

CLIENT SERVICES AGREEMENT

Client Name: _____

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Benefits and Risks of Therapy. 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 has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, 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 about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. 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.

Credentials. I am a Licensed Clinical Social Worker in the State of Tennessee (License #6363) and in the State of Pennsylvania (CW020974). I have a Bachelor's of Arts Degree from The University of Tennessee, Knoxville and Master's of Science in Social Work Degree from The University of Tennessee, Knoxville.

Appointments. I will generally be about 50 minutes in duration at a regular weekly time we agree on, although other schedules can be made as needed. The time scheduled for your appointment is assigned to you and you alone. For this reason, I ask that you do your best to arrive at your appointment on time. If you arrive late, I will generally still need to end our session at its regularly scheduled time.

Professional Fees. My full fee is \$120.00 per session 50 minute session. Payment is expected at the time of each session, unless prior arrangements have been made. I currently accept cash, check, and all major credit cards. There will be a \$30.00 fee for all returned checks.

If your financial situation may change through the course of therapy treatment, I have limited spots for sliding scale clients that are a first come, first serve basis. Please discuss financial concerns with therapist when scheduling appointments.

Insurance. I am a network member with a variety of different insurance plans. In these cases, I will file your insurance claims. It is your responsibility as a client to obtain "authorizations" or "certifications" from your insurance or managed care company for treatment. However, I cannot guarantee payment by your particular plan. Even when an insurance carrier "authorizes" services, actual payment for those services is contingent upon a number of specifics, some of which may not be known until after services have been delivered. For example, a client may not have received a diagnosis that is covered by the client's insurance policy. It is the client's responsibility to be knowledgeable about his/her health insurance policy's mental health benefits and all limitations. The client is responsible for payment of any amounts not paid by insurance, and your signature on the agreement form indicates your acceptance of this responsibility. You should carefully read the section in your insurance coverage booklet that describes mental health services. Mental health coverage and limitations usually differ from normal medical coverage. If you have questions about your insurance coverage, please call our plan administrator. By signing this agreement form, you agree that Townley White, LCSW can provide necessary information to your insurance carrier.

Credit Card Policy. I will request new clients to add a credit card to Ivy Pay to keep on file in order to ensure on-time payment and payments for late cancels or missed sessions. Ivy Pay is a HIPAA compliant credit card processing company that keeps your card information secure. Payments made to Townley White, LCSW will show on your bank statement as 'Ivy Pay'. I will have no access to your financial information.

Missed Appointments. Appointments canceled with less than 24 hours notice will be charged your full fee. To cancel an appointment, please call me at 615.246.5244 and leave a voicemail or email request to townley@townleywhite.com. Appointments missed because of dangerous weather (tornado/ice storm) or genuine emergency will not be charged. The charge will be applied to your credit card on file with Ivy Pay. Missed sessions must be paid in full prior to attending another appointment. Please keep in mind that insurance companies typically do not provide reimbursement for cancelled or missed sessions, so clients using such benefits would be responsible for the full cost of the appointment.

_____ **Client Initial**

Legal Proceedings. When working with individuals and families when there are matters related to any sort of legal proceedings, for example, divorce and separation, I will not be available to engage in legal or related aspects of the process. However, I request that parents provide me with each written decree, so that I am fully informed as to what is legally expected of you and your family.

Court Fees: If I am subpoenaed by the court, court testimony on a client's behalf is charged at a higher rate of \$225 per hour including: testimony related matters like case research, report writing, travel, depositions, actual testimony, cross examination time, and courtroom waiting time.

_____ **Client Initial**

Professional Records. I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by

another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality. My policies about confidentiality, as well as other information about your privacy rights, are 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.

Communication. You may contact me at any time by phone, text or e-mail. I make every effort to respond the same day or within 24 hours but I am often with a client and unavailable to answer the phone so it is very important that you leave a voicemail message.

I maintain security by using a fingerprint protected phone with password protected voicemail/texting service. I ensure privacy in my office when speaking to clients but it is up to you to do this on your end. If you communicate with me by email or text message, please understand that despite my use of passwords and encryption, messages are not completely secure. Take care to protect your private information if you share a computer.

I give permission for the therapist to correspond with me via text messaging and/or email.

Yes _____ No _____

Phone Number: _____ Email: _____

_____ **Client Initial**

Crisis and Emergencies. I do not assure availability at all times and the practice is not geared to the provision of emergency services. Should there be a psychiatric emergency and I am not readily available to assist you in making arrangements, call 9-1-1 or go to the nearest emergency room. If you live in Pittsburgh, you can also call Allegheny Country Crisis services at 1-888-796-8226.

Social Media. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Please do not use messaging on Social Networking sites such as Instagram, Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Public Encounters. It is possible that we may inadvertently see each other in other public settings outside of my office. Should this occur, I would like you to know that my intent is to always protect your privacy and confidentiality. Therefore, I will not initiate contact with you in public. However, should you choose to do so, I am happy to respond appropriately.

Use of Search Engines. It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Termination. Ideally, the decision to terminate therapy should be a mutual one between the client and therapist. However, there may be times when I discover that I am not the best equipped therapist to address certain situations. Additionally, a client may choose to end therapy at any time for a variety of reasons. In either situation, to the best of my ability, I will assist you in finding another therapist to best meet your needs.

It is my standard office policy to terminate counseling services for any client whom I have not counseled within 30 days of the last service. At that time, I will mail out a letter asking if you wish to continue counseling services. If I does not get a response within 10 days of the letter being mailed I will assume you wish to terminate services and will remove your name from my active client list. Of course, you are welcome to call for an appointment as a new client at any point in the future. However, I reserve the privilege to accept new clients or not, depending on a host of factors including caseload and time allocation.

Other Rights. If you are unhappy with what is happening in therapy, I hope you will 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.

Acknowledgment of Policies and Informed Consent

By signing below, I acknowledge that I have read and understand these policies and procedures, and that any questions have been answered. I understand the limits of confidentiality, and I agree to be responsible for all charges incurred, according to the conditions detailed above. I authorize Townley White, LCSW to provide the care necessary to move me toward therapeutic growth.

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| Print | Client Signature | Date |
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| Print | Townley White, LCSW | Date |
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