

## Counseling Services Agreement

Welcome to my counseling practice. I am committed to providing you with quality mental health treatment. Please let me know if you have any questions or concerns about our work together. I have found that the most effective and lasting change comes when the therapist and client work collaboratively. Your feedback and concerns are central to the process.

What follows are the guidelines by which I conduct my practice; they outline my expectations for those participating in counseling with me.

**Scheduling:** Therapy sessions are generally 55-60 minutes long and are scheduled in advance. Continuity and consistency are crucial in the effectiveness of the services you receive: the more commitment you put in, the greater the results you'll achieve.

**Cancellations:** All appointments must be cancelled at least 24 hours in advance in order to avoid being charged the full session fee. If I am able to reschedule an appointment for later in that same week, the fee may be waived. Our relationship is a professional one requiring commitment from both parties. Providing appropriate notice for cancellations helps ensure that our work together is accorded the importance necessary to make it successful.

**Fees:** Payments are due at the time of service. Please refer to the Payment Methods form for your specific financial obligation. In the event you cancel a session less than 24 hours in advance, or fail to come in for a scheduled session, as described above, you will be responsible for the full fee.

**Mental Health Emergencies:** I check messages on my phone frequently and will make every effort to respond to urgent messages as promptly as possible. In the event that you feel you need emergency care, please go to your nearest emergency room or call 911. You may also contact the Northern Virginia Hotline (703) 527-4077 or Woodburn Emergency Services (703) 573-5679 for assistance.

**Confidentiality:** The services you receive are confidential and your written permission is required for the release of any information about you. Legal exceptions to confidentiality include the required reporting of child or elder abuse or neglect, and intervention when a client is a danger to self or others. You should also be aware that mental health records may be subpoenaed by a court of law. I will make every effort to notify you prior to release of any information unless I assess that doing so puts you or others at greater risk.

**Electronic Communication:** Email and the use of texting are convenient methods for communicating, especially around schedule changes or other brief matters. There are however, risks involved in their use. While I make every effort to maintain the confidentiality of the clients with whom I communicate via electronic methods, both emails and texts can be intercepted by a third party. They are also problematic for discussing anything more meaningful; deeper discussion is best done face to face. Please be aware of these risks and feel free to limit the use of email and text in your communication with me or choose to avoid using them entirely.

**Counseling Minors:**

**Parental/ Family Involvement:** It is my strong belief that the best counseling for young people happens in conjunction with their parents or guardians. As such, effective treatment may require parents or other family members to participate in some or all therapy sessions.

**Confidentiality:** Clients under the age of 18 must have the consent of the child’s parent or guardian. They still have rights to confidentiality from their parents, but this is of a limited nature. Concerns regarding the child’s physical and emotional safety may be necessary to share with a parent or guardian. I make every effort to include the child in the disclosure wherever possible.

Please note: if a child discloses information suggesting she or he is or has been in an abusive situation at home or elsewhere, I may be required to file a complaint with Child Protective Services. I will make every effort to work with the family and notify them of my actions as long as doing so would not further endanger the child.

**Court Involvement:** In the event I am asked to provide documents to a court either during or following your treatment, I require we meet face to face to discuss the matter and ascertain the benefits and detriments of doing so. The affects of sharing private mental health treatment with the court system can be unpredictable and may be inadvisable; it is therefore important to discuss this thoroughly in advance. Payment for this meeting will be same as for any psychotherapy session, however, if you are no longer a current client, insurance companies may not provide reimbursement for this meeting, as it may not meet the insurer’s guidelines for what constitutes a reimbursable counseling service. It is the requestor’s responsibility to pay for the session in full according to the current rate for a full session. In addition, if I am asked or required to appear in court in person, my time, including travel time and wait time will be billed to you at my current hourly rate.

**Termination:** Leaving therapy is an important decision and ending well is an integral part of the therapeutic process. I often recommend beginning treatment with weekly sessions and end it with sessions scheduled further apart. Please discuss any plan or desire to discontinue therapy so we can have an effective termination.

If there is a gap in treatment in excess of 6 months, I will consider our work finished and will close your file. Following termination, however, therapy can resume should you decide you’d find it helpful to return. It is not uncommon to return to therapy, particularly when it has been useful in the past. This is always an option unless contraindications are identified.

I/we have read and the information in this agreement and consent to the services described.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_