

Mindfully Melanated, Tonya Bailey-Curry, LCSW

Licensed Clinical Social Worker

Informed Consent for Therapy Services

PROVIDER-CLIENT SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, anxiety, anger, and frustration, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But there are no guarantees of what you will experience.

Our 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 mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 1 to 3 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 psychotherapy is begun, I will schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. The time scheduled for your appointment is assigned to you and you alone. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation from the time of the appointment unless we both agree that you were unable to attend due to circumstances beyond your control.** If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The standard fee for an initial consultation (60 minutes) is \$125.00 per person, and each subsequent 45-minute session is \$125.00 per person (if couple or small group therapy, a flat rate can be negotiated before initial consultation). In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$175.00 per hour for preparation and attendance at any legal proceeding.

You will be expected to pay for each session at the time it is held, unless we agree otherwise, and payment must be made by Venmo (@Tonya-Bailey-Curry), PayPal (tonya@mindfullymelanated.org), check, or check. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. 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 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment, and reserve the right to suspend or terminate services if a balance is brought to your attention and not resolved. This may involve hiring a collection agency 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.

INSURANCE

If you have a health insurance policy, it may provide some coverage for mental health treatment. However, I do not accept insurance and it is your responsibility to communicate with your insurance company about possible out-of-network benefits. Please note that not all insurance companies reimburse for out-of-network providers and payment for my services is not contingent upon the receipt of reimbursement. To facilitate any potential reimbursement from your insurance, I will provide a statement at the end of each month, if requested by you in writing, detailing the relevant information typically required by insurance companies, which includes diagnostic code, procedure codes for services provided (i.e., diagnostic interview, individual therapy session) and

my license and NPI numbers. As stated above, payment is due at time of service and not after any anticipated reimbursement from your insurance provider.

If you decide to use your health insurance to pay for part or all of your sessions, disclosure of confidential information may be required by your health insurance carrier in order to process claims. Only minimum necessary information will be communicated to the carrier. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location. You may request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

Disclosure is required by law in situations in which:

- There is reasonable suspicion of child, dependent, or elder abuse or neglect;
- A client presents a danger to self, to others, to property, or is gravely disabled.

If there is an incident during or after the course of treatment in which I become concerned about your safety or the possibility of your harming another, I will take reasonable measures within the limits of the law to ensure the safety of yourself and others. For this purpose, I may also contact the person whose name you have listed as an emergency contact.

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 do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

More information about my policies about confidentiality, as well as other information about your privacy rights, is fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING ME

I am often not immediately available by telephone or text. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take up to 24 hours for non-urgent matters. If you need to speak with a mental health counselor immediately and cannot reach me, please call 1-888-568-1112, Maine Statewide Crisis Hotline. If you are experiencing a clinical emergency or feel unable to keep yourself safe, go to your Local Hospital Emergency Room, or call 911. I will make every attempt to inform you in advance of planned absences.

Please note that though I communicate via email, there are inherent confidentiality risks in communicating by email. While safeguards are in place to ensure your privacy, you should not use

email communication if you are concerned about any breaches of privacy that might inadvertently occur. Contacting me via email implies the acceptance of this risk and acknowledgment of informed consent.

ENDING TREATMENT

Part of the psychotherapy experience is deciding how long and how often we will meet for sessions. Typically we will discuss session frequency and possible termination as we review your progress over time. You have the right to terminate at any point, but are encouraged to give notice prior to ending contact. If you do not reschedule as recommended or have missed two appointments without notice, I will assume you have terminated our ongoing work. If this is your situation, please feel free to contact me at any time about resuming treatment or finding alternative or follow-up care. If you no longer need services or might be better served by other resources or a more intensive level of care, I may initiate termination with notice. Other actions on your part such as nonpayment, or situations that might compromise the safety and integrity of our work together, could also be cause for termination. Ordinarily, I will attempt to discuss and resolve these matters with you prior to termination. In the event of your noncooperation or threatening words or actions, or threats from someone with whom you have a relationship, termination without notice is possible.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of Client/Parent or Guardian

Printed Name of Client

Date _____