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Psychotherapy Professional Practices and Treatment Agreement

Welcome to my practice. This agreement contains important information about my professional services and standard practices. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). Please read this before our next session, and complete the demographic and release of information forms. We can discuss any further questions you have about this information then.

Psychotherapy

Psychotherapy can have benefits and risks. Since therapy can sometimes involve discussing unpleasant aspects of life, you may experience feelings that are uncomfortable for you. On the other hand, psychotherapy has also been shown to have diverse benefits to people who stick with it. Therapy often leads to deepening and sustaining awareness of yourself and how you relate to others. It can enable better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there cannot be guarantees of what you will experience.

I normally conduct an initial evaluation that will last from one to three sessions. During that time, we can both decide if I am the right person to provide the services you need. By the end of the evaluation, I should be able to offer some first impressions of what our work would include if you decide to continue therapy with me. You should evaluate this information along with your own opinions. Therapy involves a commitment of time, money, and energy, so it makes sense to take your time to find the right therapist for you and your specific needs. If you have questions about our work together, I encourage you to discuss them with me whenever they arise.

Length and Frequency of Treatment

Psychotherapy involves regularly scheduled sessions, 50 minutes in length. Duration and frequency vary depending of the nature of your concerns and needs.

Confidentiality

In general, the privacy of communications between a patient and therapist is protected by law, and I can only release information about our work together if you sign a specific written authorization. Other situations require only written, advance consent represented by your signature on this Treatment Agreement. These situations include contact with your insurance company if you are using health insurance to help pay for your therapy, or times when I feel it may be helpful for me to consult with another professional about your case. In the latter event, no information about your identity will be used.

Finally, by law, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in situations in which children or elders might be put at risk (such as by sexual or physical abuse or neglect). In situations such as these, I am obligated to take protective actions. These actions

may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. I would make every effort to discuss with you the actions I would take before taking them.

Fee Policies

My standard fee for an individual or couple psychotherapy session is \$180. I have a limited number of sliding scale fee slots for patients with limited income or financial hardship. I request payment at the time of each session, or weekly if you attend multiple sessions a week. These fees may be paid by cash, check, or credit card.

Insurance Reimbursement

You should be aware that if you are using your insurance to help pay for therapy, the insurance company requires that you authorize me to provide them with a clinical diagnosis. At times, I may be asked to provide additional information such as treatment plans or summaries, or in very rare cases, copies of the entire record. This information will become part of your insurance company files. By signing this Treatment Agreement, you agree that I can provide requested information to your insurance carrier if you plan to pay for psychotherapy with your insurance.

Cancellation Policy

The time(s) we meet on a weekly basis are for you and you only. If you are unable to meet at your scheduled time (because of sickness, work, child-care, etc.), please contact me as soon as possible, and I will do my best to find another time for us to meet that week or the following week. If I do not have any additional openings within two weeks, or if you are unable to meet at the time(s) that I can offer, you are responsible for the fee of your regularly scheduled session unless you have given me **48 hours notice** prior to cancelling.

Phone and Emergency Contact

If you need to contact me by phone, do not hesitate. If I am not available, I will do my best to return your call within the day. If you are unable to reach me and you have concerns about your physical safety, call 911 or go immediately to your nearest emergency room and leave a message on my voicemail with information about your situation and the best way to contact you.

If an extended conversation – more than 10 minutes – is needed by phone, I will charge you for this time at a prorated fee of your typical session fee. Please note that phone sessions typically are not covered by insurance plans; any extended phone contact will need to be paid out-of-pocket.

When I am away and unavailable for an extended time, I will leave on my voicemail the name and phone number of a colleague covering for me in the event that you need to speak with a psychotherapist urgently in my absence.

Freedom to Withdraw

You have the right to end treatment at any time. If you wish, I will give you the names of other qualified psychotherapists.