

# Therapy Service Agreement 20191023 version

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## **PART A: About Your Therapist and Therapy**

Since therapists have varying views on the most effective methods to use in therapy, based on educational and professional background, this description has been prepared to inform you about my qualifications, how I view the therapeutic process, and what you can expect from me as your therapist.

**MY QUALIFICATIONS.** I, Sheila Owen, holds two Masters degrees; a Master of Social Work from Southern Connecticut State University and a Master of Education from Springfield College. I have over twenty years of experience in mental health and addiction services. I hold two State of Connecticut licenses – LCSW and LADC. I am a member of the National Association of Social Workers. My area of expertise includes addiction, co-occurring disorders, anxiety and depressive disorders. Also, trauma and PTSD.

My training and experience has qualified me to work with a wide range of presenting problems, including (but not limited to): stress and anxiety, depression, mood instability, trauma resolution, grief/loss, addictions and recovery, eating disorders, sexuality, psychosomatic illness, self-esteem, infertility or reproductive challenges, career development, empty nest, adolescent/family problems, marital discord, child behavioral problems, family communication difficulties, divorce, and LGBTQ issues. These are not specialization areas, only areas of extensive experience. I am not a physician; therefore, I cannot prescribe or provide any medication, nor can I perform any medical procedures. If medical treatment is indicated, I can recommend a physician, psychiatrist, and/or other medical professionals.

**THE THERAPEUTIC PROCESS.** In my opinion, therapy is a process in which you (and perhaps your intimate others) seek change. These changes can be behavioral, affective (feelings-centered), cognitive (thought- and belief-centered), relational, or a combination of these focal areas. I believe that the people who become my clients are the experts on their own lives; that is, I am not the expert on you. Therefore, all goals are collaborative – we will form and move toward them as a team. Although I have a great deal of counseling expertise, I cannot – and will not – force anyone to change.

There are several steps in the therapeutic process. First, we will need to spend some time (usually brief) exploring your experiences both surrounding the problem(s) and outside the realm of your complaint(s). I need to know something about you, how you view yourself, and how you and significant persons in your life interact.

Although any picture I have of you is incomplete, I need to know a bit before we can form goals that fit with your desires, lifestyle, and values.

Obviously, we need to discuss things openly and honestly. My responsibility at this point in the therapeutic process is to listen, to assist you in communicating with me and others who may take part in the therapy, and to provide an environment of trust so that all present can interact freely and speak what is on their minds.

All of our sessions will, of course, be confidential within the limitations of the law. Therapy may involve the

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participation of family members and/or other significant persons. If this is the case, I do not guarantee confidentiality among participants in the therapy, although I would use my professional discretion in disclosing communications related to me. My professional code of ethics prevents me from discussing what is said during sessions with anyone other than participants in the therapy or releasing any records without the written permission of everyone involved. Exceptions to this are listed on page 5 and are limited to laws that specify when confidentiality provisions do not apply. "Confidentiality" does not mean "secrecy" – if you wish to know more about the exceptions to confidentiality in the state of Connecticut, please ask.

After we have explored and developed sufficient background to proceed, we will decide upon specific goals for therapy. We will regularly evaluate progress toward your goals and my role in this process. Therapy is best concluded through mutual agreement among the participants, including myself as therapist, and will be directly tied to sufficient progress toward and/or the achievement of the goals we set together.

My particular models of therapy emphasize both the strengths and resources of the participants and the understanding you have of yourself and others involved. I am equally interested in each person's perspective, and I focus on the present and future more than the past. You may have other relevant ideas about therapy – please tell me your ideas, as I hope to adjust my approach for every individual, couple, and family whenever possible.

PLEASE ASK QUESTIONS. You will (hopefully) find that I am driven by curiosity and ask a lot of

questions. You may have questions about me, my qualifications, or anything not addressed on this form. It is your right to ask questions at any time. Please feel free to exercise this right. If at any time you have questions about what I am attempting to do or where we are headed, please do not hesitate to raise the question. I promise to outline my ideas in such a way that we all have a clear grasp of that point in the process.

## **PART B: Understanding Therapy**

**BENEFITS/OUTCOMES:** Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a reduction in distress and a better ability to handle or cope with personal, couple/marital/relational, family, work, and other problems as well as stress. Another possible benefit may be a greater understanding of personal and relational goals and values; this may lead to greater maturity and happiness as an individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy. I will do my best to assess progress on a regular basis and solicit your feedback regarding the therapeutic process to help provide you with the most effective therapeutic services.

