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### **Letter of Agreement**

#### **Therapist-Client Responsibilities:**

- I am committed to using my professional expertise to help you with whatever issues you bring to counseling or come up during sessions.
- We will together establish your counseling/therapy goals and will clarify these from time to time.
- Please read the following carefully and discuss with me any questions you have before signing. You will receive a copy of this form.

#### **Appointments:**

- Your appointment time is reserved for you. The standard appointment is approximately 50 minutes. You will not be charged for a session if you cancel at least 24 hours in advance. If you do not give this notice, you will be charged the full session cost of \$155. If you must cancel with shorter notice and we are able to reschedule within the same week at another time that I have available, you will not be charged for the cancelled session. It is understandable that emergencies occur and occasionally necessitate the sudden cancellation of an appointment. We can negotiate the fee in the case of a sudden illness, extreme, or unusual circumstance. Forgetting an appointment, work responsibilities, or a conflicting appointment are not considered emergencies and the missed appointment will be your financial responsibility.
- If at some point you decide not to continue counseling with me, please call my office and leave a message, especially if you have an appointment scheduled. If you should choose to discontinue treatment, I recommend scheduling one last meeting.

#### **Telephone Calls/E-Mails/Availability:**

- I make every attempt to return phone calls the same business day. Calls received after 5 PM and on weekends or holidays will be returned the following business day. If you are experiencing a mental health emergency and are unable to reach me, please go to the nearest hospital emergency room.
- Feel free to email me regarding schedule changes and other business matters, but for important therapeutic matters and emergency issues, the telephone ensures a prompt, confidential response.

**Fees and Insurance:**

- My fee is \$175 per office visit. All fees are payable at the beginning of each session by cash, check, or credit card.
- Travel for home visits will be at a rate of \$87.50 per hour, pro-rated.
- Clinical support time, such as treatment team meetings, phone calls and emails (in excess of 10 minutes), family collaboration, etc. will be charged at a rate of \$175 per hour pro-rated.
- If you have health insurance with out of network benefits, I can provide you with a bill to submit to them. You will still be responsible for the full payment at each session regardless of how much or when the insurance company reimburses you.

**Discontinuing treatment:**

- You can stop treatment at any time, but it is best if we can discuss discontinuing and come to an agreement.

**Confidentiality:**

All information shared in this office is confidential unless a specific release of information is signed by you, with the following exceptions:

- You express your planned intention of harming yourself or your emotional/mental state is observed by me to put you at risk. (The therapist is obligated by law to notify legal authorities and make reasonable attempts to notify the family of the client.)
- You express that you intend to do bodily harm to another person. (The therapist is obligated by law to take reasonable precautions to ensure other's safety.)
- You state or suggest that you are abusing (or recently abused) a child or vulnerable adult or someone is in danger of being abused by you. (The therapist is obligated by law to report this information to the appropriate social services and/or legal authorities.)
- Your insurance company requests information relative to payment of your claim or another process is required to collect unpaid fees, or any legal defense is required by the therapist.
- Please see this office's HIPAA policies for full description about confidentiality and personal health information.

I have read and understand the above statements on this page and preceding page and agree to the conditions stated.

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Client Signature

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Date