee-for-service practice and do not accept third-party reimbursement from insurance companies. Before coming to your first appointment, please check with your insurance company about out-of-network coverage. We do not have any authority over reimbursement decisions made by insurance companies. Although we do not have a billing department, we are happy to assist you with documentation that your insurance carrier may need. Patients with insurance benefits must file their own claims and will be paid directly by the carrier. On your insurance claim form, please indicate that checks should be sent directly to you. Checks that we receive erroneously from insurance companies will be voided and returned to the insurance company.

We will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, we can refer you to a colleague.

## PROFESSIONAL RECORDS

We are required to keep appropriate records of the psychological services that are provided. Your records are maintained in a secure location in the office. These include 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 received from other providers, copies of records sent 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, we recommend that you initially review them with your therapist, or have them forwarded to another mental health professional to discuss the contents. If we refuse your request for access to your records, you have a right to have that decision reviewed by another mental health professional, which we 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

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written authorization. This Authorization will remain in effect for a length of time you determine. You may revoke the authorization at any time, unless we have taken action in reliance on it. However, there are some disclosures that do not require Authorization, as follows:

- You should be aware that we practice with other mental professionals. In some cases, we need to share protected information with these individuals for administrative purposes, such as scheduling and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. Furthermore, when seeking consultation from other professionals regarding your case, we will protect your identity.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-client privilege law. We cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information.
- If we know or have reason to suspect that a child has been or is in immediate danger of being mentally or physically abused or neglected, the law requires that we file a report with the appropriate governmental agency, usually the Child Protective Services Division of the Department of Human Services. Once such report is filed, we may be required to provide additional information.
- If we have substantial cause to believe that an adult is in need of protective services because of abuse, neglect or exploitation by someone other than our client, the law requires that we file a report with the appropriate governmental agency, usually the Department of Human Services. Once such a report is filed, we may be required to provide additional information.
- In an emergency, if we believe that a client presents a substantial risk of imminent and serious injury to him/herself, we may be required to take protective actions, including notifying individuals who can protect the client or initiating emergency hospitalization.
- If we believe that a client presents a substantial risk of imminent and serious injury to another individual, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit our disclosure to what is necessary. In all other situations, we will ask you for an advance authorization before disclosing any information about you.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a client files a complaint or a lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.

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 now or in the future. That laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

## PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. For children under 14, we request that the child agrees that the therapist can share whatever information we consider necessary with a parent. For children 14 to 17, we request an agreement between the child and the parents allowing the therapist 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 there is a safety concern (see also above section on Confidentiality for exceptions), in which case the therapist will make every effort to notify the child of the intention to disclose information ahead of time and make every effort to handle any objections that are raised.

## CONTACTING YOUR THERAPIST

Your therapist is often not immediately available by telephone. Therapists do not answer the phone when with clients or otherwise unavailable. At these times, you may leave a message on the office's 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. If, for any number of unseen reasons, you do not hear from your therapist or he/she is unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact Fairfax-Falls Church Community Services Board Merrified Center, which provides 24/7 emergency support: (703) 573-5679, <http://www.fairfaxcounty.gov/csb/services/emergencies.htm> 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. Your therapist will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional who will cover emergency services in his or her absence.

## CONSENT TO SERVICES

Your signature below indicates that you have read this Agreement and agree to its terms.

\_\_\_\_\_  
Signature of Client (or parent, if client is minor child)\*

\_\_\_\_\_  
Printed Name of Client (or parent)

Date \_\_\_\_\_

\*By signing to authorize for services of a minor, I am stating that I have the legal right to authorize such services for the minor and that no further consent by another parent or legal guardian is required by law, court order, or otherwise.