Samantha Stevens, LPC
Woodbridge Location: 3258 Golansky Blvd.
Suite 201
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Practice Policies & Psychotherapy Agreement

This form provides you (client) with information that is additional to that detailed in the Notice of Privacy Practices.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. The provisions explaining when the law requires disclosure were described to you in the HIPAA Notice of Privacy Practices that you received with this form.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also HIPAA Notice of Privacy Practices form).

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by **all** adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet as your emergency contact.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct me, only the minimum necessary information will be communicated to the carrier. I have no control or knowledge over what use insurance companies make of the information I submit or who has access to this information. This is to make you aware that submitting a mental health invoice for

reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the congressionally approved National Medical Data Bank. Be aware that accessibility to companies' computers or to the National Medical Data Bank database may be vulnerable since break-ins and unauthorized access may occur in computer systems.

BILLING: By signing this document, you agree to the release of PHI for the purpose of contacting your insurance company to determine benefits and to actually bill for services provided. Additionally, bills will be sent via Simple Practice or the U.S. postal service to any client with an outstanding balance.

CONFIDENTIALITY OF E-MAIL, CELL PHONE AND FAX COMMUNICATION: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized persons, and hence the privacy and confidentiality of such communication can be compromised. Be advised that I do not use an encrypted email system or cell phone and any personal information you choose to put into an email or text to me will be subject to hacking. Provider requests that you restrict your use of email to correspond about logistical information only, i.e. changing appointment dates or times.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf may call upon me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested for such purposes.

CONSULTATION: Provider regularly meets with other professionals for consultation regarding clients. Unless a Release of Information document has been signed by you, your identity remains completely anonymous, and confidentiality is fully maintained. This includes clients undergoing couples' counseling. If you have objection to the sharing of your information, please inform me at this time. I will hold all information confidential.

ACCESSIBILITY: If you need to contact me between sessions, please leave a message on my voice mail or email, and your message will be returned as soon as possible. I check my messages several times a day unless I am out of town. When I am unavailable, I arrange for calls to be covered.

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EMERGENCY PROCEDURES: If an emergency situation arises, please indicate it clearly in your message. **If you cannot reach me and need to talk to someone right away, please call 911 or go immediately to the nearest emergency room for assistance.**

PAYMENTS AND INSURANCE REIMBURSEMENTS: Clients are expected to pay the standard fees of $115 for initial intake session. Subsequent sessions are as follows: $100 per 45 minute session; $110 per 55 minute sessions. If client will be using insurance, payment will be dependent upon insurance stipulations for client under current plan. **It is your responsibility to be aware of the benefits to which you are entitled under your insurance plan**. Payment is due at the beginning of each session.

Important: A 24-hour cancellation is necessary to avoid a $75 charge. Only in the case of an emergency, i.e. illness of self or child, car malfunction, or traffic accident in route, will the $75 charge be waived. Work or other routine appointments scheduled at the last minute will not be considered an emergency. This fee will not be covered by your insurance.

Snow and Ice: All sessions will be held unless cancelled by telephone by either client or therapist. I do consider snow and ice to be an emergency situation if you feel unsafe on the roads. However, if you do not call to cancel and I am in the office waiting, there will be a $75 charge.

Out of Network Insurance: Clients who carry insurance for which I am out of network will be responsible for my full fee (see section on Payment and Reimbursement). Receipts or superbill for service will be provided, if requested.

Other Possible Charges: Lengthy telephone conversations, site visits, report writing and reading will be charged at the hourly rate stated above, unless indicated and agreed otherwise. **Insurance will not cover these services.**

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I view therapy as a partnership and will ask for your comments and views on your therapy, its progress, what works for you and what does not. I would like you to respond openly and honestly.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc.

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or experiencing anxiety, depression, insomnia, etc. At times I may ask questions to challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed.

Attempting to resolve issues that brought you to therapy in the first place such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors regarding employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member may be viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and at times frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include behavioral, cognitive-behavioral, psychodynamic, existential, developmental (adult, child, family), psycho-educational, mindfulness, or emotionally focused therapy.

DISSCUSION OF TREATMENT PLAN: Within a reasonable period of time after the initiation of treatment I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and my review of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

TERMINATION: As set forth above, after the first couple of meetings, I will assess whether I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will provide referrals that you can contact or direct you to your insurance provider's directory. If at any point during psychotherapy, I assess that I am not effective in helping you reach your therapeutic goals, I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give you referrals that may be of help to you in finding an appropriate therapist.

If you request and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and if I have your written consent, I will provide that therapist with the essential information needed. You have the right to terminate therapy at any time.

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DUAL RELATIONSHIPS: Not all dual relationships are unethical or avoidable. Consequently, you may bump into someone you know in the waiting room or run into me out in the community. I will never acknowledge working therapeutically with you without your written permission. It is your responsibility to communicate to me if the dual relationship becomes uncomfortable for you in any way. I will always listen carefully and respond accordingly to your feedback. I will discontinue the dual relationship if I find it to interfere with the effectiveness of the therapeutic process or the welfare of you, the client, and, of course, you can do the same at any time.

REMINDER: Since scheduling an appointment involves the reservation of time held specifically for you, a **minimum of 24 hours (one day) notice is required** for re-scheduling or canceling an appointment. Unless we reach a different agreement, a fee of $75 will be charged for sessions missed without such notification. **Insurance companies do not reimburse for missed sessions.**

I have read the above Agreement and Practice Policies and General Information carefully; I understand them and agree to comply with them:

Signature of client or guardian: ____________________________________ **Date:** ____________