**SARAH SHAPIRO, LCSW-C**

P.O. Box 517

Stevenson, MD 21153

443-845-0343

[sarahshapirolcswc@gmail.com](mailto:sarahshapirolcswc@gmail.com)

**CLIENT SERVICES AGREEMENT**

Welcome to my practice. This document contains important information about my professional services and business practices. Please read it carefully and feel free to ask me any questions. When you sign this document, it will represent an agreement between us.

**Counseling Services**

We will be engaging in short-term counseling designed to help you identify problems, explore options, and develop a plan to achieve your goals. If, during the course of our session(s), I feel you and/or your family members have issues that may benefit from longer-term counseling, I will make this recommendation and may provide you with referrals upon request.

**Professional Fees**

My fee for professional services is $100 per 50-minute session. If our 50-minute time period ends and we mutually agree to continue our counseling session, you will be charged at the same rate for the amount of overage time. I also reserve the right to charge at the same rate for any additional professional services I provide including, but not limited to, report writing, extended telephone conversations or email correspondence, meetings with other professionals you have authorized, etc.

Please be aware that I am not on any health insurance panels nor will I submit any claims to health insurance providers on your behalf. For clients to utilize insurance, clinicians are required to provide information such as service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries to their insurance company and/or their managed care company. Given the short-term nature of our counseling arrangement (usually one to five sessions), I do not feel it is appropriate or cost-effective for me to provide this type of information to your insurance company or your managed care company.

**Cancellation Fee**

If you are unable to come for a scheduled appointment, please provide me with at least

24 HOURS NOTICE. This allows me the opportunity to offer this appointment time to another client. I reserve the right to charge at my full rate of $100 per 50-minute session if you do not provide me with 24 hours notice of cancellation.

**Payment**

Payment is due at the time of each session. There will be a charge of $25 for each check that either needs to be re-deposited or is returned unpaid.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going to small claims court which may require me to disclose otherwise confidential information. If such legal action is necessary, its costs, including reasonable attorney fees, will be included in the claim.

**Emergencies**

I am often not immediately available by phone, but if you leave me a message, I will return your call as soon as possible. However, in an emergency, please call 911 or go to your nearest emergency room.

**Confidentiality**

In general, the information revealed to a therapist is protected by State and Federal Law, and will not be shared with any other person, organization or agency. Except in the circumstances identified below, I will release information about you only if you provide a written request. The following are EXCEPTIONS TO CONFIDENTIALITY:

1. If a therapist believes that a client is likely to cause serious harm to himself/herself or to someone else, the therapist is obligated by law to take action to protect that client or any potential victim. This action includes contacting others such as family members, other professionals and/or law enforcement.
2. A therapist has the legal requirement of reporting to the appropriate protective agencies: a) the suspicion of child abuse or neglect; and b) the suspicion of abuse, neglect, self-neglect or exploitation of a vulnerable adult.
3. When a court of law issues a court order, a therapist is required by Maryland State law to comply fully, which includes testifying and the production of all records.
4. Minor children have limited confidentiality with respect to parents. For clients under 18 years of age, while the specific content of client-counselor communications is confidential, parents have a right to receive general information on the progress of treatment.
5. Where the client is separated or divorced and is the parent of a minor, the therapist will follow the current legal requirements regarding the disclosure of a minor’s treatment to each parent.
6. Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
7. Clients who choose to communicate with their therapist by email should be aware that all emails are retained in the logs of their and the therapist’s internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Clients should also be aware that any email exchanges they have with their therapist become a part of their legal record.
8. Mental health professionals occasionally find it helpful to consult about a case with other professionals. In these consultations, the mental health professional does not reveal the identity of the client and the consultants are legally bound to maintain confidentiality.

**Agreement to Terms**

Your signature below indicates that you have carefully read all of the information in this document and you agree to abide by its terms.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s Name Printed Second Client’s Name Printed (if applicable)**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s/Guardian’s Signature Date Second Client’s/Guardian’s Signature Date**