

**Janet M. Price, PsyD., LMHC**

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**drjanetprice.com**

**PSYCHOTHERAPY AGREEMENT**

Welcome to the private practice of Janet M. Price, PsyD, LMHC. This agreement contains important information about my professional services and business policies. Please read this document carefully. Then, if in agreement, your signature is required at the end of this document in preparation for starting therapy.

**PSYCHOLOGICAL SERVICES**

The goal of this practice is to support mental health across the lifespan. Therapy sessions focus on supporting healthy emotional and psychological development. Grounded in the belief that people do well if they can, the goal of therapy is to celebrate one's strengths while working to address blocks to becoming one's best self. That means meeting each client with unconditional positive regard while addressing presenting challenges, and any underlying struggles.

**FORMAT FOR SESSIONS**

Therapy is offered through in-person therapy sessions and through HIPAA-complaint telehealth conferencing. In-person appointments include precautions taken to minimize exposure to germs and maximize health safety. This includes both therapist and client/s wearing face masks, only the therapist touching the door handles, hand sanitizer and Clorox wipes available, and sessions conducted with a physical distancing of furniture positioned at six+ feet.

**CONFIDENTIALITY**

All aspects of the therapy sessions are confidential. That means that anything that is shared during therapy will not be shared by the therapist to anyone outside of the therapy relationship. Exceptions to this include:

When the client is a minor, under 18 years of age, the client's parents or legal guardians can have access to information shared in session;

When the client signs a release of information giving the therapist permission to communicate with someone outside of the therapy relationship;

When there is a clear and present danger of the client harming oneself or the client harming someone else the therapist is required to take steps for immediate safety, including calling 911.

## **PAPERWORK**

Prior to beginning therapy forms will be sent out to be completed/ signed. Therapy will begin once these forms have been completed and returned.

These forms include:

Informed Consent

HIPAA (Health Insurance Portability and Accountability Act)

Client Information

Credit Card Information

Health Insurance Information

## **APPOINTMENTS**

Therapy appointments, whether in-person or via telehealth conferencing, are scheduled in 45-minute segments. Appointments are typically weekly. When therapeutically indicated, sessions may be scheduled for two times a week, every other week, or other time frames. Appointment schedules are decided together, between client and therapist.

## **FEES, BILLING, AND PAYMENT**

Psychotherapy sessions are billed at \$200 per session. Session fees or insurance co-pays are due at the time of service unless alternative arrangements have been made. You will be responsible for paying the entire fee if your insurance fails to authorize payment. Should a balance accrue and no payment received, Dr. Janet Price reserves the right to seek remuneration by legal means, including the retention of a collection agency.

## **CANCELLATION**

Once an appointment time is agreed upon, that time slot will be scheduled and held for you. If you need to cancel or reschedule a session, it is required that you provide a minimum of 24 hours notice. **If you miss a session without cancelling or cancel within 24 hours of the appointment you must pay \$150.00 for the missed session.** It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

**INSURANCE**

Dr. Janet Price accepts payments directly from those insurance companies for whom she is a participating provider. That list can be found on her website (drjanetprice.com) and upon asking Dr. Price directly.

**PROFESSIONAL RECORDS**

Dr. Price is required to keep appropriate records of the psychological services provided to you. Very brief records are kept that document each session held and what was focused on in session. You have a right to obtain a copy of your file at any time. You have the right to request that a copy of your file be made available to any other health care provider in response to your written request. Your records are maintained in a secure location in the office.

**CONTACTING DR. PRICE**

Dr. Price is available during weekdays between 9:00 AM- 5:00 PM. If she cannot respond to your call immediately please leave a message and she will return your call within 48 hours. If it is an emergency, call 911 or head to your nearest Emergency Room.

**OTHER IMPORTANT CONCERNS**

Dr. Janet Price is committed to providing considerate, safe, and respectful care without discrimination as to race, ethnicity, gender, sexual orientation, age, or religion. You are welcome to ask questions about any aspect of therapy and about her specific training and experience.

**CONSENT TO PSYCHOTHERAPY**

**Your signature below indicates that you have read this Psychotherapy Agreement and agree to its terms.**

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

When a patient is a minor, or unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

