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INFORMATION ABOUT MY PRACTICE

Welcome to my practice. This document contains important information about my professional services and business policies. Please read this information and raise any questions or concerns you might have with me. When you sign this document, it will represent an agreement between us.

I am a licensed Massachusetts psychologist and subject to the laws governing the practice of psychology in the Commonwealth of Massachusetts. "Licensure" insures that I have been accredited by the Massachusetts Board of Registration of Psychology. It indicates that this Board deems me competent to practice in my field, and oversees the conduct of my practice. If there were ever any question about my professional comportment, this issue could be referred to the Board for appropriate investigation.

Counseling and Psychotherapy

Counseling and psychotherapy are not easily described in general statements. Therapy varies depending on the personalities of the psychologist and the client, and the particular concerns you bring forward. Therapy may take a few sessions for a circumscribed problem and much more time for more complex circumstances and different goals. Our initial meeting(s) will involve our mutual exploration of your needs. During our first meetings, I will assess whether I can be of benefit to you. I do not accept clients for whom I believe I cannot helpful, and if this is the case, I will refer you to others who work well with your particular concerns and wishes. At an appropriate time I will be able to share with you some first impressions of what our work could involve. After that we will regularly discuss your goals in counseling and how to meet those goals. The benefits of counseling can be enormous, from reducing a source of fear and anxiety and learning new, more productive coping mechanisms to a complete life change and greater sense of well-being. The risks inherent in this treatment are that uncomfortable feelings may arise in addressing difficult emotional memories and experiences. I will make every effort to provide a safe environment for you to discuss your concerns. All of your questions are welcome.

It is important that you recognize that you have the right to refuse counseling with me, to request a change in counseling or a referral to another therapist, or to discontinue counseling. My goal is to help you feel comfortable talking with me about your hopes and concerns, and to get you connected with someone who is a good fit for you.

Appointment Scheduling

Sessions are usually 45 minutes in length. Depending on the situation, we will meet from between one or more times per week to one time every other week or month. This decision is based upon therapeutic needs, goals, financial feasibility, and a mutual agreement on what frequency best addresses your hopes and concerns.

The cancellation or rescheduling of a session must be in person or by phone and requires at least 24 business hours notice. Please keep in mind that missed appointments or cancellations with less than 24 hours notice are subject to **full fee payments** ($150.00 for a 45-minute session). Note that insurance companies cannot be billed for missed or late cancelled appointments. You will be responsible for the session fee at our next session or if you are no longer interested in meeting, by mailing a check or cash to my office address. If you are late for a session the remaining minutes are yours (e.g., if you're ten minutes late to a 45-minute session, we'll meet for the remaining 35 minutes). Consistency is an important factor in making progress in therapy. If appointments are frequently canceled, we may need to discuss whether continuing therapy makes sense.

It is likely that my office will be closed for vacation at certain points throughout the year (e.g., a period of time during the summer, between Christmas and New Year's Day, etc.). I will discuss with you in advance these planned absences.

In the case of an unexpected absence, such as one due to illness or other emergency, I will make every effort to notify with as much prior notice as possible.

Professional Fees

The fee for an initial evaluation session is $185.00. The fee for subsequent routine 45-minute psychotherapy sessions is $150.00. I also charge my established hourly rate, pro-rated in quarter hour increments for client-initiated phone consultations that are longer than 15 minutes in duration. If appropriate treatment requires an on-site staffing with other professionals involved in your care or if you become involved in legal proceedings that require my participation, I will need to charge for my professional time, including preparation and transportation costs, even if (in the case of legal proceedings) I am called to testify by another party. Insurance companies may not reimburse for these services.

Payment and Insurance

Full payment for services rendered is appreciated at the time of service. Depending on your insurance carrier, I may agree to bill your insurance company as a courtesy on your behalf and to accept a co-payment at the time of service. However, please be advised that the ultimate responsibility for payment of services rendered is still yours. If your insurance company denies a claim, you will be responsible for the payment in full. It is your responsibility to be aware of the extent and limitations of your coverage. **I highly recommend that you check your insurance coverage, limits, deductibles, and co-pays**. If there are any changes to your insurance policy, it is important that you inform me promptly. Although I will do everything I can to collect payment from your insurance for any services that have been provided to you, I will **not** attempt to keep track of your deductibles or benefit limitations. If you have questions about your coverage, please contact your insurance company directly.

If you choose to use insurance coverage to pay for services, you should be aware that your contract with your health insurance company may require that I provide it with information relevant to the services that I provide to you for purposes of claims review, utilization review, quality assurance and peer review by the insurance company. Sometimes I am required to provide additional clinical information such as a clinical diagnosis, treatment plans or notes. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. It is worth noting that if you authorize disclosure of your individually protected health information (PHI) for insurance purposes, I cannot guarantee how the information I release to the insurance company will be handled. This information becomes part of your record in the company's files and is then subject to their confidentiality arrangement with you. Please review the section entitled "Notice of My Policies and Practices to Protect the Privacy of Your Health Information" to learn more about the use and disclosure of your PHI.

In the event of an overdue account, you would receive a phone call and/or warning letter, after which the matter would be referred to a collection agency. I reevaluate my fees every year. At the time that my fee does increase, I will discuss any proposed changes with you ahead of time. Feel free to ask me questions about any of this.

Termination and Follow-up

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least two termination sessions.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, I may talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate treatment at any time. If you choose to do so, I will offer to

provide you with names of other qualified professionals whose services you might prefer.

If you commit violence to, verbally or physically threaten or harass me, the office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes.

Dual Relationships

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. Please discuss this with me if you have questions or concerns.

Messages and Emergencies

Due to the nature of my work schedule, I am often not immediately available by telephone or email. If you leave me a message on my voicemail, I will attempt to return your call within 24 hours if you leave the message on a day when I'm in the office (Tuesdays, Wednesdays, Thursdays). If you leave a message at a time when I'm not in the office (Mondays, Fridays, weekends, holidays, or as discussed in advance), I will attempt to return your call as soon as I'm back in the office. If you are difficult to reach, please inform me of some times when you will be available. You may request that I let you know if I am calling you on my smartphone as these communications are potentially less private than phone communications over a landline. You may also contact me by email for scheduling purposes, but as with cell phones, please be advised that email is not a confidential form of communication. I sometimes do not have access to email, and as such, encourage you to call me if you need a more rapid response. Please refer to my Social Media Policy for more information about technology and communications with me.

If you are experiencing a mental health emergency when you contact me, please state this in your message. If you need immediate support and you feel that you can't wait for me to return your call, please contact your family physician, call 911 or go to the nearest emergency room and ask for the mental health clinician on call. If I will be unavailable for an extended period of time, I will arrange for on-call coverage with another psychotherapist.

I encourage you to ask any questions you may have about the matters discussed above, and invite you to raise with me any further issues that arise over the course of our work.

Thank you.

Consent for Counseling/Psychotherapy and to the Terms of the Agreement

I have read this statement of policy and understand its contents. I have asked any questions I have had about these policies. I voluntarily consent to therapy from Katharine Townsend, Ph.D. under the terms described above and understand that I have the right to terminate therapy at any time I desire.

Name of Client (Print): _____

Signature of Client: _____ Date: _____

I give consent for Katharine Townsend, Ph.D. to release to my health insurer information relevant to the services I have provided to you. Such information includes but is not limited to: diagnosis, treatment plan, and progress toward treatment goals.

Signature of Client: _____ Date: _____