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THERAPY PARTICIPATION AGREEMENT

Welcome to Betterment Counseling. This document contains important information about our professional services, operational standards, and fee schedules. Please read it carefully and inform us if you have any questions, concerns, or need clarification. When you sign this document, it will represent an agreement between us.

THERAPY SERVICES

There are many modalities and techniques to therapy. During our first few visits we will discuss and explore what your needs and goals are and how to integrate therapy techniques to tailor to those goals and expectations. Therapy should be an interactive process where the therapist and client come together and actively participate in the process.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another behavioral health professional for a second opinion.

SCHEDULED APPOINTMENTS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If therapy is begun, I will usually schedule one 45-50-minute session (one appointment hour of 45-50 minutes duration) per week at a time we agree on, although some sessions may be longer, more frequent or less frequent. I offer online sessions through a HIPAA complaint platform as well as in person appointments.

INSURANCE REIMBURSEMENT

During the initial point of contact, I have requested your insurance information to determine what services will be covered and at what cost. Different insurances cover different services at different rates. Often communication with your insurance company is required to ensure payment

of services. I am required to provide a clinical diagnosis and may be requested to provide additional clinical information such as treatment plans, summaries of services, progress, and overall functional impairment to justify the need of service.

BILLING AND PAYMENTS

Betterment Counseling in compliance with national standards of ethics, is required to disclose all billing and financial matters regarding therapy services. You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 15 days and arrangements for payment have not been agreed upon, the use of a collection agency may be utilized to collect payment or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. The fee for any returned check will be billed to you in the amount of \$30.00

CREDIT CARD POLICY

Our practice makes a strong request to have a credit card securely stored on file with Betterment Counseling. If you choose to have a credit card on file, you are agreeing to have it securely stored and give permission to Betterment Counseling to run your card on file for any balances due. If you choose to not have a credit card on file, please note that services are subjected to suspension or termination, as a result of delayed payment or non-payment.

CANCELLATIONS

I ask for 24 business hour notice (8am-8pm Sunday through Saturday) to cancel or postpone an appointment in order to avoid a **fee of \$50 charged for that appointment**, unless we both agree that you were unable to attend due to emergency circumstances beyond your control. Notice is accepted by email, text message and/or a voicemail. Any outstanding balance must be paid prior to additional services being delivered. Insurance and flex spending accounts (FSA) do not pay for missed appointments.

CONTACTING ME

I am often not immediately available by telephone as I cannot answer the phone when I am with a client. When I am unavailable, my telephone is answered by a voicemail service that I monitor frequently. I will make every effort to return your call on the same day you make it, except for weekends and holidays. If you are difficult to reach, please inform me of sometimes when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up the right to access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. Please note there are parental consent is required for treatment of minors.

CONFIDENTIALITY

In general, the privacy of all communications between a client and therapist is protected by law, and I can only release information about our work to others with your written permission. Be aware there are a few exceptions.

There are some situations in which I am legally obligated to take action:

- If I have reasonable cause to believe that a <u>child has been subject to abuse</u>, the law requires that I must report it to the Department of Children and Family Services. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a <u>vulnerable adult is the subject of abuse</u>, <u>neglect or exploitation</u>, and I believe that the disclosure is necessary to prevent serious harm to the client or other potential victims, I may report the information to the county adult protective services provider. Once such a report is filed, I may be required to provide additional information.
- If a <u>client communicates a threat</u>, or if <u>I believe the client presents a threat</u> of imminent serious physical violence against a readily identifiable individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- If I believe the <u>client presents a threat of imminent serious physical harm to him/herself</u>, I may be required to take protective actions. These actions may include contacting the police or others who could assist in protecting the client or seeking hospitalization for the client.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I am a mandated reporter and am required by federal and state law to report any mistreatment or neglect of children.

In most legal proceedings, a client may assert the Provider-Client privilege to protect information about his or her consultation. However, certain court proceedings or other legal activity may limit a therapist's ability to maintain confidentiality. If you are involved in a legal proceeding, please speak with your attorney about the limits of confidentiality.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important in our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential circumstances, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.