



## Concord Insight Partners

### Clinical Services Agreement

Welcome to Concord Insight Partners. I am looking forward to our working together. This document contains important information about our professional services and business practices. Please read it carefully and ask me any questions. It notifies you of many of your rights and responsibilities and will represent an agreement between us (you and your therapist).

#### **The Process of Change**

The process of making changes in your life can have both highs and lows. Since this process sometimes involves discussing challenging aspects of your life, you may experience an increased awareness of challenging emotions, discomfort in expressing and processing these emotions, and changes, positive or disruptive, in your relationships with others.

You may also experience many benefits. The process of change often leads to higher self-awareness and esteem, more satisfying relationships, solutions to specific problems, increased creativity, significant reductions in feelings of stress, and an overall improved sense of well-being and control of your emotions and life. There are no guarantees of what you will experience. However, you will benefit most from this process if you play an active role both in the session and in your personal life outside of our meetings. Your choice to enter into a professional relationship for therapy is a voluntary one, and you are free to terminate this relationship at any time.

#### **Confidentiality**

One of the greatest benefits of our services is that everything we discuss is confidential. In general, the law protects the privacy of all communications between a client and therapist, and I can only release information about our work to others with your express written permission. However, I am required by law to release information about our work to others *without* your permission in the circumstances listed here. If any of the following situations occur, *I will discuss the situation with you before taking any action, if possible.*

1. If I have reason to suspect that a minor, elderly person or dependent adult is being abused, I am legally obligated to take action to protect them from harm and must file a report with the appropriate state agency.
2. If a client threatens self-harm or if I deem a client gravely disabled, I am required to take protective actions that may include hospitalization for the client and/or contacting authorities, family members, or others who can help provide protection.
3. If I believe that a client poses a serious and imminent danger of violence to others, I am required by law to take protective actions that may include notifying the potential victim(s), contacting the police, or seeking hospitalization for the client.
4. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some proceedings, a judge may order my testimony if s/he determines that the issues demand it. If you are ever involved in a court proceeding, please consult with a lawyer about the legal implications of the proceeding and with me regarding its clinical implications.
5. For clients who are under 18 years of age, general treatment progress, not specific details, will be reported to parents or guardians.

My consulting with other professionals in my field is a customary practice and occasionally needed for more effective work with you. During a consultation, no names or other identifying information of the client(s) are revealed. The consultant is also legally bound to keep the consultation confidential.

### **Initial Evaluation**

Normally, an initial evaluation lasts approximately 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your goals. By the end of the

evaluation, I will be able to offer you some first impressions of what our work will include and a suggested course for goals if you decide to continue working with me. If you have any questions, please discuss them with me as they arise.

### **Fees, Scheduling, and Sessions**

All sessions are located in our offices at 747 Main Street, Suite 219 in Concord, MA. Our fees range from \$100-\$200 per session or consultation, depending on the nature, duration, and frequency of the service. Sessions are by appointment and are 45 minutes in length. We usually schedule one 45-minute session (one appointment of 45 minutes duration) per week at a mutually agreed upon time. There may be occasions when it will be more effective for us to meet more frequently or less frequently, and we will decide on that together. The fee for the service(s) you have requested will be written at the end of this document above the signature lines.

You (or your parent or guardian if you are a minor) are responsible for payment of your full fee at the beginning of each session. We accept payment by MasterCard, Visa, American Express, cash or check, and checks should be made out to Concord Insight Partners. Please note that you will be charged a \$35 returned check fee for any payment returned because of insufficient funds. Should there be any increase in fees, you will be given 60 days advance notice.

Fees for phone consultations with you or any other person *that you have authorized* to be included in your progress will be charged on a pro-rated basis of the above fees. There is no fee for brief phone conversations lasting under 5 minutes. *I will not engage in any outside consultations that result in a fee to you without your prior consent.*

### **Insurance**

Concord Insight Partners does not accept insurance as a form of payment for services. If you have a PPO plan, and wish to use it, we can provide you with necessary documentation to submit to your insurance company. Concord Insight Partners does not guarantee PPO or any other insurance coverage. Please be aware that you will be responsible for submitting information to and obtaining reimbursement from your insurance company.

Our services often qualify as tax-deductible medical or business expenses. Please consult your tax advisor.

### **Cancellation Policy**

If you must cancel an appointment, please contact me to reschedule **at least forty-eight (48) hours** prior to your appointment time, so that this time can be offered to someone else desiring services. If you have missed or cancelled an appointment with less than 48 hours notice, you will be responsible for the regular fee for the missed session. You have the option to make up this session within 6 calendar days, assuming I have a time available; the missed-session fee will then apply to this make-up session. E-mail cancellations are not accepted.

### **Professional Records**

The laws and standards of my profession require that I keep treatment records that document general progress and dates of sessions. If you so desire, you may request a summary of your record once per calendar year if you would find that helpful.

### **Minors**

If you are under 18 years of age, please be aware that the law provides your parents/guardians with the right to examine your treatment records. For a better working relationship, I often request that your parents/guardians do not access your records. If they agree, I will provide them only with

general information about our work together, unless I feel that there is a high risk that you will seriously harm yourself or someone else, if you are being abused, or if you are abusing someone else. Should these circumstances arise, I will discuss the matter with you, if possible, before notifying anyone else. Hopefully, we will be able to notify your parents/guardian together and with your consent.

### **Contact Information**

**Phone:** 978.369.1013

**Street Address:**

Concord Insight Partners, LLC

747 Main Street, Suite 219

Concord, MA 01742

If you are unable to reach me by telephone, please leave a voice message. I usually return calls within 24 hours, with the exception of weekends and holidays. Please note that messages left on Friday afternoon will most often be returned the following business day. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact if necessary. Cell-phones and E-mail are not secure forms of communication, and I cannot guarantee that the information you disclose on a cell phone or e-mail will not be intercepted by a third party. Please consider this when communicating in these ways. E-mail messages are not considered appropriate ways to cancel sessions or to inform me of other information pertinent to our work together.

### **Emergency Procedure**

If you are unable to reach me and feel that you are in an emergency situation, please call 911 or contact your primary care physician or your nearest emergency room.

### **Termination of Treatment**

Ending our work together is an important part of the therapy process and often provides significant learning. Planning the end of your treatment should be a decision that we make collaboratively. Since closure and ending are important parts of successful treatment, I would like you to agree to plan the ending of your therapy with me and to say "good-bye" in a session, not on the phone or by letter. If you think this might be difficult for you to agree to, please discuss this with me in advance.

### **Signature**

Your signature below indicates that you have read and understand Concord Insight's **Clinical Services Agreement**, and that you agree to abide by these policies during our professional relationship. Thank you.

Fee: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_