



## **Agreement for The Journey to Serenity PLLC**

This document provides information about the psychotherapy process and the business policies for The Journey to Serenity PLLC. Please take the time to read it carefully and ask about any items that seem unclear. By signing this form, you indicate that you agree to and understand the psychotherapy process and business policies between you and your clinician at The Journey to Serenity PLLC.

This document is important. Please take a moment to read it and note any questions you have before signing it. Signed, it is an agreement between you and I, your therapist, at The Journey to Serenity PLLC.

### **Informed Consent**

Psychotherapy can have benefits and risks. As with most other forms of treatments, results cannot be guaranteed.

Participation in therapy can result in a number of benefits to you. You may experience increased insight into your patterns of feeling, thinking, behaving and relating to others; improvement in your relationships; resolution of any symptoms that brought you into therapy; and insights, lessons, or techniques that will ameliorate current and future life challenges.

Benefits to therapy require openness on the part of the therapy client. When information about your feelings, thoughts, behaviors, relationships, or other difficulties are withheld, it is not possible for the therapist to help you with them or to help you understand how they may be related (or not) to the issue for which you are seeking treatment. Benefits also require consistent attendance in therapy and work both in and outside of therapy sessions.

Therapy involves talking about experiences in your life that may cause you to feel difficult emotions. The goal is to work through, rather than get stuck in, difficult emotions or thoughts. During the process, you may experience painful thoughts or emotions (e.g. anger, hurt, frustration, or confusion).

Some people notice an immediate sense of relief when they share their pain with someone else. Others may notice that their symptoms get worse, before they begin to get better. In either case, it's important to share your reactions to therapy.

It is important to talk to your therapist about these reactions to therapy when they come up. They may be a natural, tolerable, and expected reactions to your work in psychotherapy. Other times it may be necessary or preferable to change the pace of your therapeutic work if the feelings are too uncomfortable. Or, if the treatment is not helping, it is important to talk about other treatment options.

### **How therapy at The Journey to Serenity PLLC works**

Your first session/s will involve an evaluation of your needs. While evaluation is ongoing, the initial phase of evaluation will result in a discussion of your therapy goals and recommendations about how you might reach those goals. You and I will work together to reach a shared understanding of where your problems come from and what factors in your life contribute to keeping those problems in place. This information guides how you will move forward in resolving them. Should either of us determine that the type of treatment I can offer, or the mode of treatment (online) is not a good fit for you, or even if we find that I am not a good fit, I will share recommendations for the right type of treatment and provider.

While the specific methods of therapy will come from our assessment, it may be helpful for you to understand the general process. Initially, our work will be about getting to know and understand you, together. I make this as comfortable as possible by listening carefully, reflecting back what I hear so that you can let me know if I'm really "getting" you, and collaborating with you to form connections between your experiences with your feelings with your thoughts and your impulses or behaviors. We'll look at your current life, your early life, and even your "life" in the therapy room with me to see if we can find themes that exist in all three areas. When we discover those kinds of thematic issues, it helps us to know that we are working on a "core" issue. Core issues can initially feel harder to work on and can bring up more pain, but ultimately can provide longer term relief. We will also do things to bring immediate relief to areas of suffering – for example if you struggle with sleep or anger or anxiety, we'll assess it deeply and then practice strategies to overcome it.

If you have unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the clinician's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

Therapy may also involve recommendations or referrals to additional services that support your wellness (e.g. psychiatrist, neuropsychologist, physician). In some cases, these treatments are so vital and central to your recovery that your clinician is unable to ethically continue providing therapy without your concurrent treatment with these providers. Failing to follow these recommendations may result in impaired treatment progress, suicidal thoughts or actions, deteriorating medical condition, termination of treatment with

this clinician or even death. Most often, however, these are recommendations not requirements.

## **Technology**

Most clients opt in to receive invitations to sessions via email or text. If this is the case for you, you'll receive an email from one of our qualify HIPPA compliant platforms with a link to download the software. It takes just seconds. Then, prior to our meeting, you will receive a reminder with a link to log in to the waiting room at our appointment time.

