Sarah Dawson MSW, LCSW
112 Swift Avenue., Durham, NC 27705
(984) 377-2790

PSYCHOTHERAPY SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOLOGICAL SERVICES Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

APPOINTMENTS Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the full amount of the charge—not just the copay, the full allowed amount [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES Initial Session: The first session will be an assessment where we will cover various areas of your life to get a full picture and determine how I can help. The cost of the initial session is $125.00.

Ongoing Therapy: Individual therapy sessions typically last 45-50 minutes and cost $125.00.

Phone Sessions: Phone sessions are not covered by insurance. Phone sessions typically last the same amount of time as a face to face session. 55-60 minute phone sessions cost $50.

PRIVACY POLICY AND INSURANCE INFORMATION: I am in network with BCBS (Blue Value, PPO, and Indemnity plans only) and Medicare. My billing service will file claims on your behalf with these insurance companies for services rendered. I accept cash, check, and credit cards for the copay which is due at the end of each session. For out of network (OON) plans, the full amount is due at the end of the session. For insurance panels in which Sarah Dawson LCSW PLLC is deemed as an out of network provider, I offer to file the claim on your behalf via my billing service for possible out of network reimbursement with the understanding that you will not also attempt to file separate claims. Please note that not all policies offer OON benefits. Please contact your insurance company to inquire about coverage for out of network providers.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes. Please bring your insurance card to your initial appointment.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems.) All diagnoses come from a publication entitled DSM-V. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. **By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.**

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by cash, check, or credit card. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that

must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract.

PROFESSIONAL RECORDS I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING ME I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your local hospital's Emergency Department and ask to speak to the mental health worker on call, or call 911. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. For non-urgent, non-clinical matters, you may also contact me via email.

OTHER RIGHTS If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without

discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY **Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.** By signing below, you are agreeing to receive treatment from Sarah Dawson LCSW and that you understand you may withdraw this consent at any time. A withdrawal of consent will be done in writing and will include the reason for withdrawal:

FINANCIAL RESPONSIBILITY: Your signature below indicates that you agree to assume full responsibility for any and all current charges for services rendered by Sarah Dawson LCSW PLLC:

ASSIGNMENT OF INSURANCE BENEFITS: Your signature below indicates that you authorize and direct your insurance company or companies to make direct payment to Sarah Dawson LCSW PLLC under any and all applicable coverage including major medical, for covered charges resulting from services rendered by Sarah Dawson:

Signature of Patient

_____

Printed Name of Patient

_____Date: _____

Primary Insurance Information:

Insurance Company: _____

Co-pay: $_____ Deductible: $ _____ Co-insurance: _____%

Secondary Insurance Information:

Insurance Company: _____

Co-pay:$ _____ Deductible: $_____ Co-insurance: _____%

Optional:

___ Visa ____ Master Card ___ Other

Card Number: _____ Exp. Date: _____

CVV: _____ Zip code: _____

Card Holder Name: _____

I hereby give consent to charge the credit card indicated for any outstanding balance as a result of deductibles, co-payments, co-insurance, or other amounts due according to this agreement and information provided by my insurance company:

Signature: _____ Date: _____