

# Nora Honeyman, LCSW

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## CLIENT SERVICES AGREEMENT

**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.

Therapy 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 therapy often requires discussing the unpleasant aspects of your life. However, 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.

Therapy 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 few sessions will involve an 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. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If at any time you have concerns about the process or working with me, please do not hesitate to discuss those concerns with me.

**Credentials.** I am a Licensed Clinical Social Worker in the State of Tennessee (License #6744). I have a Bachelor of Science in Psychology Degree from Grand Valley State University and a Master's of Social Work Degree from The University of Michigan.

**Appointments.** Expect sessions to be 50 minutes in duration. 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 to 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 per 50-minute session. Payment is expected at the time of each session unless prior arrangements have been made. I accept cash, check, and electronic payment. 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.

**Missed Appointments.** Appointments canceled with less than 24 hours notice will be charged a full session fee. To cancel an appointment, please let me know via phone or email. Appointments missed because of dangerous weather (tornado/ice storm) or genuine emergency will not be charged. Missed sessions must be paid in full prior to attending another appointment.

**Professional Records.** I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others if required, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. 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 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 password-protected phone as well as a 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.

**Social Media.** I do not accept friend or contact requests from current or former clients on any social networking site. 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.

**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 been able to contact 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 do 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.

**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 Nashville, you can also call Davidson's County crisis line at 615-726-0125.

**Distance Therapy.** When needed, I am able to provide sessions online when we are unable to meet in person. This can be used in cases when clients are sick, out of town, lose transportation, or any number of reasons but do not wish to cancel their session. Sessions are completed via a HIPAA compliant web service to ensure client confidentiality. It is important to keep in mind your confidentiality when choosing a location from which to conduct a video session. Please also note that all policies regarding late fees, cancellation, payment, etc remain in place for distance therapy.

**Other Rights.** If you are unhappy with what is happening in therapy, I hope you 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 Nora Honeyman, LCSW to provide the care and treatment deemed appropriate.

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Print Client Signature Date

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Print Nora Honeyman, LCSW Date