I encourage clients to do a test log in prior to our appointment to make sure that everything is working well on their side. You can check that your mic, speakers, and video are working this way.

It takes a few seconds after you log into the waiting room for us to show up on each other's screens. That's normal. If it seems to be taking an inordinate amount of time, feel free to text, email, or call me so that we can troubleshoot together.

Please be sure to EXIT out of any programs that steal bandwidth prior to our sessions. QUIT (don't just minimize) skype, carbonite, google drive back up, or any other cloud backup service. Please ensure that no one in your home is streaming video or playing graphic heavy online video games as this will decrease our internet connection.

Tech issues are rare and usually very easy to solve. Turning things off and back on again typically fixes most issues.

## **Additional Pro-Tips for Online Therapy**

- If others will be nearby while you are in therapy, ensure that you have adequate privacy prior to session. Psychotherapy is serious work. You do not want to be interrupted.
- Turn off notifications on your computer and phone once we are connected.
- Bring tissues. If you were in my office, I'd provide them for you.
- You may be extra cozy because you are somewhere familiar to you and you may feel more casual because the work is online and you are used to socializing that way. Remind yourself prior to the session that you are here to do the meaningful work of positive change.
- Research says that the connection between therapist and client is the primary determinant of therapeutic change. I want to make sure that we connect well over video so in our first session, I'll share some tricks to make sure that we can look at each other, rather than the camera, when we talk. If it looks off to you, please let me know. Eye contact matters.

## **Emergency and Crisis Support**

The Journey to Serenity PLLC do not provide 24-hour crisis services. If a life-threatening crisis should occur, contact a crisis hotline, call 911, or go to a hospital emergency room. As an individual provider who is not in a group practice, I am generally in a therapy session during working hours and am unavailable outside of working hours. If it is likely that you may need crisis support, let's discuss this so that I can be sure you have the level of care you need. You deserve support that matches your needs.

## **Strengths and Limitations of Online Psychotherapy**

Telephone, chat, and video sessions have some advantages over in-person psychotherapy. Many of my clients share with me that it is more convenient (no commute) and more comfortable (in their own space). Some clients share that they feel more able to share "deep" things because it is online rather than in person.

Online therapy is not for everyone. If a client has a poor internet connection, a lack of privacy, or otherwise would simply be more comfortable meeting in person, it is better to connect them with a provider who offers that service. It is important to consider if this applies to you and may impact your therapeutic progress and select an in-person provider if so. In some clinical situations, such as crises or suicidal or homicidal thoughts, in-person treatment may be the most appropriate treatment choice.

## **Location of Services**

Online therapy allows me to provide services to a broader geographic range of clients than in person services. We have a team of licensed counselors, therapists and psychologists who are licensed in the State of Connecticut.

## **Confidentiality**

Information shared by a client during therapy sessions is confidential. This means that I do not share your information with anyone except with legally or ethically bound to do so. Those circumstances are as follows:

- I am required to report suspicion of child abuse, neglect, or abandonment
- I am required to report suspicion of elder/vulnerable adult abuse, neglect, or exploitation
- I will share important and relevant information to protect a person to whom you appear to be an imminent and/or immediate physical threat
- I will share important and relevant information to protect you from imminent or immediate and/or immediate physical threat to yourself
- I may be required by Court Order to disclose treatment information.

Additionally, communication with me via any online or electronic means (e.g. email, text, video chat) is limited in security and thus your confidentiality may not be guaranteed. Please consider the limits of confidentiality in electronic communications outlined in more detail later.

In the event of an injury, illness, or other unexpected emergency situation that results in me becoming unavailable, your basic contact information (name and contact numbers or email) may be provided to a fellow clinician or associated professional. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

### **Confidentiality and Social Interactions**

Should we run into each other socially in person or online, I will never acknowledge working therapeutically with you. In order to protect our relationship, I cannot accept invitations to social events or social media requests. While you are welcome to visit my YouTube channel, professional social media pages, or website, I would discourage you from leaving messages there or “following/subscribing” simply to better protect your privacy and anonymity.