**EXPECTATIONS:** One of the many benefits of therapy is direct feedback from me. Work outside of the sessions is a necessary element of change; therefore, I may ask you to perform some 'homework' related to your goals. I promise to work as efficiently as possible; at the same time, therapy may move more slowly than you anticipated. I will review your goals with you periodically, and I ask that you request a conversation about the status of our therapy whenever you have questions about progress and/or length of treatment.

**RISKS:** In working to achieve these potential benefits, the therapeutic process will require that firm efforts be made to change and may involve the experiencing of discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work together for a

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desirable outcome; however, there is a possibility that the goals of therapy will not be met. We will review your progress at regular intervals and modify our treatment plan as needed. If progress does not occur in an agreeable manner, I may suggest a referral to a physician for a medical evaluation or to a different therapist.

**ETHICAL AND LEGAL MATTERS:** I have an ethical obligation to balance the interests of all clients who become a part of this process. If you inform me of a situation that, in my opinion, is blatantly harmful, unfair, or illegal, I may, at my discretion, give you the choice of correcting the situation when that is possible, informing other family members of the situation, having me tell them, or terminating therapy. I will follow all state laws and regulations as well as the policies and codes of ethics of the National Association of Social Workers.

If you wish to have a copy of these codes of ethics, please do not hesitate to ask.

**THERAPY RELATIONSHIP:** My relationship with you is strictly professional. In order to preserve this relationship, it is imperative that we do not have any relationship outside the counseling relationship such as a friendship, business, or social relationship. The exchanging of gifts or bartering for services is not appropriate. If we have contact in a public setting, I will not acknowledge you in any way that would jeopardize your confidentiality. If you choose to connect with me on any of my professional (not personal) social media such as Facebook, Instagram, LinkedIn, Pinterest, or Twitter, you do so at your own risk. Your identity as a group participant will be kept private and confidential. If you choose to comment on my page or posts, you do so at your own risk.

**LENGTH OF THE SESSION.** Therapy sessions are normally for 50 minutes. It is difficult to initially predict how many sessions will be needed to meet your goals. However, we can assess progress at any point in the therapeutic process.

## **PART C: Policies and Fees**

**RESPONSIBILITY REGARDING APPOINTMENTS AND CANCELLATIONS:** You are responsible for attending each group session you agree upon. However, I understand that, in certain circumstances, unexpected things can arise which prevent individuals from being able to keep a scheduled session. Therefore, I adhere to the following policy: If you are prevented from keeping a scheduled session, I ask that you notify me 24 hours in advance so that another participant may have the opportunity to use that time slot. If I do not receive 24- hour advance notice, you will be responsible for the full fee for the session you missed. There may be instances where I take time off for vacation to attend seminars and/or become ill. Psychotherapy is a uniquely personal service; therefore, consultations may be briefly interrupted. I will attempt to give you adequate notice in advance and will arrange coverage for any emergencies by a colleague and/or crisis center. If I am unable to contact you directly due to circumstances out of my control, I may have a colleague contact you to cancel or reschedule a session.

**ELECTRONIC COMMUNICATION POLICY:** Email offers an easy and convenient way for therapist and client to communicate, but can also introduce unique challenges into the therapist–client relationship. Below are some guidelines for contacting me using e-mail. Do not use e-mail for emergencies. In the event of an emergency, contact an emergency room. E-mail is not a substitute for seeing me. If you think that you might need to be seen, please call and book an appointment. Appropriate use of e-mail includes referrals and appointment scheduling requests. E-mails should not be used to communicate sensitive medical information such as information regarding sexually transmitted diseases, mental health, developmental disability, or substance abuse. E-mail is not a secure mode of communication. People can access email content at any point along the connection. Be aware that if you send e-mails from your work, your employer has the legal right to

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read your e-mail. E-mail is a part of your record. Either you or I can revoke permission to use the e-mail system at any time. Furthermore, texting also introduces some of the same challenges. Like e-mail, it is not a substitute for seeing me or making an appointment. Because phones can be lost or stolen, it is imperative that you do not communicate information of a sensitive nature over a text. Texting may be used to request that I call you or for scheduling purposes.

**FEES:** Your insurance claim will be submitted in a timely manner to provide reimbursement for each session. Co-payments are due at time of service and can be paid by cash or check. If you do not have insurance or choose to self-pay, the fee can be discussed at the time of the appointment.

I reserve the right to terminate our counseling relationship if more than two sessions are missed without proper notification. I am happy to provide you with a monthly statement of payments for you to submit to your insurance company, medical savings account, or flexible spending plan. In the case of a credit card dispute, I reserve the right to provide the needed and adequate documentation i.e. your signature on the “Therapy Policies, Agreements, and Consent” that covers the cancellation policy to your bank or credit card company should you dispute a charge that you are financially responsible for.

