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PROFESSIONAL THERAPY AGREEMENT

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing it at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

- 1. Sessions frequency and duration.** I understand that each therapy session is 50 minutes long, although some sessions may be longer or more frequent. I will usually schedule one 50- minute session (one appointment hour of 50 minutes duration) per week at a time we agree on.
- 2. Professional fees.** My hourly fee is \$75-120 depending on the length of session. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meeting with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing my other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.
- 3. Billing and payments.** You will be expected to pay for each session at the time it is held, unless agreed otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. (In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.) Depending upon your insurance policy, a co-payment may also be required. Amount may vary depending on the plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the options of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims

court. (If such legal action is necessary, its cost will be included in the claim.) In most collection situations, the only information I release regarding a patient's treatment is his/her name the nature of services provided, and the amount due.

- 4. Insurance reimbursements.** In order for us to set realistic treatment goals and priorities, it is important to evaluate the resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever the assistance you need. I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what Mental Health Services your policy covers. You should read carefully the section in your insurance coverage booklet that describes mental health services. If you should have any questions about the coverage, please call your insurance company or I can call you insurance company of your behalf. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or in rare cases copies of an entire record. This information will become part of the insurance's company files and will probably be stored in a computer. I have no control over it once they have it in their hands. I will provide you with a copy of any reports I submit, if you request it.
- 5. Late cancels/no shows.** I understand that the therapist aims to create reasonable policies around client no-shows and late-cancels (less than 24-hours notice). Therapeutically, late-cancel or no-show fees keep clients accountable to their own self-care commitments. It also keeps a reasonable level of availability for clients to access the therapy that they need. I understand that late-cancels and no-shows take valuable time away from other clients. Financially, a schedule holds a finite number of revenue-generating appointments per week. I understand that the therapist counts on clients to attend scheduled appointments (with occasional exceptions for emergencies or serious illness). I understand that a no-show or late-cancel means another client cannot be scheduled for that hour. If I do not cancel my appointment at least 24 hours in advance, I understand that I am responsible for a late cancel or no-show fee (\$50). If I miss 2 or more sessions without 24-hour notice, the therapist reserves the right to terminate our therapy relationship. My therapist will let me know by telephone or email.
- 6. Confidentiality.** I understand that my therapist may discuss my case with another therapist if needed to provide the best possible treatment. Such discussions will remain private within the consultative relationship and all identifying details will be omitted to protect my privacy. In the event that my therapist reasonably believes that I am in danger to myself or another person, I specifically consent for the therapist to warn the person in danger and/or contact appropriate medical and law enforcement personnel. I am also aware that the therapist as a mandated reporter, must notify appropriate authorities if she suspects or are told of abuse involving children, elderly or vulnerable adults.

- 7. Communication.** It may become useful during treatment to communicate by email or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with your therapist, there is a reasonable chance that a third party may access your information, such as people in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages; your employer, if you use your work email to communicate with your therapist; unsecured internet in public places such as coffee shops or libraries, the Internet server administrators and others who monitor Internet traffic. If there are people in your life that you don't want to access these communications, please talk with your therapist about ways to keep your communications safe and confidential.

When you need to contact your therapist for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

1. By phone: (814) 392-4315. You may leave messages on the voicemail. Please do not leave any important health information or confidential information on voicemail. Though this line is confidential, telephones companies cannot always guarantee your privacy.
2. If you decide to use standard email, please know that you do so at your own risk. Standard email is a non-secure communication and the therapist cannot protect your privacy if you use it.
3. Please refrain from contacting the therapist using social media messaging systems such as Facebook Messenger, LinkedIn, Instagram, etc.

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 48 hours; weekends are excepted from this timeframe. I may occasionally reply more quickly than that or on weekends, but please be aware that this will not always be possible. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of town/country. Please speak to me about any concerns you have regarding our communication methods.

Please check yes or no for all the following and provide your initials.

CALLING: I give my permission to be called at:

Home: No Yes ____ (Please Initial) Cell: No Yes ____ (Please Initial)

Work: No Yes ____ (Please Initial)

VOICEMAIL: I give my permission for a message to be left on my voicemail, and that the therapist's name may be disclosed to others. No Yes ____ (Please Initial)

I authorize the therapist to transmit to me by non-secure media the following types of protected health information related to my health records and health care treatment:

1. Information related to the scheduling of meetings or other appointments
2. Information related to billing and payment
3. Responses to your emails or texts (if you send them) regarding your thoughts and feelings

No Yes ____ (Please Initial)

This authorization will terminate when I ask for termination in writing.

I have read the preceding, and understand the contents of this agreement. I agree to abide by the provisions set forth in this agreement. I have been given a copy of "Client Confidentiality, and "Notice of Privacy Rights - HIPAA," I have read and understand the information, and agree to the provisions set forth in "Client Confidentiality, and "Notice of Privacy Rights – HIPAA", and "Professional Therapy Agreement".

I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.

Client name _____ Signature _____ Date _____

Therapist name _____ Signature _____ Date _____