### **Confidentiality Policy in Emergencies**

Should you enter a medical or psychological emergency, I need to know your location so that I am able to get help to you. Please share the location from which you will be conducting our sessions.

Physical Location of Client Receiving Services:

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Please sign below to indicate that you agree to share your location with me at the beginning of session should it be different from the one listed above.

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Should you need physical or emotional assistance (e.g. approaching a psychological emergency but not at the threshold of needing to be hospitalized or feeling dizzy but not in need to an ambulance), I would like to be able to contact someone to assist you. Please name two emergency contacts, their relationship to you, their phone numbers, and email address. By signing below, you agree that I may, but am not required to, contact either of these people if I am concerned for your safety. In the case that I have dire concerns for your safety, I will do all that I can to protect you, including calling 911 or other emergency responders.

Please provide this information to your therapist during your assessment/intake, therefore she/he can update your file with your emergency contact.

_____	Name, Relationship
_____	Phone number, Email
_____	Name, Relationship
_____	Phone number, Email

### **Confidentiality of Email, Chat, Cell Phone, Video, and Fax Communication**

I use secure and encrypted video software for our sessions.

I use secure email, phone, and faxing systems. However, I want you to be aware that if you do not also use secure/encrypted programs on your side of the communication, the communications may not be secure. As a result, I start at a place of sharing as little as possible via these channels and will adapt to your comfort, with documentation, as we proceed. Security laws state that clients have the freedom to request or opt in to less secure means of communication if they are aware of the risks, comfortable with them, and find it clinically helpful to do so.

I also want to acknowledge that while I regularly check in on the security of all of our ways of communicating, swift advances in technology preclude my ability to be certain of our security. Just as I cannot guarantee a physical office space isn't broken into, I also cannot guarantee the absolute security of our work online.

Please ensure that you too are doing your utmost to protect your privacy by considering who has access to your email, text messages, and so on before choosing online therapy. For example, I would discourage you from using your work email for our communications. Another way to protect your privacy is to sure to fully exit all online counseling sessions and emails before leaving your computer.

## **Consultation:**

We consult regularly with other professionals regarding my clients to provide the best care possible; however, the client's name or other identifying information is never disclosed. The clients' identity remains completely anonymous and confidentiality is fully maintained.

## **Dual Relationships**

Not all dual relationships are unethical or avoidable. However sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair your clinician's objectivity, clinical judgment or therapeutic effectiveness, nor that could be exploitative in nature.

## **Rates, Billing, and Payments**

We have discussed and agreed upon the following rates:

60- minutes Initial Assessment	\$300.00
53 -minutes Psychotherapy Sessions	\$225.00

Ongoing psychotherapy typically occurs weekly for 53 minutes a session on a time and day agreed upon. Once the appointment is scheduled, you will be expected to pay for it unless you provide at least 24 hours' notice.

You will be invoiced following our sessions. If the session was missed without 24 hours' notice, it will be invoiced. I am able to send an invoice to you in a number of ways. Please let me know which you would like to use. If you do not see a good option, please let me know prior to our meeting so that we can decide upon a method together.

**Please sign next to your choice.**

\_\_\_\_\_ Please invoice me through your secure software. I will pay by credit card. I agree to receive an emailed invoice, which will include things like my name and email address, the cost and date of service, your name/logo and email address. I understand that email cannot be guaranteed to be secure.

If you do not keep your account current, I may elect to refer your outstanding balance for collection to an outside collection agent and/or agency. If your account will be referred to an outside collection agency, the cost of that service will be added to your bill.

## **Insurance Coverage:**

The Journey to Serenity PLLC will bill your insurance for services rendered. In the event that your insurance lapses, you are responsible to inform your therapist. If your insurance refuses to cover your services, you are responsible for the total cost of your session(s). You are responsible to keep your therapist and The Journey to Serenity PLLC of any changes pertaining to your health insurance coverage.

