

## **AGREEMENT FOR PSYCHOTHERAPY SERVICES**

**SUSAN G. KROLL-SMITH, RN, LCSW**

WELCOME to my practice. Since psychotherapy is a joint effort between a client and a therapist, I like to write out some of the guidelines which help this professional relationship work well. We will take some time during our first appointment to talk about what I have included in this document.

**Confidentiality:** Your therapy is private and you are entitled to strict confidentiality, by law. This means that I will not discuss your work nor reveal that you are a client without talking with you, first, and getting your permission. However, there are several circumstances in which I **must** break our confidentiality.

- (1) I have a duty to intervene and protect if my client is suicidal.
- (2) I have a duty to warn the intended victim if my client is planning to harm another person.
- (3) I have a duty to report suspected abuse of a child or a vulnerable adult to appropriate social service agencies.
- (4) I can be ordered by a judge to release information or testify in court.

If we happen to encounter each other outside of the office I will not acknowledge you or initiate any contact. If you acknowledge me I will respond, briefly. This could feel odd and awkward, but it is my effort to preserve your confidentiality.

**Treatment Goals and the Therapeutic Relationship:** What do you want to get out of this therapy? Because psychotherapy is a collaborative process we will work together to put shape to your goals. I will bring certain skill and knowledge to this work, but it is your motivation and intention which drives the work.

The relationship between a client and therapist is an essential part of how therapy “works”. Our open communication will help us create a relationship that is respectful, honest and trustworthy. So, I encourage you to ask questions because your understanding will help you be more comfortable and engaged. Likewise, I hope you will express your concerns or dissatisfaction. This will help me know you better. It will also give us the chance to make changes and improvements.

This process of understanding oneself and working towards change is challenging. You may find that there are times when you feel more discomfort than you did before you began therapy. This is a natural consequence of changing, but I hope you to tell me about it. It is through our communication that we can improve our understanding, make changes and increase support.

It is my experience that clients may end their therapy in a manner similar to how they end other relationships in life. Understanding ones’ patterns in relationship is a useful piece of any therapy. For this reason, I ask that clients not abruptly end their therapy. If you decide that you want to stop, or become dissatisfied with the work, I ask that we meet for at least one more session to address and understand your concerns and decision.

**Charges:** My session length is 60 minutes unless we agree otherwise. My charge for a 60 minute therapy session is \$ 125. Because of the additional administrative responsibilities, the charge for the first session is \$ 140. I accept the assigned benefit of a number of insurance plans or payment may be made out of pocket.

**Insurance:** As a courtesy to my clients I hire the services of an insurance billing specialist. If you have an insurance that you would like to use for this work my office can file that claim for you. In this case, you would be responsible to pay your co-payment and any outstanding annual deductible at the time of your appointment. Please understand that any unpaid balances are the responsibility of the client. While my office may be able to offer help, it will be the client's responsibility to resolve issues with their insurance company. Third party payers require that I assign a mental health diagnosis. That diagnosis will be part of your permanent insurance record. If you would like to discuss your diagnosis please let me know.

**Fee arrangements:** You may make checks payable to **Susan Kroll-Smith**. The price of therapy is often hard to fit into a monthly budget. For that reason, feel free to talk with me about your fee and payment arrangements. I will work with you on a payment plan if the need is present. In the event of non-payment on an outstanding balance, I may apply a monthly finance charge of 10%.

**Late Cancellations/Missed Appointments:** Your appointment time is reserved for you. If I am late, you will receive your full time or we will arrange to make it up at another time. If you are late, we will stop at the end of our scheduled hour. If you need to cancel an appointment, please call 24 hours in advance to avoid a charge for that session. Please call **312-1804**. I check my messages often and my voice mail is confidential. My charge for a late cancellation or a missed appointment is **\$50**. Insurance companies will not pay for late cancellation or missed appointments. This \$50 will be the client's responsibility.

I agree that I have read the above 2 pages and I have had an opportunity to ask questions so that I understand the information presented. I authorize the release of diagnostic and treatment information necessary to process my health insurance claim. I authorize payment of insurance benefits for services provided to Susan Kroll-Smith, LCSW.

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Signature

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Date