Coyle & Mattern, LLC

[www.noanxietytoday.com](http://www.noanxietytoday.com)

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*General Information About Our Therapeutic Relationship*

Thank you for selecting me as your mental health professional. The therapeutic relationship requires collaboration to find solutions to you your emotional and mental health needs. This working relationship engenders responsibility from both of us. Below are a few explicit areas of mutual responsibility. After you have read the document, please sign and date this copy at the bottom of the page. Thank you.

Confidentiality- All information you share with me is confidential and privileged. This is explained further in the Notice of Privacy Practices (NPP) Brief version, provided to you.

No Reminder Calls-I will have an expectation that clients will attend all sessions without a call from me. Sessions typically last 60 minutes, unless otherwise specified. If I am delayed, I will extend the length of your session to accommodate you for the inconvenience. If you are delayed, I would appreciate your courtesy to notify me. If the delay is significant (i.e., 20-30 minutes), then we will have to resume under the restricted time remaining or reschedule.

Cancellations- I request a 24-hour notice of cancellation as a courtesy. Please call to cancel, at 772-617-2276. I recognize emergencies arise and cannot be avoided in the case of a medical emergency or accident. I will extend you the same courtesy.

Use of Phones-I respectfully ask that you do not use your phone while we are in a session. I will not use my phone while we are in session. The time we share is valuable to me. Let us work together seamlessly towards your common goals.

Scheduling-Once we agree to work together, we can schedule a regular meeting time (i.e., weekly, twice monthly). Once clients are established, new clients will be added into existing free spaces in my weekly/monthly schedule. I appreciate your patience in waiting to schedule a convenient time together.

Insurance- I am a Medicare provider. Some insurance companies will partially reimburse you for “out-of-network” providers. However, I will ask that you pay my full fee upfront. You may be able to submit an invoice for services to your insurance carrier. Please check with your insurance carrier for mental health coverage options.

Fees- My fees are listed on the financial agreement. Payments are submitted at the start of each session to reduce the impact on our therapeutic progress. Other services, such as preparation of reports or forms will be billed on a pro-rated basis at $150 hour.

Legal- I do not voluntarily participate in legal proceedings. If a need arises during the course of our therapeutic relationship, your attorney will need to subpoena me. My legal counsel will work to suppress the subpoena. If the court recognizes the subpoena, I will bill $300 hour, pro-rated by the quarter hour for my legal work on your behalf. These fees include but are not limited to records review, report writing, transportation costs, and wait times.

Availability- I work Monday thru Friday 8:30 am -6:00 pm. I attempt to check my voice messages between appointments. I check email three times each day. I will return calls either mid-day or at the end of each day. Calls placed to my office during evenings and weekends, or when I am out of town, will be forwarded to my cell phone. If I am unavailable due to an emergency, I will alert you and arrange for a trusted professional to cover for me in such instances.

I accept the terms and conditions above.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Client Signature Date