

# Mary Ann Nugent, Psy.D.

Clinical Psychologist

PSY 22644.

949-300-2337

## Client Agreement

When a new client begins therapy with me, I provide them with this agreement to explain some of the ground rules, how I work, and how the therapeutic process may evolve. This is intended to provide important information to you regarding your treatment. I encourage you to read the entire document carefully and to make note of any questions you may have.

The therapeutic approach that I use is best described as integrative psychotherapy. I use a combination of various therapeutic methodologies and techniques depending upon a client's unique challenges and specific goals. I offer a highly personalized approach tailored to each of my client's individual needs. As an interactive, solution-focused therapist, my treatment approach is to provide support and practical feedback to help clients address current life challenges and long-standing issues. With compassion and understanding, I help individuals find resolution to a wide range of personal concerns and psychological issues. I invite feedback from my clients and encourage them to openly share their experiences related to their progress and our sessions together. It is my belief, that the successful development of our working relationship is key to the outcome of therapy.

Sessions are typically weekly and 50-minutes in length. A client may request an extended session (increased fees apply) or increased frequency of sessions. This request will be mutually determined. Upon request and with advanced scheduling, therapy sessions by phone can be arranged when you travel or a personal emergency precludes your ability to attend session in-person.

I have a 24-hour notice of cancellation policy. **I do charge a full session fee for both late arriving clients and sessions missed without a 24-hour cancellation notice.** When possible an earlier cancellation notice is appreciated, this enables greater availability of appointment times for all clients.

Payment is requested at the beginning of each session. I reserve the right to periodically adjust my fees and you will be notified in advance of any fee adjustments. Payment for services rendered may be made by cash or check. Cash payments need to be the exact amount since change cannot be given. Any overpayment can be applied to future sessions. Checks should be made payable to "Dr. Mary Ann Nugent". In addition to appointments, I charge for other professional services, which are prorated. Other services may include: letter and report writing, telephone conversations that do not pertain to scheduling, attendance at meetings with other professionals you have authorized, and the time spent performing any other service that you request from me. The aforementioned other services will be provided at an additional fee and payment

must be made in advance. Psychological testing services are an additional charge depending on the number and the test(s) administered.

The fee for returned checks is \$35.00. If accounts become delinquent (past 30 days) I will begin collection procedures. I will attempt to contact you directly. If your account remains delinquent (past 90 days) an outside collection agency may be used and / or small claims court action taken. In such cases, non-clinical information (as given on the New Client Information form) may be released to assist in the collection of the amount due. Client will be responsible for all court and legal fees incurred if above action is necessary.

I am an in-network provider for some insurances and an out-of-network provider for others. To determine if you have mental health coverage, the first thing you should do is check with your insurance carrier. They can require pre-authorization before they provide reimbursement. It is your responsibility to contact your health plan to request that they open an authorization for my services. Be aware that some plans will not “retro-authorize,” or approve services if you call after you have already begun receiving services. I will supply my clients a monthly receipt for out of network services that contains all the necessary information for insurance companies to reimburse you their determined portion of the fee. Clients then submit the receipt to their insurance company for direct reimbursement. You are responsible for payment of services, whether or not your insurance company reimburses you.

Messages should be left only by phone (949) 300-2337. Although I do have an email address that is accessible through my website, I do not check email messages with any specific regularity. I am often away from email access for extended periods of time. I do not use email for client communication. Therefore, all communications involving appointment changes or issues of distress should be handled through my voice mail or text and not via email. With this said, I may not always be able to return your call immediately. I will make every effort to return your call within twenty-four hours or by the next business day. If you are difficult to reach, please inform me of times when you will be available. If you are calling to reschedule an appointment, it is helpful if you state the days and times that would best accommodate your needs. **In the event of an emergency, when a client may be feeling unsafe or requires immediate medical or psychiatric assistance you should call “911” or go to the nearest hospital.**

Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, client agrees to reimburse me for any time spent for preparation, travel, or time in which I make myself available for such an appearance.

There are occasions where I may have to terminate therapy. You, as the client, have a right to terminate therapy at your discretion. If either of us decides to terminate therapy, I will generally recommend that you participate in one, or possibly more termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. If you desire another therapist, I will also try to facilitate your transition by offering referrals.

By signing below, you are acknowledging that you have read and fully understand the terms and conditions of this agreement. In signing this agreement, you agree to abide by the terms and conditions set forth and consent to enter psychotherapy with me. In signing, you also agree to hold me free of any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that might result from such treatment.

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

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

\_\_\_\_\_

\_\_\_\_\_

Signature of client(s) or authorized representative

\_\_\_\_\_

\_\_\_\_\_

Client Name(s) (please print)

Note: If the client is a minor, an authorized parent/legal guardian must sign in one of the spaces provided.