**Robin Fine, MSW, LCSW, PLLC**

**Therapist-Client Agreement**

**Welcome…**

to my practice. This document contains important information about my services and policies. Please read it carefully and sign on the last page. Bring up to me any questions or concerns.

**My fees and policies…**

Appointments are 60 minutes in length. **My hourly rate is $130.** Payment is due at the time of each appointment by cash, check, or credit card. I am currently a provider for only Blue Cross Blue Shield. If you do not have Blue Cross Blue Shield, I am happy to provide you with receipts so you can file for out-of-network reimbursement. I have also opted out of participation with Medicare. NOTE: If you have Medicare, you will be required to sign an agreement with me stating that you will not file for reimbursement, in order to continue treatment services with me. In circumstances of financial hardship, I am willing to negotiate a fee adjustment or payment installment plan. A charge of $25 will be incurred for returned checks. If past due fees lapse for more than 30 days, I reserve the option of using legal means to secure payment from the financially responsible party.

Please arrive to your scheduled appointments on time. If you arrive late, you will be seen for your appointment but the session will not extend past the time of the original appointment end time.

**PLEASE NOTE: Missed appointments and late cancellations with less than a 24-hour notice (unless in the case of illness or emergency) will be billed at full cost.**

The best way to reach me is by cell phone; however, I am often not immediately available since I am usually in session with other clients. Feel free to leave a message on my confidential voice mail and I will return your call within 24 hours. If you feel you cannot wait for me to return your call, contact your primary care physician or proceed to the nearest emergency room. Please see paragraph below regarding other forms of communicating with me.

**Services and Treatment…**

Psychotherapy 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. However, psychotherapy has been proven to lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Please keep in mind that there are no guarantees to what you will experience.

At the start of treatment, I conduct an initial assessment, which typically lasts one or two sessions. During these initial sessions, I gather information regarding your current difficulties, answer your questions and concerns, inquire about past psychiatric and medical treatment, and obtain applicable family history. Upon completing this evaluation, I will discuss with you my clinical impressions and outline an initial treatment plan. When psychotherapy begins, I typically schedule one one-hour session per week.

**Confidentiality…**

The contents of all therapy sessions are considered confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian. Noted exceptions are as follows:

▪ Duty to Warn and Protect – When a client discloses intentions or a plan to harm another person, the therapist is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the therapist is required to notify legal authorities and make reasonable attempts to notify the family of the client.

▪ Abuse of Children and Vulnerable Adults – If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the therapist is required to report this information to the appropriate social services and/or legal authorities.

Client Authorization: You can give written consent for me to provide or obtain information from others (e.g. other therapists, psychiatrists, doctors, etc.) in an effort to coordinate and streamline your treatment.

**Technology…**

In an effort to protect your privacy and confidentiality, please note the following:

**Email Messages/Text Messages:** I limit the content of email and text messages to you to information regarding to scheduling or changing appointments or your billing/insurance coverage and I request that you do the same. Please do not email or text me content related to our sessions together, sessions you have with other providers, or updates to your personal health information. If you choose to communicate with me by email or text, be aware that all emails and text messages are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails or text messages I receive from you and any responses that I send to you become a part of your legal record.

**Facebook:** I have a private Facebook page; I do not accept friend requests from clients. If you send me a private message on Messenger, I will redirect you to call my office directly. I also have a professional Facebook page. You can follow me and like posts without identifying yourself to others. You can also leave a message for me there but please understand that Facebook keeps records of all of their members’ messages.

**Video Sessions:** I offer video sessions to established clients who, for some pressing reason, cannot attend a session in person at my office. They are done on a HIPAA-compliant platform.

By signing below, I acknowledge that I have read, understand, and agree to all contents of this Therapist-Client Agreement.

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Signature of Client (or Parent/Legal Guardian of Minor Client) Today’s Date

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Printed Name of Client (or Parent/Legal Guardian of Minor Client)