**PHONE CONTACTS AND EMERGENCIES:** Office hours are from 9:00am to 9:00pm Monday through Friday. If you need to contact me for any reason please call the office at 203-654-6863. If you leave a voice mail, I will get back to you promptly. In emergency situations, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 1-800-273-8255, or simply dial 911 if either you or someone else is in danger of being harmed. You may also go to your nearest emergency room for assistance.

**USE OF EMERGENCY CONTACT INFORMATION:** I authorize contact with named “emergency

contact” if any type of emergency occurs related to physical or mental health where it is, in good faith, deemed prudent to use such information.

## **PART D: Insurance Guidelines**

I am accepting most insurances for individual, couples, and family sessions. I recommend that you call your insurance company or go online to understand your mental health benefits including co-pay and deductible amounts. I will submit your claim but if the insurance company denies it, you are responsible for the existing balance of your bill.

Because third party payers (such as insurance companies) may not hold to the highest standards of confidentiality, I customarily attempt to limit the content of claims to only the information necessary to obtain coverage for the services rendered.

## **PART E: Your Rights as Client(s)**

1. You have the right to ask questions about any procedures used during therapy. If you wish, I will explain my approach and methods to you. If I see a child under the age of 18, all custodial parents have the right to information shared in session unless I determine that the sharing of such information would harm the child. If I determined this to be the case, I would share my concerns with you and outline our legal options.

2. You have the right to decide not to receive therapeutic assistance from me. If you wish, I will provide you with the names of other qualified professionals whose services you might prefer at a cost equal to or less than my own usual and customary fee.

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3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make such a decision without consulting with me.

4. You have the right to review your records in the files at any time. If you wish to do so, please ask in advance of your session. I do not keep any "secret notes," so please do not ask me to do so.

5. One of your most important rights involves confidentiality. Confidentiality is not the same as

privileged information. Within limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Possible exceptions to confidentiality include court orders and the reporting of abuse or neglect (see #7 below), fee disputes, negligence suits against the therapist, or the filing of a complaint with the licensing board. If you have a financial balance, you will be sent a bill to the home address on the intake form unless you advise me otherwise. Any confidentiality concerns should be discussed with me at the time they occur.

6. At your request, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.

7. You should know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: (a) If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order; (b) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; and (c) if you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court.

8. If you threaten grave bodily harm or death to yourself or another person, I may choose to inform others, including (but not limited to) appropriate law enforcement and/or medical agencies.

9. You have the right to know about the possible risks of therapy, which sometimes include personal and relational discomfort and intense feelings (see above under RISKS).

## **PART F:**

### **Consent**

I. I have read and understand the information contained in the consent forms and the HIPAA brochure (when appropriate). I have discussed any questions that I have regarding this information with Sheila Owen. My signature below indicates that I give my full and informed consent to receive counseling services. I voluntarily agree to receive counseling and authorize Sheila Owen, LCSW, LADC to provide counseling services that are considered necessary and advisable.

II. I agree to enter into therapy with Sheila Owen, LCSW, LADC. I allow my insurance to be billed or to pay the fee for each session. Payment is due at the end of each session, and no balance will be carried. If I wish to submit expenses to my insurance company for out-of-network charges or medical reimbursement plan, I understand that Sheila Owen will give me a monthly statement which will include dates of services, amounts charged and paid, and ICD codes (type of psychotherapy service

rendered, such as individual, couple, or family).

III. I understand that I can leave therapy at any time and that I have no legal or financial obligation to complete a particular number of sessions. I am contracting only to pay for completed therapy sessions and fees

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from the violation of item number 4 below.

IV. Twenty-four hours' notice is required for cancellation of a scheduled session. If I do not contact Sheila Owen at the business number listed above, I agree to pay the full session fee.

V. Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minors in my custody and give permission to Sheila Owen, LCSW, LADC to provide treatment to my minor child(ren). I understand that except in rare circumstances, it is important for both parents to give consent for treatment. If I have unilateral decision-making capacity to obtain counseling services for my child, I will provide the appropriate court documentation to Sheila Owen prior to or at the initial session. Otherwise, I will have my spouse or ex-spouse sign this consent for treatment form prior to the initial session.

Client: Date:

Client: Date:

Client: Date:

Client: Date:

Client: Date:

Therapist: Date:

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4. Twenty-four hours' notice is required for cancellation of a scheduled session. If I do not contact Sheila Owen at the business number listed above, I agree to pay the full session fee. I understand that this will be my responsibility, not that of any third-party payer.

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