

# **InnerVision Therapy, LLC.**

1117 Woodward Drive, Suite 4  
Greensburg, Pennsylvania 15601

## **PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT**

This Agreement has three purposes. First, it tells you about procedures and policies concerning important aspects of your psychotherapy. Please inform your therapist if you have concerns about any of these policies. Your first visit will help your therapist get a general understanding of your situation in order to determine how you might be best helped. Because it is expected that you participate in planning counseling, do not hesitate to ask questions.

Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk about with your therapist. Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and feeling much less distressed. However, there is no guarantee what you will experience; at times, a psychotherapy session may leave you with unhappy feelings.

Second, this form is an Agreement between you and InnerVision Therapy. You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on InnerVision Therapy unless InnerVision Therapy has already relied on this Agreement to take action or if you have not paid your bill in full.

Finally, this form also contains information about federal law that affects your privacy rights. This law, called the Health Insurance Portability and Accountability Act (HIPAA), regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. HIPAA requires that you are given a Notice of Privacy Practices (the Notice). The Notice, which is distributed along with this Agreement, explains the application of HIPAA to your PHI in greater detail. The law requires that your signature be obtained, acknowledging your receipt of the Notice. Please take home the Notice and read it before your next session; at that time, you and your therapist can discuss any questions you may have.

### **APPOINTMENTS, HOURS AND LOCATION**

Individual appointments last approximately 50 minutes and can be scheduled through your therapist or by calling (724) 834-0432. Please leave a message. *If you need to cancel an appointment, please notify InnerVision Therapy at least 24 hours before the session, or you will be charged a cancellation fee for the time you reserved for your appointment.* Your visit time will be determined by you and your therapist. We try to be flexible with scheduling, and will take into consideration your work/personal schedule. Therapy will be conducted at the InnerVision office.

## TELEPHONE CALLS AND EMERGENCIES

Please try to make any telephone calls to your therapist during the day. If you receive our voice mail, please leave a message and your therapist will get back to you as soon as is feasible. Lengthy telephone consultations may be billed at a standard hourly rate for professional service.

*When your therapist is not available and you need to talk to someone, please call the 24 hour Crisis Hotline number: The Westmoreland County crisis number is: 1-800-836-6010. The Allegheny County Crisis number is: 1-888-424-2287. In emergencies, please call 911 or go to a hospital emergency room. An emergency is generally a situation in which you are in danger of or have hurt yourself or someone else.*

## CONFIDENTIALITY AND FILES

The laws governing confidentiality can be quite complex. The attached Notice explains some specific Patient Rights that you have under the HIPAA law. A Clinical Record on your case will be maintained on file; which is the property of InnerVision Therapy. You may examine and/or receive a copy of your file *if* you request it in writing *and* the request is signed by you *and* dated not more than 60 days from the date it is submitted. There may be a charge for writing reports or for copying materials. In most situations, InnerVision Therapy can release information about your treatment to others *only* if you sign a written authorization form for each release. However, in other situations, InnerVision Therapy needs only written, advance consent to release information.

Your signature on this agreement is written, advance consent for the following releases of information:

- Your therapist may occasionally find it helpful to consult other health and mental health professionals about a case. During consultations, your therapist makes every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. The therapist will note all consultations in your Clinical Record.
- Your therapist may find it helpful to receive or exchange information with your primary care physician or other health and mental health professionals who are currently treating you. Your signature on this Agreement is written, advance consent for release of information to these professionals. A record of any disclosures will be kept in your Clinical Record.

\_\_\_\_\_ Check here if you do NOT wish InnerVision Therapy to release any information to other mental health and health professionals who are currently treating you.

There are some situations where InnerVision Therapy is permitted or required to use or disclose information without either your consent or authorization:

- If a client is clearly likely to seriously harm him/herself, InnerVision Therapy may be required to take action to prevent self-destruction.
- If there is a clear risk that a client plans to seriously harm another person, InnerVision Therapy has a duty to warn the potential victim or disclose the risk to appropriate public authorities.
- If a therapist suspects that abuse of a child or senior citizen may have taken place, the therapist is required to report the suspected abuse to the Department of Social and Health Services.
- If the client is a minor, both parents have access to the minor client’s complete Clinical Record; including Psychotherapy Notes, unless there is a court order prohibiting one of the parents from access.
- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the counselor-client privilege law. InnerVision Therapy cannot provide any information without your (or your personal or legal representative’s) written authorization. However, if a court orders InnerVision to disclose information, we are required to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order InnerVision Therapy to disclose information.
- If a client files a complaint or lawsuit against InnerVision Therapy or any of its staff, InnerVision Therapy may disclose relevant information regarding that patient in order to defend itself.
- If a client files a worker’s compensation claim, the client must sign an authorization; so that InnerVision Therapy may release the information, records or reports relevant to the claim.
- InnerVision Therapy may present disguised case material in seminars, classes or scientific writings. In this situation, all identifying information and PHI is removed to maintain client confidentiality and anonymity.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS, AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF PRIVACY PRACTICES DESCRIBED ABOVE.**

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Client or responsible party

Witness

Date