

Rhonda R. Pais, MSW, LICSW

Licensed Clinical Social Worker

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Client Agreement

Please read the following information carefully. It contains important information regarding the policies of this practice, payment, missed appointments and emergency coverage.

Informed Consent To Treatment

Psychotherapy creates a unique, more intimate type of professional relationship. This relationship functions most effectively when it remains strictly professional. As your therapist, I can best serve your needs by focusing solely on therapy and avoiding any type of social or other business connections. Counseling and psychotherapy are beneficial, but as with any treatment there are inherent risks. During counseling, you will have discussions about personal issues, which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, however, it is my desire to work with you to attain your personal goals for psychotherapy.

Missed Appointments/Late Cancellations

The time at which we have agreed to schedule for our appointments is a shared responsibility. I have set this time aside specifically for you and you agree to attend sessions. When you know of a situation that will require you to cancel an appointment, I request 24 hours notice. This will allow me to arrange to use that time in your absence. You will be charged \$100.00 for appointments missed without adequate notice. This charge is your responsibility and cannot be billed to insurance. I realize that emergency situations do occur, so please contact me to explain the circumstances requiring you to miss our appointment.

Payment

Payment is due at the time of service. You may choose to use your health insurance if I am a contracted provider with your insurance company for Mental Health Services under your plan. I will bill your insurance company for services provided. You are responsible for deductibles and/or copayments, which are due at the time of your appointment. If I am not a contracted provider with your carrier, then the cost of services will be your responsibility and is due at the time of the appointment. Usual and customary fees for psychotherapy services will be provided at intake.

Professional Fees

There is a charge for written correspondence requested by clients. This would include correspondence such as letters to other practitioners, disability applications, report writing, attorney requests, etc. This service is billed at \$150.00/hour with a 2 hour minimum. Insurance will not pay for written correspondence. I do not charge for customary insurance billing. Services provided outside of the office, such as school consultations, legal proceedings, etc. are charged by the hour at \$150.00/hour plus travel expenses. Fees for requested record copies will be billed at \$.78/per page up to 100 pages, \$.40 in excess of 100 pages, plus \$25 clerical fee, and postage.

There is a charge for phone consultation and phone sessions lasting longer than 10-15 minutes. Phone sessions are billed at \$130/hour.

There is a \$25.00 fee for any returned check.

Emergency Coverage

You can reach me by calling my office phone number 781-974-6895 during regular office hours. I will make every effort to return all non-urgent messages within 24 hours. Messages left after 8pm and on weekends will be returned on the next business day. Given that text messages are not protected by HIPAA (the privacy laws), I am only comfortable using them for scheduling purposes. In the event of a clinical emergency, please call me at 781-974-6895 and I will return your call as soon as I am able. If you cannot reach me or cannot wait for my return call, please get yourself safely to the nearest emergency room or call 911. Please also contact me to notify me of your situation. When I am scheduled to be away from the office or out of town, I will have the name and phone number of a covering therapist on my voicemail.

Confidentiality

I follow all ethical standards prescribed by state and federal law. I am required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted in the Notice of Privacy Practices provided to you. Discussions between a therapist and a client are confidential. No information will be released without your written consent unless mandated by law. By signing this Client Agreement, you are giving consent to the Therapist to share confidential information with all persons mandated by law and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned Therapist from any departure from your right of confidentiality that may result.

Email/Text Message Policy

If you need to contact me, it is always best to call my office phone number. However, when using email/text message please limit communication only for the purpose of arranging or modifying appointments. Please do not email/text message me content related to your therapy sessions, as email/text message is not completely secure or confidential. If you choose to communicate with me by email/text message, be aware that all emails are retained in the logs of your and my 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. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Incapacity Or Death

I understand that, in the event of the death or incapacitation of the undersigned Therapist, it will be necessary to assign my case to another therapist and for that Therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned Therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

Social Media

I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Your privacy and confidentiality are my utmost concern.

