

INFORMED CONSENT AND SERVICE AGREEMENT FOR THERAPEUTIC SERVICES

BENEFITS AND RISKS

Psychotherapy is a professional relationship between a client and a therapist that involves both risks and benefits. Risks may include experiencing uncomfortable feelings, such as anxiety, depression, guilt, frustration, anger, loneliness, and helplessness because psychotherapy often involves discussing some difficult aspects of your life. Research has revealed, however, that psychotherapy can yield long term benefits. Therapy often leads to a significant reduction in distress and mental health symptoms while improving quality of life, relationships, self-awareness, insight, and improved problem solving skills. To yield the best results, it is important for you to be active in your treatment plan goals, participation, and follow through with practices outside of session. Both the client and the therapist have the right to terminate the therapeutic relationship at any time. Should therapist initiated termination occur, the therapist will provide a list of referrals if appropriate.

APPOINTMENTS

Typically, sessions are 45 minutes in duration; although, sessions can be more or less frequent as needed for what is clinically appropriate. When you have a scheduled appointment, it is set specifically for you. If you are unable to keep your appointment, please call and cancel your appointment at least 24 hours prior to your scheduled session time. **Appointment times that are cancelled without a 24 hour notice {and it is not an emergency or event outside of your control} will incur a fee of \$50.00.** It is important to note that insurance companies do not reimburse this fee and you will be responsible for the full payment. In addition, it is important to share that if you arrive late, your appointment time will still end on time. If you engage in chronic missed appointments, services may be discontinued.

WEAPONS

This is a mental health facility. It is asked that no weapons of any kind be brought in the building or on the premises unless you are active duty law enforcement in uniform.

PROFESSIONAL FEES

Initial Assessment: \$120	Subsequent Sessions: \$90.00	Copying fee: \$25
Broken Appointment: \$50	Returned Check Fee: \$40	

If you refuse to pay any incurred fees, the therapist reserves the right to use an attorney or collection company to obtain finances for services as agreed upon in this service agreement as well as the cost incurred to me to obtain payment for services.

In addition to weekly appointments, it is my practice to charge a pro-rated fee of the hourly cost for other professional services that you may require such as report writing, telephone conversations over 10 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other services which you may request of me

that is in my scope of practice. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your rights to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify. There is a \$500 court retainer fee and \$150/hr after the retainer is exhausted.

INSURANCE COLLABORATION

Services will be billed to your insurance company as a courtesy. You are expected to pay your copayment at the time of your scheduled session. If your insurance company does not reimburse your claim, you are ultimately responsible for the entire cost of services. It is your responsibility to know your insurance coverage and for alerting your therapist about changes in your insurance. Couples therapy is not a service provision based upon a psychiatric diagnosis; therefore, it is not covered by insurance companies.

RECORDS AND DOCUMENTATION

The law and your insurance company require that records of the therapeutic services be kept. Your records are maintained in a secured location behind locks. Records contain the date and time you were seen, your reasons for seeking therapy, your diagnosis, your treatment plan, topics discussed, your medical, social, and treatment history, records obtained from other providers who are involved in your care, and your billing records. Except in unusual circumstances that involve danger to you, you have the right to inspect your file and have the right to a copy of your file (which incurs a fee for copying based on number of pages). Because these are professional documents, they may be misinterpreted and or upsetting to read by untrained readers. For this reason, it is recommend you initially reviewing your documents with your therapist. You also have the right to request a copy of your file be provided to other healthcare providers at your written request. Please note that when you take possession of a copied mental health record, the privacy of that record becomes your responsibility while it is in your possession.

CONFIDENTIALITY

See "Notice of Privacy Practices."

CONTACTING YOUR THERAPIST

I am often not immediately available by phone. I do not answer my phone when I am with clients or otherwise unavailable. You may leave me a message on my confidential voicemail and your call will be returned as soon as possible. It may take 24 to 48 hours to return non-urgent matters. If for any reason you are experiencing a life threatening emergency or mental health crisis, call 911. You may contact your local County Crisis Services as well: Richmond: 819-4000, Chesterfield: 748-6356, Henrico: 261-8484, Hanover: 356-4200 or go to your local emergency department. I will make every attempt to inform you of planned absences and a phone number of the mental health professional covering for my practice. Please understand that email is not

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a form of confidential communication and I am unable to fully protect your privacy across email and text messaging communications.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk to me about it so that I can address your concerns. I will handle your concerns with respect and diligence. You may also request that I refer you to another therapist and you are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, gender, sexual orientation, age, religion, national origin, or your source of payment. You have the right to ask about any aspects of therapy and about my training and experience. You have the right to expect that I will not have sexual or social relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read the Agreement and the Notice of Privacy Practices and agree to their terms.

Client Signature

Date

Client Signature

Date

Guardian Signature (if applicable)

Date