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Consent and Agreement for Psychotherapy Services

Welcome to my practice. This document contains important information about my professional services and business policies. It is very important that you read it through and understand the information in this document. When you sign this document, it will represent an agreement between us. We can discuss any questions you may have when you sign or at any time in the future.

Psychotherapy Services

Therapy is a relationship between people that works in part because of the clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand.

The first session is an initial intake evaluation and provides an opportunity to define the problem areas to be worked on and to develop a treatment plan for therapy. In our treatment plan, we will identify the areas to work on, our goals, the methods we will use, the time, money and commitment we will make. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can change our treatment plan and goals. Psychotherapy requires your active involvement. It requires your best efforts to change thoughts, feelings and behaviors. It also requires you to practice new skills that you will learn in our sessions, and we will work together to set up action plans for you. We will decide on the frequency with which we will meet. The social work code of ethics, recommends suspension and termination of services, or referral to another therapist, if treatment reflects lack of participation, lack of commitment, or for any unresolved conflict or impasse that develop between therapist and client where the client is not benefiting from services or needs are not being met. If therapy ends informally or prematurely without an exit session, a letter of discharge may be mailed to you. By signing this document, you agree to a letter being sent by post office mail.

As with any treatment, there are some risks as well as many benefits with therapy. For example, in therapy, clients may experience levels of sadness, anxiety, anger, frustration, or other negative feelings. Sometimes, even with my best efforts, there is a risk that therapy may not work out well for you. While you consider the risks, you should also know that the benefits of therapy have been shown in research studies. For instance, people have reported a decrease in negative mood and feelings as a result of being in therapy.

If for some reason treatment is not going well or if you could benefit from a treatment I cannot provide, I might suggest you see another professional. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the National Association of Social Workers (NASW). In your best interest, the NASW puts limits on a the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am a Licensed Independent Clinical Social Worker – not law, medicine, finance or any other profession. Second, state laws and the rules of NASW require me to keep what you tell me confidential (that is just between us). There are certain limited situations in which confidentiality will not apply and these will be explained under the "Confidentiality" section of this consent/agreement form. Third, in our best interest and following the NASW standards, I can only be your therapist. I cannot be your "friend" on social media or socialize with any of my clients. Fourth, I am not permitted to accept gifts. Fifth, if you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. If you anticipate becoming involved in a court case for any other reason, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay an hourly fee, in advance, for the professional

time required even if another party compels me to testify, as well as any balance due for previous therapy and no show/cancellation fees.

Confidentiality

I will treat with great care all the information you share with me. State and federal laws generally prohibit the release of any information concerning your treatment or the fact that you are receiving treatment except when 1.) the client signs a written "release of information" form indicating consent to release records; 2.) the client expresses clear and substantial danger of imminent injury to self or others; 3.) to report abuse or neglect to a child, elderly person, or dependent adult; 4.) to acquire payment for services or for billing purposes; 5.) a subpoena or court order is received directing a disclosure of information; or 6.) to collaborate with other providers involved in your care. To protect your privacy to the greatest extent of the law, it is my policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosure in the event of #2 or #3.

Appointments and Cancellations

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will be unable to meet for the full time, because it is likely that I will have another appointment after yours. If you need to cancel or reschedule your appointment, please give me at least 48 hours notice. If you cancel or reschedule sessions with less than 48 hours' notice, you will be charged a \$35.00 fee for the cancelled session. Your insurance will not cover this charge and will need to be paid in full before you will be rescheduled. There will be **only one** (1) exception to the late fee for a family emergency or illness per calendar year. If you don't show for two appointments we will discuss the issue. After addressing the issue, a third no show will result in a discharge from services (refer to second paragraph under psychotherapy services, second paragraph).

Professional Fees and Insurance

Payment for services is an important part of any professional relationship. The fee charged for an Initial Intake Session is \$250.00. Individual follow-up sessions are \$180.00 for 53 to 60 minutes and \$150.00 for 38 to 52 minutes. Your insurance determines a usual and customary rate (UCR) for sessions. Self-pay rates are also available. You are giving my billing company consent to verify coverage and you are responsible for knowing your coverage and for letting me know if/when your coverage changes. You should also be aware that insurance requires the clinical diagnosis I will use and sometimes I may have to provide additional clinical information, such as treatment plans or summaries, or copies of the entire record (in rare cases). By signing this agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance. In addition, if there is a balance due that I am not able to collect from you in person, you will be mailed a statement by post office mail or email. You may receive monthly statements by mail or email. If a payment is returned for insufficient funds, you will be responsible for the fee charged on the returned check as well as the amount that was due.

Professional Records

I am required to keep appropriate records of the therapy services that are provided. Your records are maintained secured and electronically. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, diagnosis, medical, social and treatment history, response to interventions, records I receive from other providers, copies of records I send to others and billing records. Except in unusual circumstances that involve danger to yourself, you have the right to your records. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review records with me to discuss the contents.

Parents and Minors

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under the age of 14 unless they agree that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment

progress and attendance. All other communication will require the child's agreement, unless I feel there is a safety concern (refer to section on confidentiality), in which case I will make every effort to notify the child of my intention to disclose information ahead of time. In addition, if the child's parents are divorced, I require a copy of the parenting plan before therapy services will be provided.

Contacting Me

I am often not immediately available by phone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) go to your local hospital emergency room or 2) call 911. Text messaging is used for brief information, such as needing to reschedule an appointment. Please do not text personal information as I cannot guarantee texts messages are secure. I do not keep client contact information on my phone so I will not know who is contacting me. The most secure way to communicate with me is by calling me and leaving a voicemail message if I'm not available. I use a secure email service however, I also recommend you limit any information you might send to scheduling and insurance matters. Please note that any information you send by text and email may be saved in your electronic chart.

Acknowledgement

I acknowledge that I have received, have read (or have had read to me), and understand the "Consent and Agreement for Psychotherapy Services" document and/or other information about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedure provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 48 hours before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that an agent of my insurance company, other third-party payer or provider, may be given information about the type(s), cost(s), date(s), and any services or treatments I receive.

I understand that if payment for the services I receive here is not made, the therapist may discontinue treatment.

My signature below shows that I understand and agree with all of these statements.

Signature of client (age 14 and older)

Date

Printed name

Signature of parent

Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that his person is not fully competent to give informed and willing consent.

Signature of therapist

Date

- Copy accepted by client
- Copy kept by therapist