## Other professional fees

The session charge of \$220.00 will be used to calculate other professional services you may need and will be broken down into 15-minute increments when services are provided for periods of time outside of those detailed above.

Other professional services include:

- Report or letter writing to physicians, psychiatrists, etc.
- Telephone calls that last greater than 15 minutes
- Extended sessions
- Participation at meetings or phone consultations with other professionals (that you have authorized)
- Record or treatment summary preparation.

If you become involved in legal proceedings that require my assistance, you will be expected to pay for all of my qualified time, including planning and transportation costs. Due to the complicated nature and difficulty of legal involvement, the fee is \$300 per hour.

Please take note of your agreement to avoid involving your clinician in legal proceedings (below).

## Methods of communication

Some clients appreciate the convenience of having appointment reminders sent to them over text or email. Or they appreciate being able to receive and pay invoices over email. Or to share relevant paperwork in these ways.

Given the limitations of security for electronic communication, I would like to know which of the following you are comfortable with. Please sign next to each that you are comfortable using for administrative issues like scheduling, invoicing and collecting paperwork if not submitted through my client portal.

Please inform your therapist which of the following ways of communication you feel comfortable with.

\_\_\_\_\_ Email  
\_\_\_\_\_ Cellular Phone using Internet (VOIP) (my secure business phone line)  
\_\_\_\_\_ Text via Cellular Phone above  
\_\_\_\_\_ Voicemail via Cellular Phone above



\_\_\_\_\_ Other methods. Please list.

Please provide your therapist you prefer email and phone number for communication purposes.

\_\_\_\_\_ Email

\_\_\_\_\_ Phone Number

Be aware that basic demographic details like your name, email, and location are considered Protected Health Information (PHI) as is anything clinical in nature like your diagnosis or clinical material. Please initial next to each item you consent to.

I consent to allow The Journey to Serenity PLLC and my therapist to use unsecured email, cell/VoIP phone text messaging, calls, faxes, or voicemail to transmit to me the following protected health information:

\_\_\_\_ Information related to the scheduling of meetings or other appointments

\_\_\_\_ Information related to billing and payment

\_\_\_\_ Information that is clinical in nature (e.g. treatment summaries, diagnosis)

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

**\*\*Electronic Signature via client portal with Therapy Notes**

Are there limitations about what you would want me to share via text, email, voicemail, etc.? Please share below. I want to ensure we are on the same page!

Please share this information with your therapist at the time of your assessment/intake and/or during the period of your treatment at SMPsychotherapy & Counseling Services

We will discuss the options you opted into in our meeting including the clinical utility of communicating in any of the ways mentioned above to decide together if we want to include them in your treatment. Should we decide to share more than basic administrative materials electronically, we need to discuss it first in session so that we can weigh the pros and cons. The delivery of any electronic communication can be intercepted, misdirected, or delayed. Decisions about this should be thoughtful, collaborative, and mutually acceptable.

## Discharged from care

Psychotherapy is typically terminated when it becomes reasonably clear that the client no longer needs care. So that you can process the termination of the therapeutic relationship, a final appointment is helpful when ending therapy. This final appointment can be used to review your therapeutic growth, to plan next steps, and to process the termination of therapy.

If you do not show up to your appointment, and/or do not return calls or emails, it will be assumed that you are wanting to discontinue your therapeutic work and you will be discharged from care.

Both the therapist and the client have the right to end counseling at any time.

## Agreement

By signing below, you acknowledge you have read the proceeding information, understand your rights as a client, and agree to psychotherapy services under these conditions. Additionally, your signature below indicates that you understand that I your therapist, am an independent practitioner; therefore, the providers I contract with (e.g. my video software, my billing software, etc.) are not responsible for or involved in your (the client's) care or treatment.

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Signature

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Date

Please sign and date to signify that you have read and understand the Privacy Statement Document included with this paperwork by law:

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Signature (Adult or Minor Aged 16 or older)

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Date