



Marie T. Anderson, MA, LPC
11920 Sawhill Blvd., Spotsylvania, VA
Phone 540-317-1165 Fax 540-301-5657

Welcome to my psychotherapy practice. This document contains important information about my professional services and business policies. Please **read it carefully** and jot down any questions you might have so that we can discuss them during our initial meetings. Our mutual understanding and adherence to these ground rules and administrative policies will aid in the most effective use of our time and efforts. It will also reduce the possibility of future misunderstandings that might interfere with the therapeutic process. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY

Psychological services cannot be easily described in general statements. Psychotherapy practices vary depending on the specific training and orientation of the psychologist, the individual personalities of the therapist and the client, and particular problems and diagnoses shown by the client. What most mental health professionals seem to agree on is that psychotherapy is a process of growth, based on honesty, openness, and a willingness to try new behaviors. This process is best facilitated in an emotionally safe atmosphere that is based on mutual trust and understanding. In addition, for psychotherapy to be effective, it requires a very active effort on your part. Our collaboration in addressing your problems will be enhanced by the amount of time and effort you devote to our work *outside* of our therapy sessions as well as during our appointment.

Psychotherapy can have benefits and risks. Engaging in therapy often involves discussing unpleasant aspects of your life. Therefore, you may experience uncomfortable feelings like frustration, sadness, guilt, anger, loneliness, and helplessness. On the other hand, psychotherapy may help you change your unhealthy or maladaptive thoughts and behaviors. Consequently, you may benefit by minimizing your overall distress, learning more effective problem-solving strategies, and experiencing more rewarding interpersonal relationships.

CONTACTING ME

My telephone is answered by voice mail that I monitor several times a day on weekdays, and at least daily on weekends and holidays. I will make every effort to return your call within 24 hours. **Please leave a voice mail message rather than contacting me via email so that I can respond as quickly as possible.** If I will be unavailable for an extended time, such as for a scheduled vacation I will notify you.

48 HOUR CANCELLATION POLICY

Please call me at least 48 hours prior to your session time if you want to cancel or reschedule an appointment. If I don't receive a voicemail message or text message from you at least 48 hours in advance of your session time, you will be responsible for paying the entire fee for your session. Please do not cancel appointments via email.

THE FIRST SESSION

Typically, during the first session we will discuss your reasons for seeking treatment and some basic background information about you. Policies, fees, and scheduling will also be discussed in this meeting. To the extent possible, I will offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions to determine whether you feel comfortable working with me. Therapy involves a noteworthy commitment of time, money, and energy. You should be very thoughtful about the therapist you select. If you have questions or doubts about participating in therapy at the present time or specifically with me as your therapist, please talk to me about your concerns. I will be more than happy to help you set up a meeting with another mental health professional for a second opinion.

Initials date

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychotherapist is protected by law. All aspects of your treatment are confidential, and I will need your written permission if you wish me to discuss your treatment with anyone else, including your insurance company. Even the fact that you are a client in my practice is protected by confidentiality. However, there are several important exceptions to confidentiality protections:

Exceptions to Confidentiality:

1. If I believe, in my professional opinion, that you are an imminent danger to yourself or to someone else, then I must attempt to ensure the physical safety of those involved, even if this means breaking confidentiality.
2. If you give me information pertaining to the abuse or neglect of a child, past or present, and the child is identified, I am required to report this information to the local authorities, even without your permission. I am required to report even a suspicion of child abuse to the local authorities.
3. In most legal proceedings, you have the right to keep your treatment confidential. However, in some cases, I may be subpoenaed or court-ordered to discuss your treatment and/or release your records, even without your permission.

These situations are extremely rare in my practice, but if one of them does occur I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to engage in professional consultation with another mental health professional regarding some aspect of a client's treatment. During the consultation, I do not name the client and I make every effort to avoid revealing any identifying information about the client. The mental health professionals I consult with are also legally bound to keep the consultation confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential issues, it is important that we discuss any questions or concerns you have. I will be happy to discuss these issues with you, but if you need formal legal advice please consult an attorney.

PROFESSIONAL RECORDS

The law and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. I can generally prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to clients. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

FEES AND INSURANCE

All initial Intak Sessions are one hour for at a fee of \$165. Subsequent fifty minute sessions for individuals are \$140. One hour sessions for couples or individuals are \$165. The fee is due in full at the beginning of each session. If longer sessions are requested and scheduled in advance, the fee is prorated.

In addition to weekly appointments, I charge for other professional services you may need, and I will prorate the hourly cost if I work for periods of less than one hour. Other services include report writing, letters, telephone conversations with you lasting longer than 10 minutes, conversations or meetings of any length with other professionals/individuals that you have authorized, preparation of records or treatment plans, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, even if I am called to testify by another party, you will be charged for my preparation, travel, and attendance time. Because of the difficulty of legal involvement, I charge \$350.00 per 60 minutes (including travel time).

I do not participate in health insurance panels, and I do not submit bills to insurance companies for reimbursement. Even if you choose to use your insurance plan to pay for part or all of your therapy, you

Initials date

FEES AND INSURANCE CONT.

agree to pay me the full therapy fee by cash, check or card at the time that we meet for each session. This means that you (and not your insurance company) are responsible for full payment of my fees. My professional relationship is with you, not with your insurance company. I will provide you with a statement at the time of service for services provided and fees paid, which you may then submit to your health plan for possible reimbursement.

You should also be aware, if you are planning to submit the statement, that all insurance companies require that you authorize me to provide them with a clinical diagnosis. Sometimes they will not reimburse you unless I provide clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with the information. I will provide you with a copy of any report I submit, if you request it.

ENDING THERAPY

My goal is to provide a quality service in the shortest period of time that is necessary for you to derive the maximum benefit from the therapy. You have the right to withdraw from treatment for any reason at any time. I ask that you agree to have a final session after you notify me of your voluntary termination of treatment, so that I may responsibly review and evaluate your reasons, and make recommendations related to the termination of treatment.

EMERGENCIES

In the event of a psychiatric emergency, please CALL 911 or go to the nearest emergency room and ask to be evaluated by a psychologist or psychiatrist on call. For less urgent matters or for scheduling issues, please leave a message on my voice mail.

DELINQUENT ACCOUNTS AND COLLECTIONS

You are responsible for payment of your therapy fees, regardless of whether or not they are covered by your insurance carrier. You agree to the costs of any action necessary to collect your portion of the fee due. This includes court and attorney fees and an interest rate equal to the statutory amount at the time of the debt. You will receive appropriate notice of efforts to obtain this debt. You agree that a failure to comply and respond to such request within the statutory period for an answer will result in a confessed judgment against you for the amount of the debt and any fees required to collect the debt.

SEVERABILITY

If any of the provisions of the Agreement shall be held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect. The Agreement shall be interpreted in accordance with and controlled by the laws of the State of Virginia in effect at the time of the execution of this Agreement.

I _____, HAVE READ, UNDERSTOOD, AND HAD OPPORTUNITY TO QUESTION, AND I AGREE TO THE ABOVE CONDITIONS AND POLICIES. I ALSO PERMIT THE USE OF A COPY OF THIS SIGNED AUTHORIZATION IN PLACE OF THE ORIGINAL.

CLIENT NAME – PLEASE PRINT

DATE

CLIENT SIGNATURE (OR PARENT IF CLIENT IS A MINOR)

DATE

MARIE T. ANDERSON, MA, LPC
VA License #0701005274

DATE