



Welcome! I am delighted that you have chosen to work with me and excited to begin our journey together. This letter will provide you with logistical information about my policies and procedures and ensure a mutual understanding about our professional relationship.

Overview of Services: Therapy is a collaborative process undertaken between you and a therapist, designed to empower you to accomplish mental health and wellness goals. I provide services for adult individuals. For counseling to be most effective, it is important that you take an active role in the process.

Potential Benefits of Therapy: The trusting and authentic therapeutic relationship formed between us can be transformative. Often it can be healing simply to be truly heard and understood. I can offer new perspectives and provide insight moving you towards your personal goals. Other benefits of therapy may include increasing mindfulness and self-awareness, overcoming specific problem areas such as depression or anxiety, discerning who you really want to be and how you want to live your life, and finding resolution to the concerns that led you into therapy. These benefits are best achieved when you assume an active role in the process and apply what is learned in therapy to real-life situations.

_____ (initial)

Potential Risks of Therapy: Before we begin, you should understand that there is a possibility that you will, for a time, experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other difficult or unwanted feelings. You may recall unpleasant memories. Relationships are often affected as a result of therapy. Significant relationships may experience varying degrees of tension. This is often most prevalent within family relationships but may extend beyond into one's social and professional life. Sometimes, problems may temporarily worsen after the beginning of treatment. Therapy is a powerful, dynamic process and these types of risks are to be expected as a natural element of making significant changes in their lives.

_____ (initial)

Confidentiality: As a Licensed Clinical Social Worker (LCSW) Tennessee License No. LSW6881, I will keep confidential anything you disclose to me, with the following exceptions: a) you direct me to tell someone, b) I have reason to believe you are in imminent danger of harming yourself or others, c) I am ordered by a court of law to disclose information, d) you report abuse or neglect of a child, or a handicapped or elderly person (by you or someone else).

_____ (initial)

Fees Paid at Time of Service: Currently, my fee is \$140 per 50-minute session, 80-minute session for \$200, or a 3.5-hour session for \$500, all during the week. Weekend sessions are charged at time and a half the weekday rate or you can think of it as a session rate x 1.5. I do not take insurance due to them being inflexible and having numerous barriers. To facilitate a smooth flow of our time together, it is my practice to collect fees at the beginning of our session. I have a limited number of sliding scale slots available for clients and I am open to discussing a reduced fee if one of these slots is available. Outside consultation with doctors, schools, agencies, courts, etc. will be charged at the agreed upon hourly rate including any time required to prepare the necessary documentation or information. My initials here signify that I agree to pay costs incurred, as agreed upon with the therapist during the initial session.

_____ (initial)

Session type. Sessions can be held via telephone, online or virtually depending on needs and or technical abilities of the client. We may transition to face-to-face in future depending on safety concerns for everyone involved.

Tardiness. Because my schedule requires that I end sessions promptly, if you arrive late for a scheduled appointment, you may not be able to complete the entire session. Please make every effort to be punctual so that we can make the most of our scheduled time together.

_____ (initial)

On average, clients work with me between six months and one year, with many finishing within 12 sessions. I view the counseling relationship as a partnership in achieving happiness, acceptance and self-awareness in ways that move you towards a happier sense of being. Some goals for therapy may take only a few sessions to complete, while others may take several weeks, months, or years to be fully realized.

_____ (initial)

Usually, counseling sessions will be held on a weekly basis as we begin to uncover your goals and gain momentum in the counseling process. Once you begin to see the changes that you are hoping for, we may readjust our scheduled meetings as you begin to rely on the resources you will rediscover in yourself. Please make appointment cancellations or changes before 24 hours of your scheduled appointment by phone or by E-mail or **you will be charged for the entire scheduled session and a \$75 no show charge.** These fees are waivable based upon specific discussed circumstances.

_____ (initial)

Our relationship is unique and will be reserved to the counseling room. The relationship with your therapist is strictly a professional and therapeutic one and is the only type of relationship we may have. Any other type of personal or business relationship undermines the effectiveness of the therapeutic relationship. While I care deeply about helping you, I am not in a position to be your friend or have any social or personal relationship with you. Any gifts, bartering and/or trading for services is not considered appropriate and will not be engaged in. Please remember that these restrictions are to protect you and to make sure you get the best treatment possible, without any complications. If I should see you outside of our scheduled sessions, my primary concern is your privacy. I will not approach you, but please feel free to say approach me and say hello.

_____ (initial)

Not all forms of communication are considered confidential. I prefer not to communicate through mobile phone text messaging or social media site messaging, such as Facebook and Twitter. These sites are not secure and may compromise your confidentiality. If you decide to engage in text messaging, I will assume that you are aware of and accept the possible risks to confidentiality through this form of communication. The best way to get in touch with me between sessions is through e-mail or through my voicemail. Emergency phone calls less than 10 minutes are normally free; however, longer phone calls will be billed at a prorated hourly rate. Sessions are available by appointment. Please note, as I do not answer or respond to phone calls immediately, please leave a message. I will contact you as soon as possible or no later than the next business day, but not on weekends unless we have agreed otherwise.

If you are unable to reach me and you are in crisis, feeling suicidal, overwhelmed, or unsafe, you should contact the Crisis Help Line at 615-244-7444, Mobile Crisis Line at 615-726-0125, the YWCA Domestic Violence Center at 615-242-1199, 911 or go to your nearest emergency room.

_____ (initial)

I agree to make reasonable efforts to ensure proper continuation of care. In the event that termination occurs prior to the completion of client-stated goals, I agree to make reasonable efforts to provide clients no fewer than three (3) alternative counseling sources, taking into adequate consideration the client’s psychological needs and ability to pay. I may attempt to make contact through phone, e-mail, or in writing to the client’s address on record. After two months without contact or an understanding about continuation of care, I will officially close your therapy file. Should you decide to re-enter the therapeutic relationship, the file can always be reopened. I will contact you before the file is closed to remind you about the termination process.

_____ (initial)

I have received a copy of the Telehealth, HIPAA, and Privacy Practices from Timothy L. Hook 2nd LLC.

_____ (initial)

To file a formal complaint, you may contact the licensing board listed below:

While the Department of Health hopes that you will never have to file a complaint against a health care practitioner, doing so is a simple matter. You may contact the Complaint Divisions of the Department of Health at 1-800-852-2187 to request a complaint form. (PH-3466)

Please return the complaint to:

**Office of Investigations
665 Mainstream Drive, 2nd Floor, Suite 201
Nashville, TN 37243**

Title	Regulatory Board	Phone Number
Social Worker	Health Professional Boards	1-800-852-2187

<https://www.tn.gov/content/tn/health/health-program-areas/health-professional-boards/report-a-concern.html>

Client Signature: _____ Date: _____