PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

Health Insurance & Confidentiality of records:

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/EAP in order to process the claims. I have no control or knowledge over what insurance companies do with the information.

Payments and Insurance Reimbursement:

Non-insurance clients are expected to pay the standard fee of $175 per 45-50-minute session and $225 for Intake meetings and 75 minute sessions. Payment is expected to be collected at each session and is accepted in the form of cash, charge, or personal check. There is a $30 charge for returned checks or late fees.

Please note that this contract takes precedence over any information provided by your insurance carrier. If you have an insurance policy and I am a provider for that company, I will bill the company for the sessions. Please be aware that insurance companies reimburse only a percentage of your bill. Before we start therapy, please contact your health insurance provider to determine whether your plan covers clinical services received by me.

You are responsible for all co-pays and/or coinsurance required under your insurance. **Please be advised that insurance companies do not reimburse for missed sessions. In this case you will be responsible for paying your assessed charge ($175), not just your usual insurance co-pay.**

If your account is overdue (unpaid), I may use legal or other means (courts, collection agencies, etc.) to obtain payment.

Litigation Limitation:

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters, which may be of confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc **.) neither you nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon in advance. If agreed upon, additional fees will apply for testifying in legal proceedings.**

Telephone Calls:

I charge for telephone conversations other than for the purpose of scheduling appointments. See my fee schedule. Extended phone calls and other services such as preparation of special reports or telephone consultations are billed at $175.00 per 45 minutes. I will return telephone calls as promptly as my schedule allows. Weekend calls will be returned the following business day. Calls received on Friday will be returned the following business day (Monday).

If you have an emergency and cannot wait for my return call, go to your nearest emergency room or call 911 or call your local community service board emergency numbers. I do not have the ability to provide 24-hour emergency contact. If you believe that you situation will require a therapist that has a 24-hour support, please discuss this with me as soon as possible.

Cancellations and Weather Emergencies:

Continuity is crucial to the effectiveness of therapy. Please notify me as far in advance as possible if you need to cancel a session. You will be charged the full fee ($175) for appointments you do not **cancel two (2) business days**

(Monday-Friday) in advance. Insurance companies do not provide reimbursement for cancelled sessions. If you are late for your appointment, you will still be charged for the entire time allotted for the meeting.

[Cancellation schedule example: If your appointment is scheduled for Monday at 9 am, you must cancel no later than Thursday 9 am of the preceding week. If your appointment is scheduled for Tuesday at 9 am, you must cancel no later than Friday of the preceding week.]

For weather emergencies/cancellations please call my number: 703-635-2820 to find out if I am canceling sessions.

Social Media/Email Policy

Friending: I do not accept friend requests on our personal accounts from current or former clients on any social networking site; such as Linked In, Google Reader, Facebook, or Twitter. I believe that adding clients as friends on these sites can compromise client confidentiality and privacy. Additionally, it may blur the boundaries of the therapeutic relationship.

Messaging: Clients are not to use messaging on Social Networking sites such as Linked In, Facebook, Twitter, or cell phone texting to contact me. These sites are not secure and I may not read these messages in a timely fashion. The best way to reach us, between sessions, is by phone or direct email.

Email: E-mail is not completely secure or confidential and I cannot guarantee the privacy of information exchanged via email. It is very important to be aware that email communications can be accessed relatively easily by unauthorized individuals and consequently can compromise the privacy and confidentiality of such communication.

Therapeutic services will not be provided via e-mail**. Email may be used to exchange information only or to schedule or modify appointments.** Also, please do not use email for emergencies. If you communicate confidential or private information via e-mail, I will assume that you have made an informed decision, and will honor your desire to communicate on such matters via e-mail.

Please know that any e-mails I receive from clients and former clients along with any responses that are related to treatment and diagnosis may be kept in treatment records. Emails also become a part of your legal records and may be revealed in cases where your records are summoned by a legal entity. Please be assured that current and former client e-mail information is always kept secure and not shared with any third parties.

The Process of Therapy and Termination:

Once treatment is terminated, the therapist has no further obligation to the client.

Your signature below indicates that you understand the above terms. Please ask for clarification of any points

Printed Name _____ Date_____

Signature _____ Date _____

Printed Name (partner or family member)_____ Date _____

Signature _____ Date _____

Printed name of Financially Responsible Custodial Date Parent/Guardian if Applicable

_____ _____

Signature of Financially Responsible Custodial Date Parent/Guardian if Applicable

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