



Jess Albright, LCPC, ACS

Licensed Clinical Professional Counselor

Psychotherapy Services Contract

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you might have so that we can discuss them at the time of our initial meeting. When you sign this document, it will represent an agreement between us.

Psychotherapy Philosophy

I believe that for therapy to be effective, both you and I must be actively involved in developing goals and assessing progress. For therapy to most successful, you will have to work on things both during our sessions and at home. Some changes will occur quickly and easily, but most often, change requires slow, deliberate, and repeated efforts. You should be aware that while therapeutic interventions offer potential benefits, they also present possible risks. Such risks might include uncomfortable feelings of sadness, guilt, anxiety, anger or frustration. On the other hand, psychotherapy has also been shown to have benefits for people who actively participate. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress; however, there are no guarantees regarding what you will experience. If you have any concerns about your progress or the results of your therapy experience, please talk with me at any time during our work together.

Professional Fees

Individual session (45-50 min)	\$130
Family session with 3 or more members	\$150

Initial _____

Cancellation Policy

If you fail to cancel a scheduled appointment, I cannot use this time for another client. A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. Thank you for your consideration regarding this important matter.

Initial _____

Billing/Payment

Payment is expected at the time of each appointment. Additionally, it is required that a valid credit card be placed on file. It will be used to provide payments for missed appointments, cancellations without 24 hours prior notice, appointments in which no other form of payment is readily available. You will be notified of any charges being made to the credit card on file. I have the option of using legal means to secure payments for outstanding balances. This may involve hiring a collection agency or going

through small claims court. If such legal action is necessary, all costs, including attorney's fees, will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Initial _____

Insurance Reimbursement

I am an out of network, fee-for-service provider; therefore, you are responsible for payment of my fees. Many health insurance plans offer out of network benefits for psychotherapy services, which entitle clients to obtain reimbursement for a percentage of amounts paid. Once payment is received, I will provide you with a detailed receipt including billing and diagnostic codes, which you may submit to your insurance company when seeking reimbursement.

If you plan to seek insurance reimbursement for services rendered, you should be aware that most insurance companies require that you authorize me to provide them with a clinical diagnosis. Sometimes additional clinical information such as treatment plans, summaries, or copies of the entire record is also requested. This information will become part of the insurance company's files and will likely be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with the information once it is in their possession and I claim no responsibility.

Initial _____

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a verbal summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. However, I will make the final decision as to what information I will share with parents/guardians.

Initial _____

Confidentiality

In general, the privacy of all communications between us is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. There are some situations in which I am legally obligated to take action to protect you or others from harm. I would inform you of any time when I think I will have to put these into effect. They are as follows: a) If I have good reason to believe that there is abuse of children, or the elderly, I am obligated to contact Child/Adult Protective Services. b) If you are in imminent danger of harming yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection. c) If I have good reason to believe that you will harm

another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim. d) If your records are subpoenaed by court order, I may be required to disclose confidential information.

I take part in regular consultation and support meetings with colleagues. The goal is to gain feedback and suggestions regarding your treatment. In these meetings, I do not use your last name or reveal other identifying information about you. All discussions of this type are subject to the same provisions of confidentiality discussed above.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our initial meeting. I will be happy to discuss these issues with you if you need general advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex.

Initial_____

Contacting Me

I am often not immediately available by telephone. I do not answer the phone when I am in a therapy session. When I am unavailable, my telephone is answered by voicemail that I monitor Monday through Friday during normal business hours (9:00AM – 5:00PM). I will make every effort to return your call by the end of the next business day. I am generally not available after regular business hours. If you are unable to reach me in an emergency, call 911 or proceed to the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

Please be advised that information transmitted on a cell phone may be at risk for interception by a third party. Please do not email me content related to your therapy sessions, as email is not completely secure unless proper encryption is used. Please do not contact me via email in an emergency, as emails are not reviewed 24 hours per day. If you choose to communicate with me via email, be aware that all emails are retained in the logs of your Internet service provider. While it is unlikely that someone will view these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal patient record.

Initial_____

Social Media

Interacting: Please do not use SMS (mobile text messaging) or messaging on Social Networking sites such as Facebook or LinkedIn to contact me. These sites are not secure, and these messages may not be read in a timely fashion. Do not use Wall postings or other means of engaging with me in public online if a client/therapist relationship has already been established. Engaging with me this way could compromise your confidentiality.

Friending: I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and your privacy. It may also blur the boundaries of the therapeutic relationship.

Following: I may post mental health or psychotherapy news on my professional Facebook page. I have no expectation that you, as a client, will desire to follow my posts. My primary concern is your privacy. You are welcome to use your own discretion in choosing whether to follow me. Note that I will not follow you in return. I only follow other health professionals on social media websites and do not follow current or former clients.

Initial _____

Thank you for your strength in seeking psychotherapy for your specific needs. I look forward to assisting you in this journey. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name of Client

Date of Birth

Signature of Client/ Parent/ Guardian

Date

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Date