



2000 14th Street North, Suite 780
Arlington, VA 22201
(p): 703-527-1200

PSYCHOTHERAPY CONSENT FORM - - ADULT VERSION

EXPLANATION OF THERAPY PROCESS:

Individual psychotherapy, as defined by Dr. Carla Messenger and her associates, is an ongoing process agreed upon by she and her client in which she conducts regularly held, 50-minute sessions for a mutually agreed upon period of time. Sessions generally occur once a week, following an initial, diagnostic intake, which lasts about an hour. The intake is a clinical interview that may include the completion of mood rating scales or other questionnaires in order to better understand the nature and extent of the problems. Intakes serve the purpose of both Dr. Messenger and her potential client determining whether a therapeutic relationship can develop and is a good fit for both parties.

If both parties agree to move forward in therapy, the sessions will take place once a week for the first few months to build momentum and make progress. At that time, Dr. Messenger will provide feedback as to whether sessions can occur less frequently. Research evidence suggests that at the start of therapy it is important to meet regularly so that a therapeutic alliance can develop more quickly. Furthermore, many evidence-based practices require weekly sessions due to their protocol. However, each case is individually assessed and can be discussed.

Therapy, as defined in this service agreement, is a mutual process in which the client participates actively and engages in discussion and appropriate exercises to facilitate personal growth, relief from symptoms, and to achieve goals established during the first few sessions.

RATES OF SERVICE AND COLLECTION OF FEES:

Initial Diagnostic Intake: \$200.00

50-minute Individual Therapy Session: \$175.00

(fees subject to increase \$5 after a year of service)

Phone Management: \$175 per hour; billable consultation begins after 15 minutes

Consultation with physicians, psychiatrists, or other professionals: \$175 per hour; billable after 15 minutes

Fees are due on the date of service. So, at the time of the therapy session, the hourly fee is due for that day. Payment can be made in cash, check, or credit card. We accept Visa, MasterCard, American Express, Discover, and some debit cards. If using a debit or credit card, an additional \$3.00 will apply due to the cost of processing cards. The Square is used for credit card processing, and is a secure format in which cards are not stored. Thus, you must bring your card



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to be charged on each visit. If payment is not made at the time of the visit, an invoice will be presented and payment is due as soon as possible. We do not bill clients for future payment. If payment is made with a check, and the check is returned due to insufficient funds, the balance due will include a \$30 fee.

COMMUNICATION WITH THERAPIST:

Most clients primarily correspond with Dr. Messenger and her associates over the phone or in person. If you need to contact the practice to schedule, change, or cancel an appointment, you may do so via email using the provider's email address. However, you must be aware that email is not a secure form of communication, and while it is permissible for healthcare providers to communicate with clients in this manner, it is not required and you may choose to communicate only through phone. Text messages are limited to issues related to scheduling, changing or cancelling appointments only and are not intended for therapy purposes or for consultation in between appointments. If you are running late for an appointment, you may send a text to your provider. Otherwise, you should limit text messaging. Furthermore, neither texting nor email should be used to seek professional advice or to provide extensive information, unless the provider and client have discussed this previously.

Any attachments sent via email, emails related to therapy content, or emails that provide relevant information to the reasons the client is in therapy may become part of the client's chart. Thus, if you do not wish for information sent via email to become part of the chart, you are discouraged from communicating content related to therapy over email.

CONTENTS OF THE CLIENT CHART:

Each client's chart consists of the following information:

1. Client Registration Form
2. Client Informed Consent/Service Agreement
3. Contact Log documenting all communication between client and therapist outside of session and contact with any persons regarding the client
4. Authorization to Release Information (only if appropriate)
5. Inventories and questionnaires administered during the Initial Diagnostic Intake
6. Clinical Progress notes, written after each session and signed by clinician
7. Additional information, such as email correspondence; copies of psychological reports or other collateral information collected to gain an understanding of client's presenting problems

The chart remains in the office where therapy is conducted and behind three locked doors, including internal filing cabinet and internal office door and exterior office doors. The contents of the chart are kept for Five (5) years from the date of termination under Commonwealth of Virginia state law. The client may obtain a copy of the file under certain circumstances, but it is



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not standard practice. No other person shall have access to the client chart without written consent of the client, except under mandatory court order. After five years since the date of termination, the chart is shredded. An electronic copy of the chart may be kept on a USB drive for that duration as well, but not longer than the paper copy. As electronic record keeping becomes more commonplace, it is possible that paper charts may be discontinued. However, files will not be kept on hard drives of computers or other devices where unauthorized access may occur. All documents will be password protected and encrypted.

CONFIDENTIALITY AND PRIVACY:

All medical charts, written correspondence, and verbal communication between client and therapist are kept in the strictest of confidences. No person other than the client will be informed of the therapeutic relationship; the client's progress, or any other communication between therapist and client without the written consent of the client. These standards are in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

In the event the client wishes another person to have access to Protected Health Information (PHI), or wishes for Dr. Messenger or another therapist to speak with someone on their behalf, written consent will be obtained prior to the communication. The client may then revoke consent at any time, in writing, and the communication will not continue.

TERMINATING TREATMENT OR CANCELLING APPOINTMENTS:

Therapy is intended to be useful, productive, and even enjoyable, at times. If the client decides they are finished with treatment for now, or are not finding it useful, they are encouraged to discuss their concerns with Dr. Messenger before deciding to end. If the client does choose to end therapy, doing so during a session rather than leaving a voicemail or sending an email is greatly appreciated. However, cancelling an appointment, any appointment, in less than 24 hours will result in being billed for the regular session fee. Missed appointments that are not officially canceled are also subject to being billed for the fee. Clients who arrive late for an appointment are still expected to pay the full fee. Rare exceptions to the late cancellation fee include death in the family; serious illness, or hospitalization.

INSURANCE FILING:

Dr. Messenger and her associates do not file insurance claims for clients. Carla Messenger, Ph.D. PLLC is an out of network provider. However, many clients who file their claims are able to be successfully reimbursed for a portion of the fee. Dr. Messenger will provide clients with a copy of a statement for each session that includes relevant information necessary to file a claim. Clients are encouraged to keep a copy of the form for their records and to send one to the insurance company.



MINDFUL SOLUTIONS, LLC
Psychological Services

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AGREEMENT TO TERMS AND SIGNATURE OF CLIENT AND WITNESS:

**I, _____, AGREE TO THE TERMS AND CONDITIONS
STATED HEREIN AND AGREE THAT I HAVE READ AND FULLY UNDERSTAND
THEM. I WILL NOTIFY DR. MESSENGER IF I HAVE QUESTIONS OR CONCERNS
ABOUT THESE TERMS.**

SIGNATURE OF CLIENT

SIGNATURE OF WITNESS

DATE (mm/dd/yyyy)