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TREATMENT CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains material regarding the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights. When you sign this document, you are acknowledging receipt of this information and it will represent an agreement between us. You may revoke this agreement in writing at any time. If you have any questions or concerns about anything contained in this document, please raise them with me directly.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general terms. It varies depending upon the personalities of the Therapist and patient, the problems being experienced, and the training and orientation of the practitioner. Psychotherapy calls for active effort and involvement on your part. In order for therapy to be successful, you will have to work on the things we discuss during sessions and on your own outside of therapy.

Psychotherapy has both risks and benefits, as the process often involves discussing unpleasant experiences and requires you to experience anxiety provoking feelings like grief, guilt and anger, for example. Research has demonstrated that engagement in just such a process helps patients on many levels - emotionally, physically and interpersonally. Despite these findings, there is no guarantee that you will experience any or all of these benefits.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impression of what our work will involve. You should evaluate my feedback along with your own reactions in order to decide whether working with me will be of help to you. Therapy involves a large commitment of time money and energy, so you should be thoughtful in your choice of therapist. If you have any questions about my procedures or approach, please discuss them directly with me as they arise. If you would prefer to work with someone else or feel you need another kind of treatment, I will do my best to provide you with an appropriate referral.

SESSIONS & PROFESSIONAL FEES

After the initial evaluation period, if we decide to work together, we will typically schedule one 50 or 75 minute session per week until you have reached your treatment goals. My fees are \$110.00/50 minute session, and \$150.00/75 minute session. Payment is expected at the beginning of each session time for self pay clients. If you request it, I will provide a monthly statement which you can submit to your insurance company for

reimbursement. For those using insurance, your co-pay is expected at the beginning of each session. As a courtesy, I will bill your insurance company for the remainder, provided you have given me accurate documentation of your coverage. If your insurance company denies the claim, you will be responsible for the remaining fees.

Once an appointment is scheduled, you will be expected to pay for it, unless you provide notice more than 24 hours in advance. If you provide less than 24 hours notice, you will be expected to pay half the cost of the session. If you do not show up, and do not call to cancel, you will be expected to pay the full cost of the session. Since I am not able to bill insurance for sessions you miss, you will be responsible for the full cost, without the benefit of insurance.

Other professional services, such as preparation of reports and other records, telephone conversations, consultation with other professionals (with your permission) and participation in other matters, are charged at the same rate if these go beyond the ordinary 15 minutes per week. These fees are not billable to insurance and will be billed to you directly.

I make every attempt to see you at your scheduled session. Occasionally, an urgent situation may prevent me from being able to meet you at the scheduled time. Any costs or expenses you have incurred as a result of this are yours and are not reimbursed in any way.

LEGAL PROCEEDINGS

Given my devotion and time commitment to all my clients, it is my policy not to be involved with nor participate in any litigation or court proceedings. If I somehow become involved in litigation or legal proceedings related to you either by yourself or a third party then you will be charged for that time. Fees for this work are charged at an hourly rate of \$150.00, with a \$1500.00 retainer expected in advance. This fee is related to all services and time such as consultation, testimony, record review, travel, etc. Additional fees may apply for other related expenses.

If you are involved in a court proceeding and a request is made for information concerning you (e.g., diagnosis and treatment), such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you may want to consult with your attorney to determine whether a court would be likely to order me to disclose information about you and how that could affect your case.

CONTACTING ME

Due to my work schedule and commitment to attending fully to each client during their session, I do not accept phone calls during appointments. I will do my best to return your phone call between sessions, before or after scheduled appointments and typically within 24 business hours. I will do my best to respond to urgent calls during the evenings and over the weekend, but cannot assure you that I will do so in a timely fashion. Therefore, in case of emergency, you should also contact your primary physician, visit your local emergency room or call 911.

I use email communication only with your permission and only for administrative purposes. That means that email exchanges with me should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters as email is not considered a confidential medium.

My policy regarding social media is to avoid all contact with clients through any other medium besides email or phone calls. In addition, I do not conduct searches or internet inquiries into clients' personal information. This is to protect client confidentiality and privacy, and to respect the client's self determination in the therapy process.

CONFIDENTIALITY

Your Protected Health Information, treatment, and professional record are confidential except as otherwise noted in this document.

Confidentiality is the foundation of the psychotherapeutic relationship. However, over the past few decades, the courts have legislated certain exceptions to confidentiality and I may be mandated by law to disclose certain material. For example: I am mandated to report any suspected child or elder (vulnerable adult) abuse; I must intervene if I feel you are in imminent danger of harming yourself or others: and, I must report if your impaired driving may result in imminent danger to others.

In regards to child abuse: if I have reason to suspect, on the basis of my professional judgment, that a child is or has been abused, I am required to report my suspicions to the authority or government agency vested to conduct child abuse investigations. I am required to make such reports even if I do not see the child as a client. I am mandated to report suspected child abuse if anyone aged 14 or older tells me that he or she committed child abuse, even if the victim is no longer in danger. I am also mandated to report suspected child abuse if anyone tells me that he or she knows of any child who is currently being abused.

Also, if a patient files a complaint or lawsuit against me or makes negative statements about me, I may disclose relevant information regarding that patient in order to defend myself. Additionally, if payments are delinquent, I may disclose needed information to a collection agency or attorney (you are responsible for all costs associated with the collection).

With your written permission, I may discuss your case (e.g., with other health care providers) or release your Protected Health Information for continuity of care or consultation. Please let me know if that is something you would like.

Please discuss with me any questions you may have about any of the outlined provisions.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature

Date

Printed Name