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Psychotherapy Services Agreement Notice of Policies and Practices

This document contains important information about my professional services and business policies. It also contains information about my policy and practices to protect the privacy of your health information. Please read it carefully and discuss any questions you may have with me. When you sign this document, you will be stating that I provided you with this information and it will represent an agreement between us.

Psychotherapy Services

There are many different methods I may use to treat your particular situation and goals. In order for therapy to have the best outcome, you will have to invest energy in the process and work actively on things we talk about both during and between our sessions.

Psychotherapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety or frustration when discussing aspects of your life. Psychotherapy has been shown to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, it is impossible to predict or guarantee what you will experience.

Our first few sessions will involve an evaluation of your situation and needs and we will discuss goals you want to work towards. During this time, we can both decide if I am the best person to provide the services you need. Psychotherapy can involve a significant investment of time, energy and money, so it is important that you select a therapist you are comfortable working with. If at any time you have questions about some aspect of our work together, please discuss this with me. If you decide that you do not want to continue in therapy with me, please tell me. If you want me to help you other appropriate resources I will do so.

Sessions

I schedule 45-50 minute sessions with clients usually once per week or at a time we both agree on. Sometimes we will meet more or less than once per week if that is consistent with a treatment plan we both agree on. If you ever need to cancel a scheduled therapy session, please do so at least **24 hours in advance**. If you do not cancel a scheduled appointment with at least 24 hours' notice, or if you fail to attend a scheduled session, you will be expected to pay **a**

fee of \$50.00 for that session, unless we both agree that you were unable to attend due to circumstances beyond your control.

Inclement Weather Policy

For reasons of safety to everyone -during times of inclement weather I will cancel all schedule appointments for that particular day.

Professional Fees

My fee is \$110.00 for each individual therapy 50 minute session. Couple/Family 50 minute sessions are \$125 and \$150 for 80 minute sessions.

In addition to our regular sessions, I charge \$100 per hour for other professional services you may need. I will break down the hourly cost into 15-minute increments if I work for periods of less than one. These services include report writing, telephone conversations we may have lasting longer than 15 minutes, preparation of records or treatment summaries, and time spent performing any other professional service that you may request. I will handle these requests on an as-needed basis.

Requests to participate in court/divorce/custody or other legal proceedings

I do not voluntarily participate in legal proceedings. If I become required to participate in any legal proceeding, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$175 per hour for preparation. Additionally if I am required to participate in any legal proceedings that require me to cancel/reschedule my clients for that given day, I charge \$1000 for my travel costs and attendance. This charge is to be paid in full prior to the legal proceeding. If I have to consult an attorney during this process, the attorney's fees will be reimbursed by you.

Billing and Payments

I participate with most major insurance companies. It is your responsibility to contact your insurance company to determine the amount of your co-payment, mental health benefits, and any deductibles and to obtain an authorization if required. If an authorization is needed you must obtain this prior to your first appointment. If I am a provider for your insurance I have entered into an agreement with your insurance that I will collect your co-payment at each session. I accept payments by check, cash, and PayPal. Payment schedules for other professional services will be agreed to if/when you request them.

If you make a payment by check and your check does not clear due to insufficient funds or any other reason, you will be expected to reimburse me in full for any related bank fees that I am charged as a result. Currently my bank charges \$50 per returned check for insufficient funds.

Contacting Me

I am often not immediately available by phone because I do not answer the phone when I am in session with clients. Calls go to my voicemail when I am unavailable. I will make every effort to return your call as soon as possible (usually within a few hours and almost always within 24 hours). If you are difficult to reach, please leave times you will be available. If you want me to use discretion when calling you or leaving a message for you, please let me know in advance. I do not check voice mail on weekends, evenings or on holidays or extended absences from the office.

Emergency Information

If you are having a true mental health emergency call Rappahannock Area Community Services Board Emergency Services at (540) 371-6876, or Snowden of Fredericksburg at (540) 741-3900, your local emergency services at 911, or go to the nearest hospital emergency room and tell them what is happening.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to examine and/or receive a copy of your records if you request it in writing unless I believe that seeing them would be emotionally damaging. Because these are professional records, they can be misinterpreted and/or be upsetting to people who are not mental health professionals. In order to see your records, we will need to discuss the contents together. I reserve the right to charge you for the costs of copying and sending your records if you request them.

If your records are requested by another medical agency or health professional I require 5 days' notice in order to prepare those treatment summaries and forward them.

While I am not an attorney, please discuss any questions or concerns you have about confidentiality with me at any time. If you have specific legal questions about the laws regarding confidentiality, the exceptions, and how it may relate to your situation, please seek formal legal advice from an attorney.

Conclusion

I reserve the right to change the policies, practices and procedures described in this document. I will notify you in writing of any significant changes. By signing the attached form you are indicating that you have received and read the information in this document, you have discussed the contents with me to your satisfaction, and you agree to abide by its terms during the course of our professional relationship.

Signature Page

Therapist Copy

My signature below indicates that I have read and am in agreement with Teresa McCrossin LCSW INC "Psychotherapy Services Agreement."

Client

Date

Client

Date

Parent/Guardian (if client is a minor)

Date