

Psychotherapy Services of Morgantown, P.L.L.C.

1286 Suncrest Town Centre Drive

Morgantown, WV 26505

Phone: 304-685-4631

Consent and Services Agreement

Welcome to your first session. This form provides information about my professional services and business policies: Please review it carefully, and feel free to ask any questions!

Psychotherapeutic Services. The potential benefits of counseling are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. It is important to note that growth and healing can be difficult. Some emotional discomfort will likely be part of the therapy process. In some cases, persons have reported therapy has not “worked” for them. It is important to understand that there are no guarantees of what you will experience. Therapy involves a commitment of time, energy, and money, so you should be careful and comfortable with the therapist you select. If you have any questions, please discuss them as they arise. If you would like a second opinion from another mental health professional, I will be happy to help you find one.

Confidentiality/Protected Health Information. All communications and records with your therapist are held in strict confidence. Information may be released, in accordance with state law, when (1) the client signs a written release indicating consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspiciousness of abuse to a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes, or (5) a subpoena or court order is received directing disclosure of information. To protect your privacy to the greatest extent of the law, it is my policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosure in the event of #2 or #3.

If you participate in couple or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in treatment with you provide their written authorization to release such information.

Electronic Communication & Social Media. Both telephone and Internet (including text messaging and email), are not secure methods of communication, and there is some risk that

one's confidentiality could be compromised with their use. If you would prefer to not be contacted by these mediums please let me know and I will honor your request.

Social networking is something that is now common place. However, It is my policy that I will not "friend" a client nor search for information about my clients. I assume that you will also honor that boundary. I do maintain a FACEBOOK page (Psychotherapy Services of Morgantown, PLLC), which you may choose to "like".

Scheduling & Cancellations. Together, we will decide on session frequency depending on the nature and severity of your presenting concerns. Scheduling an appointment is a commitment that both therapist and client honor. Your consistent attendance greatly contributes to a successful outcome. At the end of our session, I can schedule you for your return session or online scheduling is provided via my website: www.MorgantownPsychotherapy.com.

Please note: I have limited openings to meet with clients. Appointments can be cancelled or rescheduled if **24 hour notice** is provided. If the appointment you wish to cancel is Monday, please leave a message by 3:30 pm Friday. This provides me enough time to fill the session, if possible. If sessions are cancelled or rescheduled with less than the required notice, or if a client misses a session, the client agrees to pay \$30.00 fee for that session (Insurance will not pay for missed sessions). Please know that exceptions to this policy will be made in the instance of illness and family emergencies. **You will be allowed 1 late cancellation (less than 24 hour notice) in a rolling year without charge.**

Work Agreement. *Therapy calls for a very active effort on your part and is different from a medical doctor visit.* In order for therapy to be successful, you will need to work on the things we talk about both during our sessions and at home.

Suspension and termination of services, or referral to another therapist shall be discussed between therapist and client should a pattern of disinterest, lack of commitment, or for any unresolved conflict or impasse that develop between therapist and client.

Contacting Me. Because of my work schedule, I am often not immediately available by telephone. **When I am unavailable, my telephone (304) 685-4631 is answered by my confidential voice mail.** Non-urgent phone calls are typically returned within 24 hours during normal work day (Monday-Friday). Phone calls left after regular business hours will be returned on the following business day. **I do not check my voicemail after 6pm.**

Please understand that I am unable to provide 24-hour crisis service.

In the event of an emergency involving a threat to your safety or the safety of others or if you are in crisis, please contact Emergency Services (911), the Valley Crisis Line at 1-800-232-0020, CrisisChat.org or go to the nearest emergency room.

Professional Fees. The fee charged to insurance for an Initial Session is \$220.00. Subsequent Individual 45 minute sessions are \$140.00, and 60 minute Couple Sessions are \$185.00. *Your insurance determines an allowable amount for sessions.* Please ask me if you wish to discuss a written agreement that specifies an alternate payment procedure.

The fee (for my time) when asked to write a report, summary of treatment or letter is pro-rated \$1.00 per minute/minimum \$20.00.

Charges for extended appointments will be assessed at the above rates (\$45.00 per 15 minutes). This rate is also charged for in-between session calls lasting 10 minutes or longer, which is not covered by insurance.

If you become involved in a legal matter that requires my participation, you will be expected to pay for all my professional time, including preparation and transportation costs. Because of the difficulty of legal involvement, I charge \$260.00 per hour for preparation and attendance at any legal proceeding with a minimum of 4 hours time.

I reserve the right to periodically adjust Fees. You will be notified in advance of any fee adjustment.

Insurance Reimbursement. You are responsible for verifying and understanding the limits of your insurance coverage. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. I am unable to guarantee whether your insurance will provide payment for the services provided to you. If your insurance carrier denies charges for services, you are financially responsible for payment of services rendered.

Payment for Services. Payment in full is due at the time of service, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment can be made by check, cash, or credit card. Checks should be made out to: Psychotherapy Services of Morgantown. *If your personal check is returned, you will be responsible for all fees associated with check return.*

I have the right to charge 1.5% interest on any outstanding balance beyond 30 days. Additionally, If your account has not been paid for 60 days and arrangements for payment have not been agreed upon, I have the options of using legal means to secure payment. This may involve me hiring a collection agency or going through small claims court.

