

***Dr. Beth Giurelli Psy.D. LLC***  
131 Oak Street, Glastonbury, CT 06033    860-918-0960

***Psychotherapist-Client Service Agreement***

**Welcome.** It is sometimes a difficult decision to make an appointment for psychotherapy. Everyone needs help at times, and asking for it is a positive step. Congratulations on taking this important step, and welcome to my practice. What follows is an explanation of business policies and practices of this office that will be important for you to understand. I will review these in one of our first sessions. However, if you have any further questions about the therapy process itself or the business practices, please ask.

**Psychological Services.** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. Individual psychotherapy is a partnership between an individual and a professional trained to help people understand their feelings and assist them with changing thoughts and behavior to create a happier life. 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 an active effort on your part. In order for therapy to be the most successful, you will have to bring the things we talk about during our sessions into active use in your life. This happens in different ways for different people. I work in a collaborative and transparent manner and will always work with you to find the ways that work best for you.

Most people experience therapy as very supportive. However, since therapy often involves discussing unpleasant aspects of your life, you should be aware that you may experience uncomfortable feelings and emotions. If this happens, it is a normal part of therapy, and you should not feel discouraged. Psychotherapy leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. During the first few sessions I will conduct an initial assessment of your needs, background and the problems you would like to address. Successful therapy involves the right match of therapist and client. After this initial assessment we will discuss whether this will be a good match. If either of us feels that it is not a good match, I will ensure that you have a list of referrals to other therapists. If at any point you have questions about my procedures, please feel free to bring them up and we can discuss them. I may also refer you to another therapist later in therapy, if appropriate.

**Meetings.** I will schedule 45-60 minute sessions at times we agree on. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Failure to show for an appointment without calling will result in a full fee charge. Frequently canceling sessions (even with 24 hours notice) is problematic and should this occur we will discuss options to resolve the problem. However, if you have a cold or the flu you are not expected to come to therapy and are encouraged to remain at home. As long as you call at any point prior to the appointment to inform me of your illness, you will not be charged for missing a session due to illness. You will also have the option of telehealth.

Ending therapy is an important transition and an opportunity to facilitate processing of issues, preparation for ending, and mitigating relapse. I will offer the option of ending therapy as I see appropriate, but you should feel free to initiate this discussion at any time. If you would like to end therapy, please inform me. Some clients choose to end therapy and return at a later time. I make every effort to accommodate previous clients in my schedule.

**Professional Fees and Insurance Information.** My service fees are as follows: Initial evaluation \$240; Individual Psychotherapy \$195. These fees will typically increase in small increments every year. Payment is expected at the time of service. There is a \$50 fee in the case of a returned check, and future checks will not be accepted following a returned check. If you are using an insurance carrier I am a participating provider for (Aetna), you are responsible for your deductible and/or co-payment / co-insurance amounts. You are responsible for knowing the conditions of your insurance coverage, including co-pays, co-insurance, deductibles, precertification or referral procedures. Failure to follow required procedures may result in non-payment of insurance claims for which you will be responsible. If your insurance coverage is interrupted during the time we are working together, you will be responsible for the full fee for those sessions. If you have an insurance carrier I do not participate with (all except Aetna), you are responsible for the full fee, and if needed I will give you a receipt to submit to your insurance carrier for possible reimbursement if you have benefits for out of network providers. The length of your psychotherapy treatment will depend on many factors. You and I will collaborate on what will work best for you and we will review the plan periodically as needed.

In addition to weekly appointments, I charge \$195 per hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. These services include routine calls in excess of 10 minutes, phone sessions, emergency/crisis calls, extended consultation with other professionals with your permission, preparation of records or treatment summaries, and time spent performing any other service you may request of me. There is no charge for brief phone conversations less than 10 minutes that you may have with me between sessions, or for routine consultations I may have with your medical doctors which are less than 10 minutes.

I do not get involved in legal proceedings as this hinders the therapeutic process. If you require a psychologist who will work with your attorney, I am not the right therapist for you and I will refer you to other providers. If unexpected legal circumstances arise for which I must participate, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350 per hour for preparation, attendance, and any time associated with legal proceedings. Insurance will not cover these costs; they are your responsibility.

**Confidentiality.** Sessions are strictly confidential. You are protected under ethical guidelines and legal statutes which prohibit the sharing of information without your written consent. Limitations to confidentiality include: information required by your insurance company; any trusted computer support professionals which I may hire; any HIPAA compliant on-line claim submission site; any HIPAA compliant telemedicine site; any phone calls or clerical activities done on my behalf by a trusted colleague or administrator; and case consultation with other mental health professionals. Case consultation is done to maintain a high standard of care; every effort is made to avoid revealing your identity.

Your contract with your insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. By signing this agreement you agree that I can provide requested information to your insurance carrier.

There are also limitations to strict confidentiality in circumstances judged to threaten the welfare of yourself or another. These include (1) if you threaten grave bodily harm to another person or yourself, I am under legal obligation to warn and protect; (2) in the case of suspected abuse or neglect of a child or elderly or disabled person, I am required to notify the appropriate agency (e.g., Department of Children and Families or the police); (3) if a court of law issues a legitimate subpoena or order, I must produce your file; and (4) if you make your mental status a court issue, confidentiality no longer applies.

**Electronic Communications.** Within the context of the therapeutic relationship, many electronic modes of communication put your privacy at risk and may be inconsistent with the law and the standards of my profession. In general, I will not communicate with you through text or email. There are rare exceptions to this. If my telephone is not operating properly and you cannot reach me through calling, it is acceptable to text and notify me that you need to speak with me. I will then contact you as soon as possible. There may also be other exception circumstances in which there are ethically compelling reasons to be in communication via text.

I do not communicate with my clients through social media platforms. If I discover that I have accidentally established an online relationship with you, I will cancel that relationship. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me at our next session. I believe that any communication with clients online has a high potential to compromise the professional relationship and create significant security risks for you. I will delete online messages or requests to protect your privacy. If you have questions about these policies please feel free to discuss them with me at any time.

**Contacting Me.** Due to my work schedule, I am often not immediately available by phone. In these cases please leave a message and I will return calls as soon as possible. If you are difficult to reach, please inform me of your available times, and always leave your phone number. In case of a true clinical emergency, please leave me a message, and contact your primary care physician, or transport yourself to the nearest emergency room or call 211 or 911.

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*Service Agreement Acknowledgement*

Your signature below indicates that you have read the **Psychotherapist-Client Service Agreement** and agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)