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## **THERAPY INFORMATION AND AGREEMENT**

Welcome to my practice. This brochure answers questions that are often asked about therapy. It is yours to keep. Please read all of it and make sure to ask questions about sections that seem unclear to you.

### **About Psychotherapy**

I strongly believe it is important feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you.

The first two to three sessions are introductory and evaluative. I will be asking you a lot of questions about what brings you to therapy and your history. At the end of this period I will be able to offer some initial impressions of what our work might include, and we can talk about treatment goals and plan. We can discuss how we think the relationship is progressing and decide if it makes sense for us to work together. Therapy involves a commitment of time, money, and energy so it is important for you to have a therapist with whom you feel comfortable and safe. Please feel free to ask questions at any time about the process of therapy, my therapy style, or whatever else comes to mind.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. For example, therapy can help lift a depressed mood, or help someone no longer feel afraid, angry, or anxious. There is a chance to talk things out fully until feelings are relieved or problems are solved. Relationships and coping skills may improve greatly. Personal goals and values may become clearer. In addition to benefits there are also risks in therapy. For example, there is a possibility that you will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other feelings. Feelings or memories can sometimes surface at work, in school, or in relationships. Most of these risks are to be expected when people are making any important changes in their lives. Finally, it is possible with all of our best efforts that therapy may not turn out the way we hoped. I am here to help with all of the possible difficulties that can occur as a result of therapy, and I always encourage people to bring any issues or questions up in session to discuss and get support and validation.

### **About Our Appointments**

In most cases I meet with people for a 50-minute session once a week. If you need a different schedule we can discuss if it will affect your treatment to do so. Please try not to miss scheduled sessions if you can possibly help it. You will be charged the full fee that insurance would pay for a session in addition to your co pay if you cancel with less than 24 hours notice.

## **About Confidentiality**

I respect and will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept private. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you go to court for any reason, I may then be ordered to show the court my records. 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.
2. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat.
3. If I believe a child, elder or disabled person has been or will be abused or neglected, I am legally required to report this to the authorities.
4. I may consult other professionals about your case. This helps me in giving high-quality treatment. If I choose to consult, I do not reveal your name or any specifics of your case through which you might be identified.
5. If your sessions are paid for by you insurance, your insurance company will require I formulate a diagnosis and will sometimes ask for information on symptoms and my treatment methods before they will authorize payment. This information will become part of your permanent medical record. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits. I use a HIPAA compliant online billing tool to bill your sessions to insurance. If you have questions about your diagnosis, other parts of your record, or the billing process please let me know.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. You may change this authorization at any time by providing me with verbal or written notice.

If you refer someone to me for therapy with which you have a relationship, all parties will need to know the situation and there will need to be an intentional verbal or written agreement including all parties.

There is a more comprehensive explanation of your rights involving your privacy and health information in the Notice of Privacy Practices that you will receive at the same time you receive this brochure. Please review the information carefully and make sure you understand the information. I will answer any questions you have about this and other issues at any time.

## **Professional Records**

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a locked file cabinet in the office at 552 Massachusetts Avenue, Cambridge, MA, which is also kept locked when not in use. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your

diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. I do not use tests or inventories in my practice. 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.

### **Fees, Payments, and Billing**

My current fee is \$140 for the initial session and \$130 for all following 50-minute sessions. Please pay for each session at its end using cash, credit card, or personal check. If you are using insurance, please have your co-pay ready at the time of visit.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. Some insurance plans have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay the full fee for initial sessions with me until your deductible has been met. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

If I am not a participating provider for your insurance plan, I can try to bill as an out of network provider. Please note that not all insurance plans reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

If there are any questions or issues with your ability to pay, your insurance, the amount I am charging, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

### **If You Need to Contact Me**

I cannot promise that I will be available at all times. You can always leave a message on my confidential voice mail, and I will return your call as soon as I can. Generally, I will return messages within 24 hours except on vacation, weekends, and holidays.

I do not use email, text, or instant messaging to discuss or respond to any clinical issues, they are both methods of unsecured communication so I cannot guarantee confidentiality. I also do not communicate, friend, accept friend requests, or follow you in a social media forum. These are also methods of unsecured communication and I cannot guarantee confidentiality.

### **Emergencies**

If you have a psychiatric emergency or crisis outside of a session, you may call me at 617-821-6029. Please note that email or text should not be used to contact me during an emergency. If you cannot reach me by phone or wait for me to return your call (generally, I will return messages

within 24 hours except on vacation, weekends, and holidays) you need to go to your local hospital emergency room or dial 911 immediately. If I determine in a session that you are at serious risk to hurt yourself or others I will notify the local crisis team for an evaluation.

**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 care and respect. You may also request that I refer you to another therapist, and you 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, national origin, or source of payment. You have the right to ask questions about any aspects 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 with former clients.

**Our Agreement**

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have received, reviewed and discussed the Notice of Privacy Practices.

I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date