

Gina S. Binder, M.A., Resident in Counseling

Therapist-Client Service Agreement

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 (HIPPA), a federal law that provides privacy protection 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 HIPPA documents are long and sometimes complex, it is very important for you to 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 or at any time in the future.

Psychological Services

I am a pre-licensed professional, practicing under the clinical supervision of a Licensed Professional Counselor, Katherine Rosemond (License # 0701003486.) If you have any questions or concerns about the services I provide, you may contact my supervisor by mail at 8140 Ashton Avenue, Suite 100, Manassas, VA 20109 or by phone at 703-507-8856.

Therapy is a relationship between two people which 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 which are important for you to understand. You should also be aware that there are legal limitations to your rights. As your therapist, I have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has benefits as well as risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, and helplessness. Feelings like these may arise because the process of psychotherapy often requires discussing unpleasant aspects of your life. Yet psychotherapy has been shown to have benefits for those participate in 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. Yet there are no guarantees about outcomes. Psychotherapy requires active effort on your part. To be most successful, you will likely have to work outside of our sessions on things we discuss in our sessions.

The first 2-4 sessions will include 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 assess whether or not you are 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.

Appointments

Appointments will ordinarily be 60 minutes in duration, once per week at a time we agree upon. Some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you alone. **If you need to cancel or reschedule a session, I require that you provide me with 24 hours notice. If you miss a session without canceling, or if you cancel within less than 24 hours, my policy is to collect ½ of your regular session fee** (unless we both agree that you were unable to attend due to circumstances beyond your control). If possible, I will try to reschedule your appointment. *You are responsible for coming to your session on time: if you are late, your appointment will still end on time.*

Professional Fees

The standard fee for each 60 minute individual session is \$80, and the fee for longer sessions is prorated at that rate, unless otherwise agreed. You are responsible for paying at each session unless prior arrangements have been made. Payment must be made by cash, check, or credit card. *All check and credit card payments must be made to my supervisor, Katherine Rosemond, LPC.* Any checks returned to this office will be assessed an additional fee up to \$25 to offset any bank fees incurred. If you refuse to pay to your debt, my supervisor reserves the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge my hourly fee on a prorated basis for other professional services which you may require. Examples include: report writing, telephone conversations exceeding 15 minutes, attendance at meetings or consultations which you have requested, or the time to perform any other service which you may require of me.

Insurance

I do not currently participate with any insurance panels.

Professional Records

I am required to keep appropriate records of the psychological services which I provide. Your records are maintained in a secure location. I keep brief records noting your attendance, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discuss, 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 which involve danger to yourself, you have a right to a copy of your file. Since 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 the 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 second document entitled *Notice of Privacy Practices*. *Because I am a pre-licensed professional, I am required to discuss client cases with my clinical supervisor, Katherine Rosemond, LPC.* Please remember that you may reopen the conversation about confidentiality at any time during our work together.

Parents and Minors

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. I do not provide treatment to any child under age 14. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I believe there is a safety concern (refer to *Notice of Privacy Practices* for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At such times, you may leave a message on my confidential voicemail and I will return your call as soon as possible, but it may take a day or two for non-urgent matters. If for any unforeseen reason you do not hear from me or I am unable to reach you, and if you feel that you cannot wait for a return call, or if feel unable to keep yourself safe, (1) contact Community Mental Health Services of your county (I can provide numbers or they are listed in phone directories), (2) go to your local hospital emergency room, or (3) call 911 and ask to speak with the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

Other Rights

If you are unhappy with what is happening in therapy, I hope that you will talk with me so I may 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 you 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

Client Service Agreement and Informed Consent Form

origin, or source of payment. You have the right to ask questions about any aspect 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 former clients.

Consent to Psychotherapy

Your signature below indicates that you have read this *Agreement* and the *Notice of Privacy Practices* and that you agree to their terms.

Signature of Client or Personal Representative:

Printed Name of Client or Personal Representative:

Date: _____

Description of Personal Representative's Authority: _____