

PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

WELCOME TO MY PRACTICE!

Here is a summary of what you can expect when you come to see me for therapy, including information about electronic communication, confidentiality, and payment.

WHERE IS THE OFFICE?

Directions to my office are located on the directions tab on my website; the entrance and parking lot are in the rear of the building and may be a little confusing to find, so please consult the directions and map on the website. Once you arrive, have a seat in the waiting room and I will meet you there.

MEETINGS

Each session lasts between 50 and 60 minutes. That includes actual working time as well as scheduling future sessions and taking care of payment.

The first few sessions are focused on assessment. I will ask you questions about the issues you want to work on, your history, and family background. Then we can develop a plan that will serve as a road map for future work.

At the beginning of treatment, we will typically meet once a week. Later, we can decide how often you need to come. **PLEASE PROVIDE 24-HOURS ADVANCE NOTICE IF YOU NEED TO CANCEL YOUR APPOINTMENT.** This is important because 1) insurance companies do not reimburse me for missed sessions, and 2) I often have a waiting list, so by letting me know if you can't come, you may be helping someone else get an appointment. If you cancel without contacting me 24 hours in advance, I will charge you for the missed visit, unless we both agree that you were unable to attend due to circumstances beyond your control.

WHAT HAPPENS IN A THERAPY SESSION?

During therapy, we will talk about your issues and develop a treatment plan. Together, we can decide what you want to work on during each session. There are many different methods available to deal with your problems (see my website for more details about my favorite treatment models).

Psychotherapy can have many benefits but there are also risks. Sometimes people feel worse before they feel better! This is normal and it's because we might need to discuss aspects of your life that can cause unpleasant feelings. If you can hang in there and tolerate the discomfort, therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

CONTACTING ME BETWEEN SESSIONS

If you need to reach me between sessions, I am available during business hours (Monday through Friday 9:00 a.m. to 5:00 p.m.).

My phone number is (717) 350-5329 and my email address is *counseling@lisaplotkin.com*

If you are going to be late for an appointment or need to cancel on short notice, please call or text me; do not use email for such communications.

If you are having a crisis, please call 911 or your county crisis intervention office. For instance, if you live in Dauphin County, the phone number for Crisis Intervention is (717) 232-7511. You can also go to your nearest hospital emergency room.

E-MAIL, TEXT MESSAGING, and SOCIAL MEDIA

E-mail and Text messaging are useful tools for scheduling appointments and sharing information for insurance and billing. However, there are some issues to consider when communicating this way:

- E-mail/Texting are not guaranteed to be secure. While I will not knowingly share your information without your consent (except as outlined in the Confidentiality section below), I have no control over what happens to our messages once they are electronically transmitted. Please do not use them to share confidential information.
- E-mail/texting are not appropriate if you are in crisis or if you are sharing confidential information that is better addressed in person or over the phone.
- While I make every effort to be available to my clients, I can't promise to respond immediately to your email/texts. If you are having an emergency, please call 911 or your county Crisis Intervention office.
- Also, please do not invite me to participate with you on Social Media websites (e.g., *Facebook* or *Linked In*, etc.), as I do not accept such requests in my professional role.
- Your signature at the end of this document indicates that you understand I cannot guarantee your privacy when using electronic communication, and that you understand my policies in this regard. If you would like to send e-mails and texts, your signature indicates that you accept the risks involved with this type of communication.

CONFIDENTIALITY AND PRIVACY

All conversations and information shared during therapy is confidential, with these exceptions:

- If you are using insurance to help pay for the session, I will need to provide the insurance company with basic information regarding a diagnosis and treatment progress.

- If you are making threats to harm yourself or someone else, I may need to break confidentiality to protect the safety of you or others.
- If I suspect child abuse, I am mandated by law to report those suspicions.
- If I need to consult about your case, I may discuss your situation with other mental health professionals, but these individuals must also adhere to professional codes of ethics regarding confidentiality.

Please see the “Notice of Privacy” tab on my website. This provides an explanation of how your medical information can be used and disclosed in terms of the Health Insurance Portability and Accountability Act (HIPAA). It also includes an acknowledgement of privacy practices page for you to sign.

FEES

The fee for an hour-long psychotherapy session in my office is \$100. A sliding scale is available.

Unless you use your insurance, payment is expected at the time services are rendered. I can accept cash, personal checks or credit cards. If you use your insurance, please be prepared to provide your copay or deductible at the time of your visit as well.

RESPONSIBILITY FOR PAYMENT OF SERVICES

Your signature below acknowledges the following:

1. You request that payment of insurance benefits for services you have received be paid directly to Lisa Plotkin, LCSW
2. You authorize Lisa Plotkin, LCSW to release any Protected Health Information needed to determine your benefits to your insurance carrier
3. You realize that the services to be provided have not been guaranteed for payment under your health benefit program and therefore you agree to be responsible for fees not covered by your insurance provider.

If you have any concerns, questions, or objections, please discuss them with me.

I have read the Psychotherapist-Client Services Agreement and consent to receive psychotherapy services under the terms outlined.

Client Signature

Date