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# LETTER OF AGREEMENT

Welcome. The purpose of this letter is to let you know what to expect of our meetings. Feel free to ask questions at any time, as well as show this agreement to family members or other professionals you trust. Other things you should know:

**SEE YOUR DOCTOR** It's important to rule out any physical health problems contributing to your mental health concerns. You can tell your family doctor you are going to be working with me and that, if you say so, I may be requesting your medical records.

**TIME OF APPOINTMENTS** The standard appointment is 50 minutes. I begin promptly, but, if I'm ever late, I'll try to let you know in advance, even if the delay is just a few minutes. If I cause a late start, we will still work the full 50 minutes. If you arrive late, we still have to end the meeting 50 minutes after it was scheduled to begin. The charge for these shortened meetings will be the full amount. You will not be charged for a session if you cancel at least 24 hours ahead of time. As every rule has exceptions, we can negotiate the fee and the session's length in case of sudden illness, extreme or unusual circumstances. *Appointments missed for reasons related to work, among other routine obligations, will still be your financial obligation.* If you must cancel with shorter notice and are able to reschedule within the same week at another time that I have available, you will not be charged for the canceled session. Insurance companies will not reimburse for missed appointments. If you are unable to come into the office, telephone sessions can also be scheduled but they, too, are not reimbursable by insurance.

**COMMUNICATING BETWEEN SESSIONS** I return most calls within a few hours if you leave a voice-mail before 5 p.m. weekdays. Otherwise, you can expect a call the next day. Routine calls for appointments are not charged, of course, but clinical matters that require longer discussions (more than five minutes) will be billed as they are considered part of our work. Because e-mail is not a secure form of communication, it’s important to consider the range of options for communicating between sessions. The telephone ensures the promptest, most confidential response. U.S. mail and encrypted email are also considered secure. If you still choose to use unsecured email, you are acknowledging that you understand the risk and are willing to take it. In addition, emailing me authorizes me to communicate with you via unsecure email.

**EMERGENCIES** If necessary, I will try to schedule an emergency appointment in person or by telephone. If you are unable to reach me and need immediate help, please contact your family doctor or any other medical professional you trust. In a crisis, please get yourself safely to a hospital emergency room.

**STOPPING OUR SESSIONS** While you or I can stop treatment at any time, it's best if we can agree when it makes sense to end our meetings. We can agree on a certain number of sessions up front, or decide as we go along. In the first case, we will stop after the agreed-upon-number of sessions, unless we make a new agreement. The second option allows us to decide to end whenever, for whatever reason, from reaching goals to deciding to abandon them. There is no guarantee that you will reach all the goals we set, but our combined motivation is the best predictor of success. I do not accept clients who, in my opinion, I cannot help. If at any point during psychotherapy, I assess that I am not effective in helping you reach your goals, I will discuss it with you and, if appropriate, end treatment and give you a referral. Whatever the circumstances, I recommend scheduling one final meeting to sum up our work together and discuss your future.

**INSURANCE AND FEES** The charge for each 45- to 50-minute meeting is $......… Clients are required to pay in full at the beginning of each session by cash, check or money order. If you can’t afford my fee at any point during treatment, let's discuss what you can afford. If and when your financial circumstances improve, you will be expected to pay my full fee. If you have health insurance, knowledge of your coverage, including deductibles and co-payments, is your responsibility. While I do not take insurance, I will do what I can to help clarify insurance matters, which can be confusing. If your insurance plan allows you to submit receipts for reimbursement, I will be happy to provide receipts each month.

**PRIVACY**  [This section is a synopsis of the latest Notice of Privacy Practices issued by the U.S. Department of Health and Human Services. Before signing this form, be sure to review the full Notice.] My professional ethics require me to keep everything you discuss confidential. I have no intention of giving information about you to anyone unless you ask me to. I have no objection, however, to your revealing anything you want to anyone you want about our meetings. Before you email confidential information about therapeutic issues to me or anyone else, it’s worth remembering that most email programs do not guarantee confidentiality. I keep a written record of our sessions under lock and key. These notes help me stick to our goals and pick up where we leave off. These notes are your property as well as mine. You may read them whenever you want, and request a personal copy. There are several exceptions to the principle of confidentiality that you should be aware of, including the following. To ensure quality treatment, I may discuss your treatment in clinical consultation with colleagues or with healthcare providers involved in your treatment. Disclosure of confidential information may also be required by your health insurance carrier in order to process claims. Only the minimum information (i.e., diagnosis, sessions attended) will be relayed. In the rarest of circumstances, I could be subpoenaed to testify about you in court. For example, this could happen if there were reason to believe I knew of certain types of criminal wrong-doing. Testimony might also be necessary if you were to bring legal action against me and disclosure was relevant to a defense, or if you failed to pay for services rendered. If you tell me that you are serious about harming yourself, I may be required to seek involuntary hospitalization for you and alert your family and others. If you tell me that you are serious about harming someone, I may need to take action to prevent that harm from occurring, including alerting the authorities and/or warning the person who is being threatened. I am also required to report any suspected child or elder abuse or neglect. In such rare situations, my records about you could also be reviewed in court.

**MY BACKGROUND** I have been practicing psychotherapy since 1989. I offer clients a variety of therapeutic strategies from several psychological schools of thought, including cognitive-behavioral therapy, hypnotherapy and mindfulness-based therapies. My academic degrees are two: a Bachelor of Arts from Brandeis University, and a Master’s Degree in Social Work from Simmons School for Social Work. I’m a Licensed Independent Clinical Social Worker in the state of Massachusetts, and a member of the National Association of Social Workers. As a Teaching Associate in Psychiatry at Cambridge Health Alliance, a teaching affiliate of Harvard Medical School, I teach and supervise other therapists. I also write about my work for publication. When I write about cases, which I do on occasion, I make it a point to ask clients for permission and disguise their identities.

**OUR AGREEMENT** You are the boss, and I am working for you. Setting goals is the first step in psychotherapy. You can determine what your goals are, and my role is to help you reach them. I may show you how to better define your goals or help you think through the consequences of reaching them, but you have the last word. Signing our names means we both agree with the points in this letter as well as your stated goals. Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Attempting to resolve such issues, may result in changes that were not originally intended, such as changing jobs or ending relationships.

**DUAL RELATIONSHIPS** Therapy never involves sexual or business relationships or any other dual relationship that impairs my objectivity, clinical judgment, therapeutic effectiveness or can be exploitative in nature.

**SIGNATURES** We the undersigned have read this statement, understand it, and agree with its terms as well as the terms spelled out in the Notice of Privacy Practices. We will comply with all the points in this letter, and will discuss any concerns about privacy rights if/when they arise. It is understood that our relationship may be discontinued whenever these terms are not fulfilled by either of us.

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Client Signature Therapist Signature Date

□ I understand that email is not a secure form of communication and I choose to use it anyway. In addition, I authorize Jean Fain to communicate with me via email. \_\_\_\_\_\_