

## **OUTPATIENT SERVICES CONTRACT**

Welcome to Westchester LCSW Counseling Services, PLLC. Since this is your first visit, I hope what is written here can answer some of your questions as you seek therapy. Please let me know if you want clarification on any of the topics discussed in this Outpatient Services Contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this Outpatient Services Contract.

### **PSYCHOTHERAPY SERVICES**

I provide psychotherapy services for children, adolescents, adults, couples and families. The first appointment serves as an intake appointment. I will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, I will give you some initial recommendations on what I think will help. If I do not think I am able to best assist you, I will give you names of other professionals who I believe would work well with your particular issues. If you do not agree with my treatment recommendations or do not think my personality style will be a good match, let me know and I will do the best to suggest a different therapist who may be a better fit.

If we decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual, couples and family therapy sessions last 45-60 minutes (depending on if it is an individual, family or couples session) unless otherwise arranged. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your particular situation.

**Limits of Confidentiality:** Like all treatment records, reports and information is confidential and can be released only with a written consent authorizing such release. However, if the client discloses information related to suspected threats of physical harm of self or others, occurrence of child, elder, or dependent adult abuse, or if commanded by court order, I may be required to disclose such information to appropriate authorities or parties as mandated by law.

### **AVAILABILITY BETWEEN SESSIONS**

If needed, you can leave me, your therapist, a message on phone voicemail. When you leave a message, include your telephone number even if you think I already have it, and best times to reach you. I make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from me within one day, please leave a second message. If I am unavailable for an extended time, such as on vacation, I will inform you in advance and devise a plan with you.

If you are in an emergency situation and cannot wait for me to return your call, go to the nearest emergency room or call 911. The National Suicide Prevention Hotline is 1-800-273-TALK (8255) is also available. Westchester LCSW Counseling Services, PLLC is not a crisis facility. Do not contact me by email or fax in an emergency, as I may not get the information quickly.

### **RATES AND INSURANCE**

Therapy is a commitment of time, energy and financial resources. Westchester LCSW Counseling Services, PLLC does not take insurance. If you have health insurance, it is important for you to verify your mental health benefits so you understand your own out of network coverage prior to your appointment. Statements and documentation for insurance companies can be given to clients following each session or monthly to help receive reimbursement.

Acceptable forms of payment include cash or check. Payment is expected at the time of service. **Cancellations or missed appointments without 24 hours notice will be subject to full fee charge, and insurance companies do not pay charges for missed appointments.** If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service.

Most insurance agreements require you to authorize me to provide a clinical diagnosis and sometimes additional clinical information. If you request it, I will provide you with information to send to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

## **SOCIAL MEDIA POLICY**

In order to maintain your confidentiality and our respective privacy, I do not interact with current or former clients on social networking websites. I do not accept friend or contact requests from current or former clients on any social networking sites including Twitter, Facebook, LinkedIn, etc. I will not respond to friend requests or messages through these sites.

I will not solicit testimonials, ratings or grades from clients on websites or through any means. I will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. My hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly.

Please do not contact me through text messages or emails regarding clinical issues. These are not secure communications, and there is a possibility that I will not get the message in a timely manner, or that communication will be interpreted in an unclear manner. If you need to contact me, your therapist, between sessions, please call (914) 250-3122. Text messages and emails are only to be used for scheduling, changing or canceling appointments.

## **PROFESSIONAL RECORDS**

Both law and the standards of our profession require that we keep appropriate treatment records. If I receive a request for information about you, you must authorize in writing that you agree that the requested information is released.

## **CONFIDENTIALITY**

In general, law protects the confidentiality of all communications between a client and a mental health clinician, and I can only release information to others with your written permission. However, there are a number of exceptions, which are indicated below. More information is provided about this in your HIPAA statement.

In judicial proceedings, if a judge orders the records released, I have to release the records. In addition, I am ethically and legally required to take action to protect others from harm even if taking this action means I reveal information about you. For example, if I believe a child, elderly person or disabled person is being abused or neglected, I am mandated to report this to the appropriate state agency. If I believe a client is threatening serious harm to another person or property, I must take protective action (through notifying the potential victim, the police, and/or facilitating hospitalization of the client). If I believe a client is a serious threat to harming him/herself, I must take protective action (arranging hospitalization, contacting family/significant others for notification, and/or contacting the police). I would make reasonable effort to discuss any need to disclose confidential information about you, and I am happy to answer any questions you have about the exceptions to confidentiality.

### **COMPLAINTS**

If you have a concern or complaint about your treatment or about your billing statement, please talk to me about it. I will take your criticism seriously, openly, and respond respectfully.

### **QUESTIONS**

If during the course of your therapy, you have any questions about the nature of your therapy or about your billing statement, please ask.

### **A FINAL WORD**

The counseling relationship is a very personal and individualized partnership. I want to know what you find helpful and what, if anything, may be getting in the way. I want you to feel free to share with me what I can do to help.

## **OUR USES AND DISCLOSURES**

**How do I typically use or share your health information?** I typically use or share your health information in the following ways...

- **Treat you**

I can use your health information and share it with other professionals who are treating you. I obtain your signed consent to share the information.

- **Run our organization**

I can use and share your health information to run my practice, improve your care, and contact you when necessary. *Example: I use health information about you to manage your treatment and services.*

- **Bill for your services**

I can use and share your health information to bill, get payment from health plans or other entities for you. *Example: I give information about you to your health insurance plan so it will reimburse you for the services, if you request.*

## **OFFICE SPACE**

The entity of Westchester LCSW Counseling Services, PLLC's office is located in a shared suite with licensed mental health professionals who are affiliated with other corporations. Westchester LCSW Counseling Services, PLLC is not affiliated with or involved in a working relationship with these other professionals. Westchester LCSW Counseling Services, PLLC is its own professional service limited liability company that practices the profession of licensed clinical social worker.

## **OUTPATIENT SERVICES CONTRACT**

Please ask before signing below if you have any questions about psychotherapy or our office policies. Your signature indicates that you have read our Outpatient Services Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.

**I have read and agree to the terms in the outpatient services contract:**

Client Name (Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (Print) (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for selecting Westchester LCSW Counseling Services, PLLC***