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Psychotherapy Services Agreement

Welcome to the Behavior Health and Wellness Center, LLC! This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions. We can discuss any questions you have prior to signing the document. When you sign this document, it will represent an agreement between us.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience. We will work together to develop a treatment plan that will meet your needs.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what your work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your me. Therapy involves commitment of time, money, and energy, so you should be comfortable with the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubt persists, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Psychotherapy Meetings

As mentioned above, I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

If psychotherapy is begun, we will typically meet 1 time per week for a 50 minute session. Sometimes we may determine that it is best to see each other less frequently (for example, every other week or once a month).

Contacting Me

I am often not immediately available by phone. Messages can be left for me by calling 781-474-0704. I check my voicemail several times a day Monday through Friday (except holidays) and I make every effort to return calls as quickly as possible, usually within the next business day. Since I cannot be sure of receiving a message immediately, you should be aware of what to do in the case of an emergency. If you have a mental health emergency, you should call 911 or go to the nearest hospital emergency room. You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). You should utilize 911 or an emergency room if your physical safety is at risk.

You are welcome to contact me via email. Email communication is often easier and more efficient when discussing scheduling. Please be aware that email is not a secure method of communication and your privacy cannot be guaranteed. If you choose to communicate with me via email, you are assuming the risk of a privacy breach. If you are comfortable utilizing email to communicate with me, I recommend restricting our email communication to scheduling and administrative details only.

Professional Fees

The fee is \$300 for an 80-minutes initial assessment and \$250 for 50 minute psychotherapy sessions. In addition to payment for psychotherapy sessions, there may also be fees that are charged for other services such as the writing of reports, telephone conversations lasting longer than 10 minutes, preparation of records or writing treatment summaries for other providers, meetings with other providers for consultation, and the time spent on any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300.00 per hour for preparation and attendance at any legal proceeding. My fees will increase each year, but I will inform you of this raise well in advance of that time. Fees are non-negotiable and there is not an option for a sliding scale.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

Cancellation Policy

I understand that there are times where you may not be able to attend your session. I require 24 hours notice by phone stating that you will not be coming for the session. If you are unable to provide adequate notice or you do not show up for your appointment, you will be billed the full amount for a session (\$250.00). Please note that you are not able to submit this session to your insurance company for reimbursement.

Our appointments will end at the scheduled end time (50 minutes after start time), regardless of what time you arrive for your appointment. You are still expected to pay for the full 50-minute session.

If you no-show for 2 sessions in a row and do not respond to my attempts to reach you by phone or letter, I will assume you are no longer interested in therapy and will provide your slot to a waiting client.

If I need to cancel a session, I will provide you with as much notice as possible and make every effort to see you at an alternate time.

Professional Records

It is your right to view your personal records. As a part of psychotherapy, I will write a weekly progress note that documents what occurred in our session, as well as discussing your progress in therapy. If needed, I may also write a summary of your assessment and I will complete a treatment summary at the end of our work together. Again, you have a right to request any of these documents. If you request a copy of your records, I will explain to you how a typical note or report is written so you understand why I write certain information in the document. If you do not want a copy of all of your records, I am able to provide you a summary. It is also important for you to know that I may feel it is not in your best interest to read all of your records. Because these are professional notes, they can sometimes be misinterpreted or upsetting to the untrained reader. In this case, I will provide you with a summary or I will provide the notes to an attorney or mental health professional of your choosing. You will be charged an appropriate fee for the time needed to prepare the notes and/or summary, as well as for the expense of making copies. We can agree upon this rate prior to my completing this work.

Confidentiality

Your confidentiality and privacy is very important. You should be able to feel comfortable being open and honest with me in your communications during therapy knowing that your information is protected by law. There are however a few exceptions to this protection, which will require my revealing some of your personal information.

1. If you state that you will be a threat to yourself. This includes any threats you make in which you state that you may harm or kill yourself. I am legally obligated to protect you, which may require that I call the authorities and/or have you hospitalized for your safety. I may also have to contact your family in

order to help facilitate your protection.

2. If you state that you will be a threat to others. I am legally obligated to protect others from harm. Therefore, if you make statements of wanting to harm or kill another person, I am required by law to alert that individual, to contact the authorities and have you hospitalized for everyone's safety.

3. If you state that you are threat to a child, elderly and/or disabled person or you know of someone causing harm to a child, elderly and/or disabled person. If this is the case, I am required by law to report this to the appropriate state agencies and the authorities.

These situations rarely occur, but it is important for you to know about these limits to confidentiality ahead of time. We will thoroughly review these limits prior to our starting to work together. If we find ourselves in one of the above scenarios, I will first make an attempt to discuss with you what will occur.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was enacted by Congress to protect the privacy of your personally identifiable information called protected health information (PHI). PHI may be transmitted or maintained in numerous different forms (e.g., electronic, paper or oral). HIPAA gives you, the client, more control over who sees your PHI. Please understand that I fully abide by the HIPAA Privacy Rule.

Web-Based Electronic Systems

To facilitate treatment, Dr. Chait will make use of web-based electronic systems to handle payment, processing, and the administration of her work. These systems are all HIPAA compliant and conform to the necessary standards and regulations for use in the medical setting. These systems include, but are not

limited to, SimplePractice and Doxy.me. By agreeing to these terms, you agree to the use of these platforms.

Social Media

I do not communicate with, or contact, any patients through social media platforms such as LinkedIn, Twitter, Instagram, or Facebook. If it is discovered that an online relationship has accidentally been established, I will cancel it. These types of casual social contacts can create significant security risks for patients.

Informed Consent for Treatment

I have requested that Sari Chait, Ph.D provide individual psychotherapy. I understand that while Dr. Chait will use her best efforts to assist me, the nature of services of this kind is that there can be no assurances or guarantees of results. I also understand my collaboration and regular attendance are key to facilitating treatment progress, and I agree to participate to the best of my ability. I understand that I have a right to refuse treatment and discontinue at any time. To avoid premature termination, I will not discontinue treatment by letter, email, telephone, or non-attendance. I agree to inform Dr. Chait prior to any session which I intend to be my last. Initially, the frequency of therapy will be one session per week, unless otherwise agreed. I agree to pay my provider at the current rate of \$250 per 50-minute session. Initial 80-minute intake sessions are \$300.

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

Patient's Printed Name: _____

(If under 18) Legal Guardian's Printed Name: _____

Patient or Legal Guardian's Signature: _____ Date: _____

Clinician's Signature: _____ Date: _____