

Client/Therapist Agreement of Understanding

Code of Ethics and Confidentiality

I am trained and licensed to provide clinical services. I am committed to the codes of ethics and professional standards of the Maryland and DC Boards of Professional Counselors and the National Board of Certified Clinical Mental Health Counselors.

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. 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; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family members communicate to me that the client presents a danger to others.

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. I have no control or knowledge over how an insurance company may use or maintain submitted information. If you request assistance with insurance claims, you acknowledge and agree to this limit regarding your confidentiality.

In order for me to do effective work, I may consult on occasion with a fellow clinician, and your care might be discussed in general terms with this consultant, who is also bound by confidentiality standards. If you are in need of a specialized consultation or service beyond the scope of this practice, I can assist you in locating other professionals.

Correspondence

This refers to any contact between us or about you or for you, including telephone, texts, and email. There are both benefits and concerns to using electronic correspondence, so the choice is yours to consider with understanding of these pros and cons. I cannot guarantee the security of electronic correspondence; if that is something you are concerned about. Still, the use of email and texting provides a convenient 24/7 non-intrusive means of communication when direct calling is not as available or when you want the documentation.

Appointments and Fees

Appointments are directly scheduled between you and me. We can discuss needs for changes or cancellations. You may be charged for missed appointments if you do not attempt to cancel with 24 hours' notice. The missed appointment fee may be a full fee, unless negotiated differently per mutual agreement. Please note that Insurance does not cover missed appointments.

Payment is expected at each session or by pre-arranged alternate agreement. You will be given a receipt upon request.

Your signature below indicates that you accept full responsibility for charges even if you are expecting insurance reimbursement; and that you understand that I have the right to seek professional collections assistance if you do not attempt to fulfill your responsibility. When using insurance, I will submit claims on your behalf only twice per claim. After two denials, you will need to pay me directly for the denied claims. I will then help you with what you need to appeal for you to seek reimbursement. You will be charged customary fees for copies of materials requested. Professional fees will also be charged in the event I am required to present information either in person or writing to an attorney or court of law.

Emergency Services

I do not provide 24-hour emergency services. I make a concerted effort to return all messages within 24 hours. If you have an emergency, you are encouraged to call your local emergency services provider (e.g. hospital Emergency Department or local government Mental Health Services Division or 911). Once you have obtained needed emergency services, please contact me so that we can arrange for continuity of care.

Client and Therapist Agreement. I understand and consent to the terms of this professional agreement.

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Client (s) Signature and Date

printed name (s)
