

**Kristin Burns, LCSW, SEP, RYT, AOBTA CP, RMT  
Client – Psychotherapist Services Agreement**

**Welcome to my psychotherapy practice and thank you for choosing to work with me at this time in your life. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next session. Once you sign this, it will constitute a binding agreement between us.**

**Psychotherapy Services:**

**Psychotherapy is not easily described in general terms. There are a number of different approaches that can be utilized to work with the issues or challenges you hope to address. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we talk about both during our sessions and at home.**

**Risks:**

**Psychotherapy has both benefits and risks. Psychotherapy often requires discussing unpleasant aspects of your life. Risks sometimes include temporarily experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. In some cases, these feelings may persist for extended periods.**

**Benefits:**

**Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships and resolutions of specific problems. There are no guarantees about what will happen.**

**Sessions:**

**Our first few sessions will involve an assessment and information gathering of your needs and your history. By the end of the assessment, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist or I feel I cannot meet your needs, I will be happy to help you to secure an appropriate consultation with another mental health professional. If psychotherapy is initiated after the initial evaluation, we will**

jointly decide on a schedule of treatment, which will include regular appointments.

**Cancellation Policy:**

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment during that week. I have voice mail on my office phone for your convenience so that you can leave a message at any time (312)852-0515.

I understand emergencies and illnesses happen and will be negotiable on this issue when indicated.

**Contacting Me:**

Your call is always important to me; however, I am often not immediately available by telephone since I do not answer the phone when I am with clients. When I am unavailable, my telephone is answered by a confidential voice mail system that I monitor several times a day. You can call my number (312)852-0515 to leave a message at any hour; however, I usually do not pick up messages after 9:00 p.m. I will make every effort to return your call within 24 hours. If you are difficult to reach, please leave some times when you will be available.

If you need counseling time on the phone between sessions, be sure to let me know so that I can arrange to be available.

Calls over 10 minutes are billed on a prorated basis of the therapy hourly fee.

In emergencies, you can call Thrive Counseling Center (708)383-7500, 911 or go the nearest emergency room and ask for the social worker.

If I am on vacation, I will provide you with the name of a trusted colleague whom you can contact if necessary. The name and number of the colleague will become part of my voice mail message.

**Fee Information and Schedule:**

**INDIVIDUAL Therapy Fee: \$135 per 50 minute**

**FAMILY Therapy Fee: \$175 per 50 minute session**

**OTHER:** Other professional services you may require, such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations with other professionals that you have authorized, preparation of records or counseling summaries, or the time required to perform any other service, are billed on a prorated basis of the individual therapy fee.

**My fee structure is reassessed annually. Fees are kept within the usual and customary schedule.**

**Billing and Payments:**

**You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement.**

**Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, a fee adjustment or installment payment plan may be negotiated. To avoid collection problems, please provide a credit card number that I may use to charge any outstanding balance. If your account is more than 90 days past due, and suitable arrangements for payment have not been agreed to, your credit card will be charged. You will of course be notified of the charge on the day it is made.**

**However, you, and not your insurance company, are responsible for full payment of the fee to which we have agreed. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers, in addition to your deductible amount, expected co-pays and/or co-insurance. In my experience, many insurance companies do not adequately provide for psychotherapy services, so we will need to decide what will occur if your insurance benefits expire prior to your completion of therapy. You should also be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis and, sometimes, additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it.**

**Confidentiality and Mandated Reporting:**

**In general, law protects the confidentiality of all communications between a client and a psychotherapist, and I can only release information about our work to others with your written authorization. However, there are a few exceptions. The most common ones are listed below.**

**Child Abuse and Neglect/Elder Abuse –**

**There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. For example, if I believe that a child,**

**an elderly person, or a disabled person is being abused or neglected, then, I am required by law, as a mandated reporter, to make a report with the appropriate state agency.**

#### **Serious Threat to Health or Safety –**

**If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization for my client. If a client threatens to seriously harm him/herself, I will seek hospitalization for the client, or contact family members or others who can help provide protection.**

#### **Judicial and Administrative Proceedings -**

**In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.**

#### **Consultation & Confidentiality:**

**I may occasionally find it helpful to consult about a case with other mental health professionals, outside of my practice. In these consultations, I will not reveal your name. The consultant also is legally bound to keep the information confidential. During the occasions when more than one client is in the room or a client is in the waiting room, I ask that you keep confidential whatever was discussed or seen. I cannot be held responsible if other clients or family members break confidentiality. 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 next meeting.**

#### **Client – Psychotherapist Services Agreement**

**Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. This includes, as a partial summary:**

**Cancellation Policy: 24 hour notice is necessary to avoid a charge. I understand that my insurance or EAP does not cover the cost of missed sessions.**

**Billing & Payments: The client is ultimately responsible for payment of all fees, such as, copays, deductibles, co-insurance and non-covered services.**

**Fee Information: There may be charges for phone calls over 10 minutes and/or for additional services, such as letter writing.**

**Confidentiality: Under the law, all therapists are mandated reporters.**

**Your Co-Pay is due at the time service (unless other arrangements are made).**

---

**Your signature** **Date**