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THERAPIST-CLIENT SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies and is intended to provide you with information necessary to make informed decisions regarding your participation in psychotherapy.

PSYCHOTHERAPY SERVICES

Therapy is a relationship between people that works in part because of 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. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

RISKS AND BENEFITS OF PSYCHOTHERAPY

Most people enter psychotherapy when stress becomes an overwhelming burden, relationship conflicts and parenting problems spiral out of control, or feelings such as anger or depression interfere with work, academic or leisure activities. Some people enter therapy in a desire to grow rather than alleviate a crisis. The goal of many psychotherapy clients is reduction of problems and emotional suffering, improved interpersonal relationships, and greater satisfaction with their lives. However, along the course of therapy, some individuals may experience an exacerbation of problems or symptoms. This condition may be temporary as difficult material is worked through. Significant others in a client's life may experience trouble adjusting to changes a client makes, causing new or different conflicts. Even when families are in pain, the system prefers to stay the same and not change. Changes in a therapy client may challenge the attitudes and behaviors of their friends, family members or co-workers. Clients have the right to be informed of this possibility at the outset of treatment. Potential benefits of therapy include more fulfilling relationships, elimination of compulsive/addictive behaviors, more effective modes of parenting, improved communication and conflict resolution skills, reduction of anxious feelings, chronic worry or depressed mood, and increased hope for the future.

APPOINTMENTS

Appointments will be 50 minutes in duration, once per week at an agreed upon time. Some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session please provide 48 hours' notice. If you miss a session without cancelling, or cancel with less than 48 hour notice, you will be responsible for the cost of the missed session. When possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still end on time.

PROFESSIONAL FEES

The fee for the initial consultation and assessment session is \$300. The standard fee is \$175 per 50 minute session. Payment is expected at the time of service. I accept cash, checks or autopay via Venmo or Zelle. I do not accept credit card charges. Checks returned to my office are subject to a \$30 fee to cover the bank fee that is incurred. Please have payment ready at the beginning of the session to avoid infringing on your session time. Professional services provided, including phone calls exceeding 15 minutes, report writing, attendance at meetings, consultations or performing any other service at your request will be charged at the standard fee on a prorated basis. If you anticipate becoming involved in a court case, 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 for the professional time required even if another party compels me to testify. The standard fee may be increased periodically. You will receive reasonable notice of such an increase. Psychotherapists are permitted to release financial information to a collections agency, attorney or small claims court if you are delinquent on paying your bill. If an unpaid balance accrues, it may be turned over to a collections agency or small claims court. Client are responsible for any service charges, collection fees or legal costs are incurred as a result.

INSURANCE

In order to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. Many health insurance policies will provide some coverage for mental health treatment. I am not a participating provider with any health insurance plans. At your request, I will provide you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out of network providers. If you prefer to use a participating provider, please contact your insurance company, or, when possible, I will refer you to a colleague.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychotherapy services that I provide. Your records are maintained in a secure location. I keep brief records noting that you were here, your reasons for seeking therapy, the goals we set for treatment and your progress, your diagnosis when relevant, topics we discussed, any medical, social and treatment history or records I've received from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

Therapists are expected to keep session content confidential. That information may only be released to disunited parties by written authorization of clients or legal guardians. However, you must be

informed that there are certain exceptions and limitations to confidentiality. These limitations generally concern safety and wellbeing of clients and significant others.

1. Therapists are mandated reporters and as such are required by law to report a reasonable suspicion of abuse or severe neglect of children (under 18 years of age), dependent adults and elders (65 and older) to appropriate authorities. The purpose of the reporting requirement is the protection of our most vulnerable members of society.
2. Therapists are legally and ethically required to act to maintain safety in dangerous situations, particularly imminent threat of suicidality, homicidality or destruction of property that could endanger others. Imminent threat is a disclosure of serious intentions. Intentions means not only a desire to act, but also a plan of how to act, the means to carry out the plan and an imminent timeline. It does not include fantasies, desires or wishful thinking. The therapist may have to break confidentiality by notifying the client's family members or friends co-workers or employers, intended victims and/or law enforcement to ensure that safety.
3. If clients introduce their mental status into legal proceedings, the court could subpoena their records. Additionally, if a client is involved in a legal proceeding (divorce, custody dispute), therapist records could be subpoenaed. If a therapist receives a court order to release information, the therapist must comply. In some cases, the court is satisfied with a summary of the client's records.

CONTACTING ME

For scheduling correspondences, you may communicate with me via text message. If you need to contact me between sessions for any other reason, you may call my telephone. I am often not immediately available by phone, and you may leave a message on my confidential voicemail, and your call will be returned as soon as possible. It may take up to two days for me to return your call regarding 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 and/or if you feel unable to keep yourself safe, either:

1. Go to your nearest emergency room, or
2. Call 911. I will make every effort to inform you in advance of planned absences and provide you with contact information of a mental health professional covering my practice during those times.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with respect and care. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, notional origin or source of payment. You have the right to ask questions about any aspect of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this agreement and the notice of privacy practices and agree to their terms. Signature of Client or Personal Representative Printed name of Client or Personal Representative Date

Client /Guardian _____
[Name] [Signature]

Client/Guardian _____
[Name] [Signature]

Date _____