



## **SERVICES AGREEMENT**

Welcome to Tampa Counseling and Wellness. This document contains important information about our professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between you and your therapist.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the particular problem you bring to treatment, the consistency of attendance, and the amount of effort put forth in your work with your therapist. There are many different methods that may be used to deal with the problem you hope to address. In order for the therapy to be most successful, you will have to work on things you discuss with your therapist both during sessions and outside of sessions.

Psychotherapy can have many benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, and loss. Make sure to discuss these feelings with your therapist in order to effectively manage your ability to cope with these negative feelings and experiences. On the other hand, psychotherapy has also been shown to have significant benefits for people who engage in treatment. Therapy often leads to finding solutions to specific problems, personal growth, better relationships, and significant reduction in feelings of distress. While there are no guarantees to what *you* will experience, most clients report having benefitted greatly from therapy.

Your first few sessions will involve an evaluation of your needs. Your therapist will normally conduct an evaluation that can last from one to three sessions. We ask clients to commit to at least three sessions before deciding if the therapist, or therapy in general, is for them. During this time, you and your therapist can decide if they are the right fit to help you achieve your treatment goals. By the end of this evaluation, your therapist will be able to offer you some first impressions of the problem, how therapy session will proceed and a treatment plan you both will follow. You should evaluate this information along with your own feelings of whether you are comfortable working with your therapist. If you have questions about any part of this process, you should discuss them with your therapist whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional through a referral process.

### **MEETINGS AND MISSED OR CANCELED APPOINTMENTS**

Therapy sessions are typically scheduled between 45 and 60-minutes per week at a time that both you and your therapist will agree on. Some sessions may be longer based on your needs and the frequency of sessions may also vary. Some clients benefit from weekly sessions while others may benefit from bi-weekly sessions. Discuss this with your therapist early in treatment so you have a clear understanding of the rationale for frequency of sessions. Once an appointment is scheduled, you will be expected to attend the session unless you provide notice of cancellation by 5:00 pm the day prior to your appointment. A fee in the amount of \$50.00 will be assessed for missed appointments and/or late cancellations if notice is not given by 5:00 pm the day prior to the session. Your therapist may be willing to negotiate this fee based on the cost of your individual sessions. We understand that there are instances where emergencies may arise. However, in these situations, your therapist has full discretion whether to charge the fee or not. Your therapist will handle missed appointments/late cancellations on a case by case basis and there is no guarantee that your particular situation will warrant a waiving of the fees.

### **PROFESSIONAL FEES**

Professional fees vary between therapist. Session fees may also vary depending on the day, time, and type of your appointments. Make sure to discuss these fees with your therapist prior to beginning treatment. In addition to charges for sessions, your therapist may also charge fees for other professional services they

provide. Other services include telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of them. If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for their time, even if called to testify by another party. Because of the difficulty of legal involvement, a charge of \$300 per hour for preparation and attendance at any legal proceeding will be assessed.

**BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless you and your therapist agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, your therapist may be willing to negotiate a fee adjustment or payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. Therapist utilize varying forms to accept payment such as cash, credit card, and personal checks.

**INSURANCE REIMBURSEMENT**

Therapists of Tampa Counseling and Wellness are not paneled members of any insurance networks but do provide "out-of-network" services. In these instances, they can provide you with a receipt for payment which you may then use to file a claim for out-of-network benefits. However, therapists are not required to file the claims for out-of-network services in place of the client. It is important to remember that you always have the right to pay for services yourself without submitting claims to your insurance provider.

<p><b>I choose <u>NOT</u> to utilize my insurance coverage at this time.</b> _____ INITIALS</p> <p>- OR -</p> <p><b>I choose to utilize insurance and will complete an insurance information and consent form.</b> _____ INITIALS</p>
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**CONTACTING**

There are times when your therapist may not be immediately available by telephone, email, or phone messaging. If you are unable to reach your therapist and feel that you have an emergent situation, contact your family physician or the nearest emergency room. Please note that we are strictly outpatient providers and therefore do not provide emergency/crisis services to clients. An emergency/crisis situation is one that requires immediate attention and/or is life threatening. If you have a life-threatening emergency, please contact 911 or the County Crisis Line at 211 for 24-hour assistance or go to the nearest emergency room.

Make sure to discuss with your therapist their preferred form of contact and specific contact policies as these vary between therapist. When they are unavailable, their telephone should be answered by a confidential voicemail. However, other forms of contact such as email, text messages, or other messaging methods may not be confidential and any information relayed cannot be protected. In order to ensure confidentiality and protect your privacy, clinical services will not be provided through email, text messaging, or other messaging methods.

## **PROFESSIONAL RECORDS**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or your therapist can prepare a summary instead. Because these are professional records, the information within can be misinterpreted and/or can be disconcerting to the lay readers. If you wish to see your records, we recommend that you review them with your therapist so that the information can be provided with some context. Clients may be charged an appropriate fee for any professional time spent in responding to information requests.

## **MINORS**

If you are under 18 years of age, please be aware that the law may provide your parents/guardians the right to examine your treatment records. It is our policy to request an agreement from parents that they consent to give up access to your records. If they agree, your therapist will provide them only with general information about your work together, unless your therapist feels there is a risk that you may seriously harm yourself or someone else. In this case, your therapist will notify them with those concern. Your therapist can also provide them with a summary of your treatment when it is complete. Before giving parents/guardians any information, your provider will discuss the matter with you, if possible, and do their best to handle any objections you may have.

## **CONFIDENTIALITY**

In general, the privacy of all communication between a client and therapist is protected by law. We can only release information about our work to others with your written permission. However, there are a few exceptions. In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it. There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused, we must file a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations unless we feel it is important to our work together. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns with your therapist.

## **TERMINATION OF SERVICES**

In most cases, therapy sessions with your therapist will finish because you have successfully met your goals and addressed the concerns that originally brought you to therapy. However, if you are considering ending services early, please discuss this with your therapist so that they can plan accordingly or address any concerns you may have. Consistent attendance and participation at sessions increases the success you will have in therapy and will allow for shorter treatment. Therefore, repeated cancellations and/or missed appointments, in the absence of an emergency, may result in termination of services.

As addressed above, unless alternative arrangements have been made, failure to pay fees may also result in termination of services. If, at any time, termination is discussed due to the above reasons, every effort will be made to provide referrals to other appropriate providers to ensure continuity of care. Likewise, if a client and/or legal guardian chooses to discontinue therapy services, alternative mental health referrals will be provided.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Legal Guardian Signature (if client under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name