

Sarah Perl, LCSW PLLC – Resilient Self Therapy

291 Wall Street Suite 3R Kingston, NY 12401

OUTPATIENT SERVICES CONTRACT

Welcome to Resilient Self Therapy (RST). Since this is your first visit, we hope what is written here can answer some of your questions as you seek therapy. Please let us know if you want clarification on any of the topics discussed in this Outpatient Services Contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this Outpatient Services Contract.

PSYCHOTHERAPY SERVICES

We provide psychotherapy services for adults. The first appointment(s) serves as an intake appointment. We will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, we will give you some initial recommendations on what we think will help. If we do not think we are able to best assist you, we will give you names of other professionals who we believe would work well with your particular issues. If you do not agree with our treatment recommendations or do not think our personality styles will be a good match for you, let us know and we will do our best to suggest a different therapist who may be a better fit.

If you and your therapist decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual therapy sessions last 45 minutes unless otherwise arranged. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your particular situation. We also provide telephone and online therapy sessions when clinically indicated.

Therapy can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Although there are many benefits to therapy, there is no guarantee of positive or intended results. If during your work together with your therapist, noncompliance with treatment recommendations becomes an issue, we will make effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy service. We encourage you to discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include, but are not limited to, violence or threats toward us, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing out period of time. We may at times seek consultation with other therapists to ensure we are helping you in the most effective manner. We will give information only to the extent necessary, and we make every effort to avoid revealing the identity of my clients. The consultant is also under a legal and ethical duty to keep the information confidential.

ASSIGNMENT OF THERAPIST

If not during, within five business days following your intake appointment, you will be notified of your assigned therapist. This is a decision that is made on a consideration of the best fit between the issue bringing you to therapy/areas of clinical interest & expertise of the therapist, mutually available time to meet, and assigned fee. While all of the therapists at RST are trained, master level clinician's, some are working towards licensure and are practicing under the supervision of the practice's Clinical Director. If you believe that you and your therapist are not a good match, please bring this up with them as a point of further consideration, which they will explore with you and consider reassigning to a different clinician within the practice, if that's an available option. In the event that an outside referral is needed, your therapist will provide you with one.

In the event that you have a concern about your therapist that is unable to be resolved directly, you can leave a message for the Practice Owner/Clinical Director, Sarah Perl, LCSW-R at 845-768-3585.

AVAILABILITY BETWEEN SESSIONS

Sometimes things come up between sessions that might require additional support. If you feel that your support network is not available to you and/or your acute issue cannot wait until your next scheduled appointment, you can leave your therapist a message at the number that was given to you at the beginning of your treatment. When you leave a message, include your telephone number even if you think we already have it, and best times to reach you. They will make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from them within one business day, please leave a second message. We do not communicate through text message with clients so if you need to send your therapist a quick communication about scheduling or if you're running late for your session, email is best. Please don't communicate about clinical matters via email. If your therapist is unavailable for an extended time, we will inform you of the contact information for the therapist on-call during the absence.

If you are in an emergency situation and cannot wait for us to return your call, go to the nearest emergency room or call 911. Resilient Self Therapy is not a crisis facility. Do not contact us by email or fax in an emergency, as we may not get the information quickly

SOCIAL MEDIA POLICY & REVIEWS

In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. We do not accept friend requests from current or former clients on any social networking sites including Twitter, Facebook, LinkedIn, etc. We will not respond to friend requests or messages through these sites.

We will not solicit testimonials, ratings or grades from clients on websites. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. In some instances, at the planned termination of client status with our practice, the opportunity for anonymous testimonials may be collected. These are entirely voluntary. Our hope is that you will bring any feedback about our work together to the therapy session so we can address concerns directly.

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RATES AND INSURANCE

Therapy is a commitment of time, energy and financial resources. Resilient Self Therapy is not a contracted in network provider with any insurance companies. If you have health insurance and would like to use any Out of Network (OON) benefit that you may have, it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment. Some insurance companies require a precertification before the first appointment or they will not cover the cost of services.

Our current fees are as follows:

- Initial Intake Appointment: \$_____
- Counseling Sessions: \$_____

These fees are reviewed annually and an increase of \$5-\$10 per year applies to our rates every January 1st, applicable to all client who start treatment prior to July of each calendar year.

You, not your insurance company, are responsible for payment of the fee for therapy. Acceptable forms of payment include cash, check and major credit cards, FSA/HSA and payment in full is expected at the time of service. Checks for all services should be made out to Sarah Perl, LCSW PLLC. Any bank fees that are incurred to RST due to a bounced check will be the responsibility of the client. Cancellations, missed appointments and requests to reschedule without 24 hours notice will be subject to full fee charge, and insurance companies do not pay charges for missed appointments. FSA/HSA is not an accepted form of payment for a missed or cancelled session. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service.

We do not check insurance benefits for our clients and encourage you to check your Out of Network benefits prior to the start of treatment. In the event of a misquote, clients are still responsible for their copay/coinsurance/deductible amount that insurance reports after claims are submitted. You can find the number to call on on the back of your insurance card and there is a list of scripted questions to ask when calling under the FAQs section of our website.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes they will need additional clinical information. If you request it, we will provide you with information to send to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

PROFESSIONAL RECORDS

Both law and the standards of our profession require that we keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you agree that the requested information released

PATIENT ACKNOWLEDGMENT

I have read, understood, agree, and acknowledge receiving a copy of Sarah Perl, LCSW PLLC's Office Policies

Signature: _____

Name (Printed): _____

Date: _____