

## **Treatment Agreement**

*Please read the following information carefully. It outlines the general business agreement pertaining to entering into psychotherapeutic treatment with Cynthia (Thea) Stanford, LMFT.*

Psychotherapy is the process of talking through your problems in order to begin resolving them. Research has shown that when clients take an active role in counseling it has many benefits, including better relationships, solutions to problems, and a decrease in feelings of distress. However, there are no guaranteed results to therapy, and sessions can at times result in uncomfortable feelings that are part of the process of change.

Participating in counseling denotes responsibility on the part of the client as well as the therapist. As your counselor, it is my responsibility to provide you with ethical, empirically-validated counseling services to the best of my abilities. I agree to reserve your time slot for you and make every effort to arrive on time.

### **Fees and Insurance:**

If you are not using insurance benefits, my rate is \$120 for a 45-60 minute Individual, Couple, or Family session.

I am a provider for **Blue Cross Blue Shield** and **Vermont Medicaid** (Green Mountain Care). As a contracted provider, I have agreed to accept their fees for my services. Blue Cross Blue Shield pays \$83.97 for a 53 minute session, and Medicaid pays \$77.07 for a 53 minute session.

**For all other insurances**, I request that you pay my full rate at the time of service. I can provide an invoice that can be submitted to your insurance company for possible reimbursement. It is your responsibility to determine whether your insurance company will reimburse services from out-of-network providers, and at what rate they reimburse psychotherapy.

**Cancellation Fee:** If you do not show up for your appointment, or if you cancel with less than 24 hours notice, you will be charged a fee of \$40. Cancellation fees are not paid for by insurance and are your responsibility.

**Consultations:** You will be billed for any telephone consultation or e-mail that requires more than 10 minutes of my time. This will be pro-rated at my standard hourly rate.

You can pay for services using credit/debit card, check, or cash. **If you choose to pay by credit or debit card I will add 3% to cover the cost of using a card.** All payments are due within 30 days of services rendered. I reserve the right to collect unpaid balance due to me. If you are not making regular payments on the account balance, I may use a collection agency or take legal action to secure payment. You will be notified in writing before I take action to collect. I reserve the right to terminate treatment if your unpaid balance exceeds \$300.

### **Emergencies and Contact Outside of Office Hours**

- If you are in a life threatening mental health emergency please call 911 or your local Crisis Clinic (In Chittenden County, **802-488-6400** if you are over 18 years old, **802-488-7777** if you are under 18 years old).
- If you have an urgent, non life-threatening mental health need during or after normal business hours, please call my voice mail (802-651-7677), press 0, and an operator will assist you in

reaching me. I may not always be immediately available, but I will make every effort to reach you as soon as possible.

- I use the e-mail address **thea.stanford.counseling@hushmail.com** for scheduling and logistical purposes, and you are welcome to e-mail me to cancel and schedule appointments and address other logistical issues. E-mail is not considered a confidential form of communication under HIPAA guidelines without an encryption and by e-mailing me you acknowledge the risk that our communication may not be secure. At times, at your request, I may e-mail you attachments with privileged information including invoices that include diagnosis codes, and it is my policy to encrypt such e-mails.
- It is my policy that I do not e-mail about clinical issues; discussions of this nature occur in person and on the phone. If I receive an e-mail that contains information considered to be reportable under Vermont's Mandated Reporter laws, I am legally and ethically obligated to report that information in the same way I am required to report any such information disclosed in session.

**By entering into a treatment agreement with Thea Stanford, you agree:**

- That you understand the risks and benefits to engaging in psychotherapy.
- That you understand that payment is your responsibility, as is understanding your insurance plan's mental health benefits .
- That you understand the fee arrangement outlined above.
- To make every effort to arrive on time. If you are running late we will still end at our usual time. If you are running late and I have not heard from you, I will wait for you for 15 minutes. If you have informed me in advance I will wait until you arrive.
- To, if needed, cancel an appointment **at least 24 hours in advance** of your appointment time. Failure to do so will result in a "show show" fee of \$40. **Insurance will not cover this charge** and it will be your responsibility to pay for it.
- That you understand Thea Stanford's e-mail policy
- **IMPORTANT:** you agree that Thea Stanford and/or her records and files will not be available for any court proceedings or hearings and you agree not to subpoena Thea Stanford or her records and files.

I have read and understand the information in this agreement, and I am willing to abide by the agreements outlined above.

_____	_____	_____
Client Printed Name	Client Signature	Date
_____	_____	_____
Client Printed Name	Client Signature	Date
_____	_____	_____
Parent/Guardian Signature (if client is under 18)		Date
_____	_____	_____
Cynthia (Thea) Stanford, LMFT Signature		Date