PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works, in part, due to 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 below.

Psychotherapy entails both benefits and risks. The process of psychotherapy often requires discussing complicated or unpleasant aspects of your life, thus risks may include the experiencing of uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness or helplessness. Psychotherapy, however, has also been shown to have benefits for individuals willing to undertake it. The work of therapy often leads to a significant reduction in feelings of distress, increased satisfaction with interpersonal relationships, greater personal insight and awareness, increased skills for managing stress and resolutions to specific problems for which you may be seeking counseling. There are no guarantees about what will happen during the therapeutic process. Psychotherapy requires a very active effort on your part. In order to achieve optimal results, you will have to apply those things we discuss during our sessions to your life outside of our sessions.

The initial intake session consists of an evaluation and treatment recommendations. We will discuss your treatment goals and create an initial treatment plan to guide the therapeutic process. You should take liberty to evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about any of 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.

APPOINTMENTS AND CANCELLATIONS

Appointments will be approximately 50 minutes in duration and will occur at the frequency we agree upon in the initial intake session (i.e. once weekly). The time scheduled for your appointment is assigned to you and you alone. I respect the time assigned to you; I ask you respect my time and availability to my other clients. If you need to cancel or reschedule an appointment, I ask you provide me with 24-hour notice that you are relinquishing your appointed time so I might offer it to someone else. If you miss a scheduled appointment without canceling, or cancel a session with less than 24-hour notice, my policy is to collect $25.00 by the start of our next appointment [unless we both agree that you were unable to attend due to circumstances beyond your control].

PROFESSIONAL FEES AND INSURANCE

My standard fee for the initial intake and each subsequent session is $80.00. You are responsible for paying at the time of your session unless prior arrangements have been made between us. Payment must be made by cash or credit/debit card. I also accept sliding scale payments based on proof of SIGNIFICANT financial need. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment for services rendered. As a registered mental health counselor intern, I am unable to accept insurance for my services. Some insurance companies, however, allow for reimbursement for out-of-network coverage. If your insurance company does, then I will gladly supply you with a superbill indicating my receipt of your payment for services, which you can then submit to your insurance company for reimbursement.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will make a good faith attempt to return your call within 24 hours. Phone calls received after 8:00pm or received over a weekend or holiday, will be addressed upon the next available business day in the order they were received. Please note that face-to-face sessions are highly preferable and more beneficial than phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency arises, please call 911 or any local emergency room.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messaging. If you prefer to communicate via email or text for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee an immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. By signing this document, you understand the risks in participating in unsecured electronic communications and the fact that your information may not remain confidential due to the high-risk nature of this kind of communication.

CONTACTING ME

I try and make myself as available as I can, but sometimes I am unavailable. At these times, you may leave a message on my voice mail and I will make a good faith attempt to return our call as soon as possible. In the case of an emergency, contact (1) Community Mental Health Services of Orange or Seminole County (I can provide these numbers for you and they are listed in the phone book or online), (2) go to your Local Hospital Emergency Room, or (3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of any planned absences and provide you with the name and phone number of the mental health professional covering my practice for non-emergency contacts.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records will be maintained in a secured location. 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 “Confidentiality Agreement.” 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 the child 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.

OTHER RIGHTS

If you are unhappy with your experience in therapy, I hope you will feel free to speak with me so I can respond to your concerns. Your comments will be taken seriously and handled with care and respect. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of therapy and about my specific training and experience. You have the right to expect I will not have social or sexual relationships with clients or with former clients. You also have the right to terminate therapy at any time. At such a time, you may also request I refer you to another mental health professional.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you following a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued at that time.

CONSENT TO PSYCHOTHERAPY

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

_____
Printed Name of Client or Legal Representative

_____ _____
Signature of Client or Legal Representative Date

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