

Working Relationship Agreement

Amanda Harmon, LCSW

APPOINTMENTS

Appointments are typically scheduled on a weekly basis; however, I attempt to schedule appointments at a frequency that is best for you and your situation. Therefore, we may decide to meet more or less frequently, depending on your need. However, in order to continue treatment, clients MUST meet with me a minimum of 1 time per month. If you are taking an extended break of more than 1 week, you must notify me and discuss how this effects your treatment.

If you are not seen within 1 month from your last appointment, and you have not submitted in writing to me a letter re: taking a break from therapy, I cannot guarantee that your regular appointment slot will still be available. Furthermore, if I do not see a client for more than 31 days, I may discharge that client from my services and refer to another provider.

Additionally, if your schedule changes due to work or other commitments, I will do my best to accomodate your schedule so that you can continue to see me as your provider, however I cannot guarantee that I will be able to accomodate schedule changes.

CANCELLATIONS

There is no charge for appointments cancelled or rescheduled at least **48 hours in advance**. With shorter notice, you are **agreeing to pay for the time you reserved, and you will be billed \$60.00**. Emergencies are handled on a case by case basis, and should be discussed with me at your earliest convenience.

If you are going to be **more than 15 minutes late** for your session, **please call me to let me know**. After 15 minutes past your session start time, if I have not heard from you I will assume you are not attending and I cannot guarantee that I will still be here when you arrive.

If any client cancels with late notice (less than 48 hours, unless in case of emergency) or is a no show for an appointment 3 or more times in a 6 month period, you may be discharged from my practice and referred to another provider. Additionally, if clients are rescheduling appointments on a consistent basis, you may be referred to another provider.

FEES & PAYMENTS

Fees may change over time, but you will be informed of any potential rate increases well in advance. Insurance may be utilized from a provider, with which I am in network. Non-insurance Fees for services are as follows:

In office visits: \$150.00

E-Therapy/Online Therapy: Online therapy, also known as e-therapy is a relatively new development in mental health in which a therapist provides psychological advice and support over the Internet or phone. **Most insurances do not cover this service.**

I will now offer services through e-mail, phone and video conferencing for clients either currently or formerly in treatment. **These services are not covered by insurance.**

Online Consultation via Skype or FaceTime: 50 minute session: \$200.00

Phone Sessions: 45 minute session: \$150.00

Email Coaching/Mentoring: 15 minute email session: \$50.00 30 minute email session: \$100.00 Includes reading and answering

Educational observations, educational assessments, court testimony, and other meetings – billed at an hourly rate of \$150/hr + expenses (including preparation, meetings and travel time)

Written summaries, documentation for court and letters- billed at an hourly rate of \$150.00 per hour

A Sliding fee scale is available, per your request. All services will be pro-rated if less than the specified time is used.

PHONE CALLS, EMAIL & TEXT

Unscheduled phone calls in between sessions will be billed at a pro-rated session fee of \$150.00 per hour, for any calls lasting longer than ten minutes (this **does not include** regular calls for scheduling/administrative purposes). There is no charge for calls lasting less than ten minutes. **A bill will be automatically sent to you for this service.** A bill will be automatically sent to you for this service. If you are the parent of a child in my practice, a bill will be automatically sent to you for phone calls over 10 minutes.

Please note, **I do not return calls from Caller ID.** If you would like me to return your call, you need to leave me a message.

Because confidentiality cannot be guaranteed, **I do not communicate with clients via text message.**

INSURANCE

I do take 3rd party insurance, however for those networks with which I am not affiliated, I can provide you with a statement that includes all of the information you may need to file with your insurance company for reimbursement, per your request. Because all insurance plans vary, you should contact your insurance company directly to obtain their policies as to whether or not your sessions will be covered, and their procedures for reimbursement.

EMERGENCIES

I check voicemail twice a day and typically return phone calls within 48 hours on Mondays through Thursdays, and by the end of the day Monday for messages left Friday through Sunday. However, if you are experiencing a clinical emergency and are unable to reach me, please immediately call 911, or the 24-hour telephone counseling line at 211.

If the matter is urgent and you feel like your safety is at risk, especially if you are feeling suicidal, **please call 911 or go directly to the closest emergency room.**

CONFIDENTIALITY

I will maintain confidentiality around anything that you discuss with me; however, there are some exceptions to confidentiality as dictated by the law, which are detailed in the handout called Limits on Client Confidentiality. Please discuss with me any questions or concerns you may have regarding confidentiality prior to our working together, but certainly do so throughout the course of your treatment if you are ever unsure. Please note, if you are 18 years of age or older, regardless of who is paying for your therapy, I need a signed release to speak to anyone (including parents) about your treatment.

OUR AGREEMENT

The therapy process exists to serve you in a manner that is comfortable and appropriate to you. I am working in your interest, and my role is to help you identify and reach your goals. I encourage you at any time to discuss with me any feelings, concerns, or thoughts regarding the methods or policies of your therapy.

I have read and understand the above information, and as the party responsible for payment, agree to these conditions.

Client Signature

Date

Client Printed Name

Parental Signature for Clients Under Age 18

Date

