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Notice of Privacy Practices and Informed Consent

The following information provides an overview of the services I provide as a Licensed Mental Health Clinician and serves as an agreement between myself (the provider) and you (the client). Please read the following points carefully and make notes or questions you have for our next session. Periodically, we may review this agreement at any time as the therapeutic process deepens.

Services

Counseling is a relational process that requires the participation of you, the client, and myself as a mental health professional. My approach to our work together is based on my clinical training as well as your immediate concerns and needs (including your spiritual and religious orientation if you choose). My intent is to help you to strengthen your relationship with yourself and others, as well as to help you address a variety of life's challenges.

Risks of Counseling

Counseling requires a commitment of the both of us. At times, the process of therapy can often surface difficult emotions and memories; including fear, anger, sadness, and grief. These feelings are healthy and can lead to greater understanding and freedom to express our true selves and to live a life of purpose and meaning. In the event that these feelings become too difficult to manage, I am available by phone and, depending on your particular circumstances, will be available for additional face-to-face sessions.

Contact Information

I am available by telephone at _____ if you need to contact me. I generally check for messages each weekday and usually return calls as soon as possible, if I am unavailable for an extended time, I will leave a message on my answering machine, if we are currently working together I will inform you personally. In an emergency please dial 911 and go to the nearest hospital emergency room. I also communicate via email and text messaging to set up appointments only. I will not discuss your treatment via email or text messaging to protect your privacy and rights.

Confidentiality

Our sessions together will be kept between you and me. Legally, I am unable to discuss our sessions with anyone with the following exceptions:

- 1) You are planning to hurt yourself or someone else. These actions may include: My notifying a potential victim, contacting the police, or seeking hospitalization for my client.
- 2) I am mandated by a court of law to testify regarding a child custody dispute or a case in which your mental health is at issue.
- 3) I am able to speak with someone at your request only after you sign a release.
- 4) As a professional with high ethical standards I occasionally consult with a supervisor to ensure the best quality of care for my clients. In the event that a relevant part of work together comes up, I will keep your identity confidential.

Please note that I am a mandated reporter of child or elder abuse by law. If I believe that a child or elder is in danger I am required to report that information to the protective agency that governs these affairs.

Sessions

During the first two sessions, I will evaluate your current counseling needs so that we can assess if I am the best professional to meet your clinical needs. If we decide that your needs cannot be met through my practice, I will be happy to refer you to another mental health clinician who may best fit your therapeutic needs. Our sessions will last 50 minutes.

Cancellation Policy

If you are unable to attend a session, a 24-hour cancellation notice is required. If you do not cancel your session within 24 hours of your scheduled session, then a full charge of our agreed rate will apply. Insurance does not pay for missed appointments. Therefore, the payment for the missed session will be paid at our following session, by check or cash payment.

Professional Fees

My hourly fee is \$130.00 for a 50-minute session. Payments are required at the beginning of each session. I am available by phone to discuss issues as they arise. The first 10 minutes on the phone is free of charge. Additional time on the phone is charged at \$20.00 for every 5 minutes. If the call lasts an hour, then I will charge the regular session cost of \$130.00. If you do not show up to an appointment or do not cancel within 24 hours prior to the session, a full session's charge of \$130.00 will apply.

Insurance Coverage and Private Pay Fees

I accept various insurance plans and private pay. It is my goal to ensure that you receive services once we agree to work together.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to request a copy of your records upon a 24-hour advance written notice. I recommend that upon review of your records that we do so together so that I can be available to answer any questions you may have.

Minors

I will only provide your parents with your general progress in our work together. If I feel that you are at risk to yourself or others, I will notify your parents immediately with my concern. I will occasionally remind you of my professional responsibility to inform your parents of these concerns, and if possible discuss them with you.

Agreement

Your signature below indicates that you have read and agree to abide by the terms of our professional relationship. I agree that I have read and understand the contents of the "Notice of Privacy Practices and Inform Consent" and agree to the terms and conditions.

Signature: Client, or parent/guardian of minor child Date

Signature: Client, or parent/guardian of minor child

Printed Name Date

Mental Health Clinician's Signature Date

Updated: 8/16/2014