

Diana Mayer, LCMFT
4405 East-West Highway
Bethesda, Maryland 20814
(202) 670- 0427
LCM488

AGREEMENT FOR THERAPY SERVICES

Diana Mayer, a Clinical Licensed Marriage and Family Therapist (“Practitioner”) agrees to provide services to the following clients:

a. _____

b. _____

The following establishes an agreement between the Practitioner and Clients:

Collaboration

Therapy is a collaborative process requiring responsibilities of both the Clients and the Practitioner. Clients participate in the development of their treatment plan and have the right to refuse recommended treatment and/or referral services. Termination of services may occur at Client’s discretion, by mutual agreement between Client and Practitioner, if Practitioner believes that a referral to a different provider would be in the best interests of the Clients, or if Clients fail to meet their payment duties.

Confidentiality

Guidelines about confidentiality are set forth through HIPAA and are included in a separate attachment. HIPAA guidelines are acknowledged in writing by Client(s) on a separate form. Confidentiality may be breached as required by law. Specifically, mental health professionals have a duty to report to a helping authority if they are concerned about a client’s potential harm to self or others, as well as harm to minors or harm to the elderly. In addition, the Practitioner must also respond to subpoenas and court orders ordering her to release information about you although you may challenge such actions in court if you wish to do so.

Confidentiality in Couple’s Therapy

Practitioner does not hold relevant confidential information of Clients indefinitely in relational therapy. If a Client struggles to relay relevant information to another, this is processed in the therapy and the information may be shared between Clients with Practitioner’s support. Contact between a Client and Practitioner outside of relational therapy sessions is similarly disclosed. Confidential information that describes potential danger to oneself or another, per the guidelines in the paragraph above, may result in disclosure of information by or with Practitioner’s support, to other family members or to an outside helping authority.

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Confidentiality in Case Consultation

Practitioner seeks routine professional case consultation as a matter of best practice. Should Clients' case be discussed in case consultation, confidentiality is maintained.

Contact between Clients and Practitioner

Contact should be made with Practitioner by telephone. In order to protect your confidentiality. In order to contact you through email, the Practitioner needs your written consent. Email is not a method of communication considered confidential under HIPAA regulations. If you wish to be contacted via email, please sign and date below:

Signature: _____ Date: _____

Appointment Cancellations

Mutual respect for Client'(s') and Practitioner's time is extremely important. The time of each Client's scheduled appointment is held specifically for that Client/Family. Clients agree to provide a minimum of 24 hours advance notice of a cancellation. Notice of cancellation may be either by direct contact or by voice mail to Practitioner's phone number: (202) 670-0427. Should Clients either not appear for a scheduled appointment nor call to cancel 24 business hours in advance of the appointment time, Practitioner reserves the right to charge the cost of the appointment. Payment will be due at the time of the next appointment or upon receipt of an invoice for payment.

Fees: Therapy session

Payment for each therapy session is due at the time of each appointment. Therapy sessions are \$150 per 50-minute session. This Practitioner accepts checks/cash for payment. Sessions longer than 50 minutes are pro-rated at \$25 per additional 15-minute increments. Practitioner may provide an appropriately coded bill to clients that they may submit to insurance or employers for reimbursement. This practitioner is not considered "in-network" with any provider.

Response to Client Calls

Every reasonable effort is made to return Client(s) calls in a timely manner. Clients can expect a return call within one business day. Please note this means that if a Client leaves a message on a Friday, the call may not be returned until the following Monday. The Client should leave her/his name and at least one telephone number on the voice mail message. Practitioner will inform Client(s) in advance of any expected absence.

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Emergencies

This Practitioner does not provide emergency mental health services. Should Client(s) experience a mental health emergency, and are unable to reach Practitioner directly, s/he should call the closest hospital Emergency Room, the closest community/county mental health center, the psychiatrist or other family physician or dial 911. Once emergency care has been obtained, Client(s) should advise Practitioner of status.

We have read and agree to the terms of this therapy services agreement. I also understand the nature and purpose of psychotherapy services, possible alternative methods of treatment, and possible risks involved.

_____/____/____ _____ _____/____/____
Client Signature Date Diana Mayer, LCMFT Date

Name: _____

_____/____/____
Client Signature Date

Name: _____

_____/____/____
Client Signature Date

Name: _____