

Providence Psychotherapy, LLC Patti McCurdy, LMFT  
Therapy Services Consent Agreement

**Confidentiality**

All information between therapist and client is held strictly confidential unless: The client authorizes the release of information. The client presents as a physical danger to self or others. Child/elder abuse/neglect suspected.

\*Therapists have a duty to warn and are mandated reporters.

***\*To maintain confidentiality, your therapist will not speak to you outside of the therapy office unless you speak to her first. It is not ethical for therapists to be personal or social media friends with clients. \*Patti McCurdy does not provide any kind of court testimony or assess or attest to mental health abilities for work, parenting, divorce or any other reason. You agree to this by signing this form. If you are seeking therapy for one of those reasons, please ask for a referral to another mental health provider.***

**Financial Terms**

Your therapist may or may not choose to file your insurance for you on a session-to-session basis. You are responsible for verifying insurance benefits prior to each appointment including confirming co-pay amount, co-insurance amount and eligibility and advising your therapist each session. You are responsible for maintaining your insurance records and for informing the therapist of any changes while receiving therapy services. If you make an error of underpayment, you are responsible for advising your therapist and paying the full amount due within 7 days of the discovered error. If you make an error of overpayment, you may receive a credit if requested within 7 days of the appointment. The credit or refund will be made for the overpayment amount less the expenses the therapist has incurred collecting or refunding the overpayment including a fee for the therapist's time, credit card processing charges or taxes already paid. You are responsible for the full fee of therapy services regardless of insurance. Fees are due at the time of service. Fees for therapy services are \$150.00 for regular (50-55 min) sessions. A discount may or may not be available per session for self-pay clients. *You agree to pay for your therapist's time as well as all fees and expenses involved in collecting outstanding balances.* By entering into therapy and signing this form you agree to the financial terms outlined in this agreement and waive your ability to disagree in the future.

**Scheduled Appointments:**

Appointments are scheduled first come first serve based on the therapist's current availability schedule. If an error in scheduling occurs your therapist will work in best effort to reschedule as soon as possible. Your therapist cannot guarantee weekly or bi-weekly appointments, specific days or times for appointments and may be out of the office at any time for illness, training, or time off.

**Cancelled Appointments:**

Please refer to the Credit Card Cancellation Policy Agreement.

**Emergency Procedures**

If you have a health-related emergency call 911. If you want a therapy consultation outside of scheduled appointment times, text 478-396-8388. Your therapist will text you back at her earliest availability. There is a fee comparable to in session fees (not covered by insurance) for such consultations. Your credit card will be charged accordingly. Download the pMD app for confidential texting.

**Client Consent and Authorization for Therapy Services**

By signing this form, I authorize my therapist to carry out mental health assessments and treatments. My therapist may contact me by phone, text, mail, pMD app and email. I understand that only the pMD app is HIPAA compliant. I understand that although therapy is helpful, it can be uncomfortable at times. I enter into therapy services willing and so advised. No guarantees are made for results of therapy services. Your therapist may discontinue services, referring you to another therapist; at any time at her discretion.

By signing below, I attest that I understand, have fully read and agree to this therapy services agreement.

Printed Name(s)

\_\_\_\_\_ Date \_\_\_\_\_

Client Signature(s)

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