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Agreement for Services

Welcome! I'm pleased that you've chosen to begin a therapeutic relationship with me. Please initial each section to indicate your understanding of and agreement to the following policies:

- **Timing:** Be on time for your appointments. Sessions are 45 minutes long. As I return phone calls and take notes between sessions, it is important that we end our conversations on time. ____ (initial)
- **Attendance:** Attend sessions weekly or as scheduled since continuity is an important component of successful therapy. I have limited flexibility in off-peak hours (primarily during weekday mornings) to offer more sporadic appointments. ____ (initial)
- **Cancellation policy:** Call at least **48 hours in advance** if you must cancel or change a scheduled appointment. Appointments cancelled outside this time frame will be billed at my full rate (\$180). Consideration will be given to *emergency* situations. ____ (initial)
- **Fees:** Fees are due at the beginning of each session. I accept e-payments through Zelle and Apple Pay, credit cards, cash or checks. The fee we have agreed to is \$180. Fees are subject to an annual increase; you will be given a minimum of one month's notice of any increase. ____ (initial)
- **Phone calls:** I do not charge for phone calls that last less than 10 minutes and are logistical in nature. Longer calls or additional work requested by you will be prorated and billed at your established rate. ____ (initial)

• Insurance benefits: If you choose to have claims submitted to your insurance company, you understand that I will disclose diagnostic information, dates of service and other information as requested. You are ultimately responsible for all charges and should verify the specifics of your coverage before we begin therapy. ____ (initial)

• Confidentiality: As a licensed clinical social worker, I am legally and ethically required to keep conversations with and information about you in confidence. No information will be released without your written permission *except* where mandated or permitted by law. I am required to break confidentiality in circumstances such as but not limited to:

- Reasonable suspicion or knowledge of child abuse;
- Reasonable suspicion or knowledge of elder or dependent adult abuse;
- Determination that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others. ____ (initial)

• Termination: You have a right to end therapy at any time. Of course, it is best to do so upon completion of treatment goals. Termination is best approached in advance so that we can clarify your needs, make referrals if necessary and bring closure to our work together. I reserve the right to terminate therapy if you are delinquent in payment or if your needs would be better met by another provider. ____ (initial)

• My availability: I check my messages daily during the week. I do my best to return phone calls upon receiving your message. Please indicate the urgency of your call when leaving a message. ____ (initial)

I understand that I have a right to a copy of this agreement. I have read, understand and agree to abide by these policies.

Signature _____ Date _____

Signature _____ Date _____

Witness _____ Date _____