

Jay Sternberg, LICSW, LCSW-C Psychotherapy

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Psychotherapy Services Agreement

This document contains important information about my professional services and business policies. It also contains information about policies and practices to protect the privacy of your health information. Please read it carefully and discuss any questions you may have with me. When you sign this document, you will be stating that I provided you with this information and it will represent an agreement between us.

Basic Information (please fill in)

Name: _____

Address: _____

City & Zip: _____

Cell #: _____ Home #: _____

OK to leave a message? YES NO
OK to text? YES NO

OK to leave a message? YES NO

Email: _____ OK to leave a message? YES NO

Birthdate: _____ Sex: _____ Social Security #: _____

Emergency Contact Name: _____ Relationship: _____

Phone #: _____

Insurance Company Name: _____

ID#: _____ Group #: _____

Policy Holder Name: _____ DOB: _____

Social Security #: _____ Employer: _____

Relationship to Patient: _____ Phone #: _____

Secondary Insurance Company Name: _____

ID#: _____ Group #: _____

Policy Holder Name: _____ DOB: _____

Social Security #: _____ Employer: _____

Relationship to Patient: _____ Phone #: _____

Psychotherapy Services

Psychotherapy varies depending on the therapist, the client and the client's particular situations and goals. There are many different methods I may use to deal with your particular situations and goals. In order for therapy to have the best outcome, you will have to invest energy in the process and work actively on things we talk about both during and between our sessions.

Psychotherapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety or frustration when discussing aspects of your life. Psychotherapy has been shown to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, it is impossible to predict or guarantee what you will experience.

Sessions

Therapy sessions run 45-50 minutes. I generally see clients once per week unless we agree to meet more or less often. If you arrive late for an appointment, we will only be able to meet for the remaining time of our scheduled session.

A scheduled appointment means that time has been reserved for you. If you are unable to attend a session, please call or text me at least 24 hours in advance to reschedule or cancel an appointment. Exceptions will be made for emergencies. Unless we reach a different agreement, a \$75 fee will be charged for missed sessions without such notification. Most insurance companies do not reimburse for missed sessions.

Fees

For in-network insurance coverage, I agree to accept a negotiated price with the insurance company. You are responsible for any deductibles, copays or coinsurance.

Out-of-network and private pay fees are:

- Initial consultation session (45-50 minutes) - \$175
- Individual session (45-50 minutes) - \$175

Additional fees include:

- Telephone consultation (over 15 minutes) - \$175/hour (prorated)
- Reports - \$175/hour (prorated)

Reduced fees are available on a limited basis. Please discuss with me.

Payment Options: Payment is due at each session. I accept cash and checks. There is a returned check fee of \$35. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I may use a collection agency or legal means as a last resort to obtain payment.

Insurance: I am an **in-network** provider for several health plans and employee assistance programs. Check my website at www.jaysternberg.com for the most current list. Usually I will file the claims. Remember that you are responsible for paying any deductibles, co-payments or co-insurance at the time of service.

I am an **out-of-network** provider for all other insurance companies. I will file the claims for many out-of-network providers. If that is our arrangement, you will be responsible for paying any deductibles, copays or coinsurance. Otherwise, you will pay the full fee at the time of service, and I will provide you with a receipt to submit to your insurance company. I am happy to assist you with any paperwork required, but you are responsible for knowing the limits and procedures required by your insurance provider.

Confidentiality

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

- The client presents an immediate physical danger to self or others
- Suspected abuse or neglect of a child, dependent or elder person
- When there is a court order to release your records to legal authorities
- Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records
- Information requested by your health insurance provider in order to process claims

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves discussion about matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes), neither you nor your attorney will call on Jay Sternberg to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Consultation: I sometimes consult with other professionals regarding my clients. However, a client's identity remains completely anonymous and confidentiality is fully maintained.

Electronic Communications: Electronic communications and devices can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mail and text messages should only be used for scheduling purposes.

Records: State laws and professional standards require that I keep records of our treatment progress. These records generally include basis diagnostic assessment, overviews of session content, and monitoring of progress toward your goals. These records are kept in a secure location. You have the right to review or receive a summary of your records, except in limited legal or emergency

circumstances or when I assess that releasing such information might be harmful in any way. In such a case I will provide the records to an appropriate mental health professional of your choice.

Telephone and Emergency Procedures

If you need to contact me between sessions, please leave a message on my cell phone (202-600-6137) and your call will be returned as soon as possible. You may text also, but please remember that confidentiality cannot be ensured. If I will be unavailable for an extended time, I can provide you with the name of a colleague to contact in my absence. If there is an emergency in session, I may contact your emergency contact and/or your primary care provider.

If you have an emergency and need immediate help, go to your nearest hospital emergency room or call 911. Please do not use e-mail for emergencies. You can also call:

- Crisis Link (suicide and crisis hotline): 202-527-4077
- Access Help Line (24/7 DC Mental Health including mobile psychiatric response units): 888-793-4357
- Montgomery County Mental Health Hotline: 301-738-2255
- Prince George’s County Mental Health Hotline: 301-864-7161
- Arlington County Mental Health (business hours): 703-288-1550
- Police: 911

Conclusion

I understand and agree to these conditions.

Print Client Name

Date

Client Signature

Date

Therapist Signature

Date