

Client Service Agreement for Beverly Simmons, PhD, LCSW

Dear Client

Welcome to my practice. This letter of agreement is to acquaint you with the business aspects of our work together. The ethical and legal standards of my profession recommend that these arrangements be explained and agreed upon in writing before treatment begins. If you understand and agree to these terms, please sign and return one copy of this letter and keep the other so that you may refer back to this legal business contract between us.

Confidentiality

All sessions are confidential, and information is released only with your written consent other than in the following exceptions:

- I am required by law to report suspected child abuse or neglect or homicidal intent.
- I am required by law to report suspected suicidal intent.
- I am required by ethics to inform parents of behavior by a minor that endangers his or her life.

It is the standard of my profession to seek consultation with other mental health professionals without revealing identifying information. Finally, it is the standard of my profession that information may be used for teaching or professional publications without revealing identifying information.

Fees

The fee is \$315 for an initial 55-60 minute consultation (CPT Code 90791) and \$250 for a 38-45 minute (CPT Code 90834) follow-up session. Some clients request a slightly longer session of 53-58 minutes (CPT Code 90837), the fee for which is \$315. If you require alternative session lengths, I will do my best to negotiate that with you as a part of your work. However, I have a long history of maintaining a full practice and cannot guarantee alternative session lengths. Payment is due at the time of service.

Insurance

Raleigh Psychotherapy, PLLC is not contracted with any insurance panels. We do not file insurance directly, but will provide you with the paperwork that you need to file claims with your insurance company. We do not participate with Medicare, Medicaid or Tricare. If you are insured by one of these plans, please notify us as we must refer you to a participating provider.

Insurance Preauthorization

If you are planning to file for out-of-network benefits, it is important to know that most managed health care companies require that sessions be preauthorized. The initial authorization occurs when you call your insurance company to say that you intend to use your mental health benefits and that I am the provider that you will be seeing. If our work requires more sessions than those that are initially authorized, you will need to let me know before you exceed the number of authorized sessions so we can spend a few minutes during sessions completing necessary paperwork to request preauthorization of additional sessions. Because such requests involve sharing confidential information, we will complete them together so that you may approve the information that I am sending to your insurance company.

Cancelled Appointments

Continuity is critical to the work of therapy or coaching. I encourage you to make every effort to keep your scheduled appointments. However, if it is necessary to cancel an appointment, no charge will be made if you give 24 hours notice. Otherwise, you will be charged the full fee for holding the time regardless of the reason for the cancellation. Insurance will not pay for cancellations. You are accountable and responsible for keeping your agreed upon appointment schedule. My practice schedule remains booked, which does not allow availability for frequent reschedules or missed appointments. If you repeatedly cancel or reschedule appointments (even with giving 24 hours notice), I will have to refer you to a practice with greater flexibility.

Telephone contacts

Due to my work schedule, I am often not available immediately by telephone. If you need to contact me between sessions, please call 919.824.9102. If I do not answer you may leave a confidential voicemail at this number.

Telephone sessions

If you need to talk with me over the phone outside of our sessions, you will be responsible for payment of phone calls that last 10 minutes or longer. I will prorate the charge of the phone session per minute at a rate of \$4.50 per minute.

Email, Web Technology, and Social Media

I am unable to conduct therapy over email or social media. This is to protect client confidentiality and encourage direct response over the phone. Further, misunderstandings often happen in writing as the emotions of the writers are often unclear. If you need to contact me outside of sessions, please call my cell phone at 919.824.9102. The next paragraph highlights my policy on emergency contacts.

In case of emergency

In the event that you experience an emergency and need immediate attention, you should call my cell phone at 919.824.9102. Note that I am an individual provider and am not always immediately available to respond to calls. If you are in crisis and cannot immediately reach me, you should seek emergency care by:

1. Calling your psychiatrist or family physician
2. Calling the Wake County Alliance Behavior Health at **800.510.9132**
3. Calling the Wake County Mobile Criss team at **877.626.1772**
4. Going to your nearest hospital emergency department
5. Calling **911**

Acknowledgement of Client Service Agreement

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

Printed Name

Date of Birth

Signature

Date