

Reflect In Motion

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Therapy Contract

*Welcome to **Reflect In Motion**. Please read this document carefully; your initials/signature acknowledges your review and acceptance of these policies.*

SESSIONS: Most therapy sessions are held once per week and are 55 minutes in length. Lateness does not alter the fee or the ending time of the session. We will meet either outdoors for “Walk and Talk” therapy or indoors for traditional talk therapy.

RATES/PAYMENT: The charge for a therapy session (whether outdoors or indoors) is \$175. You are responsible for paying either the full charge or your co-payment at each session. A Superbill will be provided at your request. ***Reflect In Motion is an in-network provider with Carefirst Blue Cross/Blue Shield and will collect only your co-payment at each session.*** If you are insured with another carrier you may potentially receive reimbursement. I can help you determine if this is the case and can assist you in your billing efforts by answering any questions you have or reviewing claim forms that you have completed prior to their submission. Reflect In Motion will consider adjusting its fees. _____ (client initials)

CANCELING/RESCHEDULING APPOINTMENTS: I have reserved your weekly time especially for you. I recognize that there will be occasions on which you are not able to attend your session. Please discuss in advance any need to cancel or reschedule as early as possible. If you miss a session, or cancel less than 48 hours in advance, you will be charged the full session fee or the amount that I would have collected from your insurance (for clients with Carefirst/Blue Cross Blue Shield this fee is \$109.97). If I am able to reschedule your session **within that week** you will not be charged. _____ (client initials)

RECEIPT AND ACKNOWLEDGEMENT OF HIPAA PRIVACY PRACTICES: I hereby acknowledge that I have had the opportunity to receive and read a copy of Reflect In Motion’s Notice of Privacy Practices. I understand that if I have any questions regarding this Notice, I may discuss them with Beth Smith, LCSW-C. _____ (client initials)

ELECTRONIC COMMUNICATION POLICY: Email and texting are convenient ways for many clients to communicate with me, but they can introduce challenges. Here are some guidelines Reflect In Motion has found useful:

- Emails and texts may be used to arrange or cancel an appointment. Cancellations require 48 hours advance notice.
- Please refrain from sending communication that you consider sensitive or private as neither email nor text is completely secure or confidential.
- Do NOT use email or text for emergencies; go to the nearest emergency room or follow the suggestions in the following section of this Contract.
- Be aware that if you send emails from your work account, your employer has the legal right to read them.
- Emails and texts are a part of your medical record; copies of some may be printed and put in your file.
- Either of us has the right to revoke the use of emails or texts at any time.

I have read the above information and I understand that Reflect In Motion cannot safeguard the privacy, security and confidentiality of electronic communications between us. I also understand that Reflect In Motion will not communicate with clients via email or text unless this section of the Contract is initialed and the Contract is signed and dated.

_____ Reflect In Motion and/or Beth Smith may contact me via **email or text (circle one or both)** regarding scheduling.

_____ Reflect In Motion may initiate or respond to **emails or texts (circle one or both)** regarding other matters related to my treatment.

_____ I do not wish to have Reflect in Motion and/or Beth Smith contact me via **email or text (circle one or both)**.

Client's Email Address: _____

PHONE AND EMERGENCY CONTACT: My contact number is 301-325-4339. I am often in session and may not be able to answer your call until several hours later. You may leave a confidential message of any length and I will call you back as soon as I am able. I do not work on Sunday and may check my messages less frequently that day. In case of a medical or mental health emergency or crisis, call 911, the Montgomery County Hotline (301-738-2255), or go to the nearest emergency room (psychiatric professionals are always available in the ERs).

_____ **(client initials)**

TERMINATION: You have the right to withdraw from therapy at any time. Ending therapy is an important part of the treatment and is generally best discussed and planned for between client and therapist. In the majority of successful outcomes, the termination of therapy is mutually agreed upon and conducted face-to-face.

Thank you for your trust and for your willingness to honor this contract as we begin our work together!

Client Name (Print)

Client or Authorized Person's Signature

Date