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### PSYCHOTHERAPY SERVICES AGREEMENT

Thank you for your interest in our practice. Please review this document, which contains information about our services and policies, and let us know if you have any questions or concerns that we should discuss. When you sign this document, it constitutes an agreement between us.

# ABOUT PSYCHOTHERAPY

Psychotherapy is a unique process that varies depending on the personalities of the therapist and client, as well as the specific issues that you hope to address in treatment. Some clients are seeking longer-term insight-oriented therapy while others may benefit from a short-term focused intervention to address a specific problem or goal. Therapy typically starts with an assessment phase (two to three sessions). This period will give you time to see if you feel comfortable speaking with me and will give me an opportunity to assess your needs and determine a treatment plan. By the end of this period, I can offer recommendations for how to best proceed. It is important to make sure that this feels like “a good fit.” If you are not comfortable in speaking with me or do not feel that I can address your concerns, please let me know and I will be happy to help connect you with another provider. Similarly, if I do not believe that I can effectively address your needs, I will refer you to another practitioner who should be better able to help you.

Psychotherapy can have benefits and risks. As therapy can involve discussing painful or difficult experiences, the primary risk is experiencing emotions such as sadness, anger, or guilt. On the other hand, therapy can also have considerable benefits, including reduced feelings of distress, better problem-solving skills and improved interpersonal relationships. Each client may have a different response to treatment, and please feel free to discuss any concerns you have around this.

**OUR POLICIES**

# Confidentiality & Record Keeping

There are legal protections for the therapeutic relationship and, in general, information that you share in sessions cannot be disclosed without your consent. There are a few exceptions to confidentiality that I have detailed below. Please note that if any of these situations were to arise, I would make every effort to discuss this with you prior to sharing any information, and I would only share the minimum information that is needed.

* If I learn that child abuse or neglect has occurred, I would be required to report this to the proper authorities for investigation.
* If I have reason to believe that you are at imminent risk of harming yourself or someone else, I will need to take steps to ensure the safety of those involved.
* If a client is involved in a court proceeding (most often a custody matter) and a judge orders certain information to be released, I would need to abide by the court order.
* If you are being reimbursed by your health insurance provider, they will likely ask for a diagnosis. They may also request additional information, such as a treatment plan or summary. The insurance company is obligated to maintain your confidentiality, but please be aware that I do not have control over how they maintain this information.

Your confidentiality is also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA) which insures the confidentiality of electronic transmissions. If I transmit information about you electronically, I will use special safeguard to ensure that your privacy is protected.

If you choose to communicate with me by email, please be aware that email is not completely confidential because all emails are retained in the logs of your or my internet provider. Under normal circumstances, these logs are not reviewed, but it is theoretically feasible that they could be reviewed by the internet provider or system administrator.

Following each therapy session, I write a brief progress note, indicating that the session occurred, what topics we discussed and what interventions were utilized. I will maintain this record in a secure location that cannot be accessed by others.

**Fees & Insurance Reimbursement**

Our fee is $225 per 50-minute session. Please plan to pay for each session after it is held unless we have made other arrangements. If you need to cancel or reschedule an appointment, please provide 24 hours of notice, or you will be required to pay for the session (unless we agree that there are extenuating circumstances). I will provide you with a monthly invoice that you can submit to your insurance company if the company offers out-of-network benefits. In circumstances of unusual financial hardship, we may be willing to negotiate a payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment.

# Clinical Emergencies

We are unable to provide 24-hour crisis care. If you need emergency assistance, please contact 911 or go to your nearest emergency room.

**Client Consent:**

I have read this statement, have had sufficient time to consider this carefully and had the opportunity to ask any questions or raise concerns as needed. I agree to undertake therapy and understand that I can terminate therapy any time that I wish.

Signed: Guardian Signature:

 (if client is under 18)

Date: Date:

**Acknowledgment:**

By signing and dating below, I acknowledge that I have received a copy of the NYMA Privacy Notice.

Signed: Guardian Signature:

 (if client is under 18)

Date: Date: