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Therapeutic Agreement - Client Informed Consent

This document outlines your rights as a client and what you can expect from therapy. Please read this carefully and feel free to ask any questions you may have.

Therapeutic Expectations

The foundation of effective therapy is based on a relationship of trust, openness, safety, and respect. I understand therapy is a joint endeavor. The feedback I provide my therapist about what is helpful and not helpful is essential. Throughout therapy but particularly in the initial sessions we will assess the pace and style that will most likely meet my individual needs.

I understand that therapy is a cooperative effort between Tess and myself. I have been informed that therapy will at times involve discussing issues that may be distressing and that this process is intended to help me. I may experience changes in my relationships or temporary worsening of symptoms. I will also likely experience moments of greater personal awareness, insight, healing and celebration.

Many people find that meeting on a regular weekly basis, especially in the early stages of our work, gives a sense of consistency to the process. Therapy can be intensive and frequent, occasional and supportive, short or long term, and a place to return for further work down the road. I can consult with Tess about frequency of sessions but understand that I am ultimately in charge of how often we meet. I understand that Tess requests weekly sessions for the first month, in order to build rapport and feel the effects of therapy as an intervention.

Therapy has been shown to have significant benefits but it is important that my actions outside of therapy mirror the intentions I set in session. I understand that there are no guarantees the therapy process will work for me and if needed, my therapist will provide me with alternative referrals. Either Tess or I can choose to end therapy at any time. This decision is best accomplished with mutual consultation. Likewise, it can be quite useful to have a closure session for completion and goodbyes.

Confidentiality

I understand that the work we do together is private. I can share with whomever I wish, but Tess will not discuss our work with anyone without written permission from me, unless the situation fits the exceptions below. If I refer someone to Tess, she will not confirm or deny any contact with that person, nor will she tell that person that she knows me. If we happen to see each other outside Tess's office; at a social event or grocery store for instance – the decision to approach or acknowledge Tess is up to me. She will not make the first move. I am welcome to greet her, keeping in mind that confidentiality becomes more complicated if either of us is accompanied by another person.

Exceptions to confidentiality:

- Tess will consult with colleagues, without revealing my identity when she believes it would be helpful.
- In the case of joint/relational therapy, if Tess believes that information discussed individually is essential to the relational therapy she will consult with me about ways to bring the information to the relational session.
- Tess is a mandatory reporter, so when child, elder, or animal abuse is suspected involving myself or others, she will report to the appropriate authorities.
- Tess may have to take protective action when she believes there is intent to commit suicide or threats to do physical harm to myself or others.

- If ordered by a judge to disclose information about my therapy, Tess will have to obey the order.
- While it is her legal responsibility to disclose information in any of the above situations, it is Tess's desire and ethical responsibility to help me through stressful times such as these.

Fees, Insurance, and Payment

The fee for each session of any type is \$160. Payment in full is required at the time of each session (fee for service model). If payment is made more than 24 hours after a session, there will be a \$10 late fee added. If the fee is ever a barrier for me, I'm encouraged to discuss this with Tess to see if other arrangements can be made. I understand that Tess's fee may change with 30 days written notice to me. Returned checks for insufficient funds will incur a \$30 fee.

It is my responsibility to check with my insurance carrier to see if, and how much of, Tess's services will be covered. Insurance plans change frequently. It is my responsibility to keep up with coverage changes.

I am aware that insurance companies often require a formal diagnosis to be assigned and a treatment plan to be disclosed in order to cover therapeutic services. I authorize the release of any information necessary to process claims and I authorize payment of medical benefits for services provided by Tess.

If I cancel with less than 24 hours notice, I will be required to pay a \$100 fee for the "late cancel". If I "no show" an appointment (meaning I do not notify Tess before the start of the appointment that I will not be attending) I agree to pay for the session in full. I understand my insurance company will not provide reimbursement for missed/canceled sessions. If I miss, or late cancel on, three or more sessions, Tess will discuss this with me and may discontinue services with me.

The "Email, Phone-calls and Letters" section below, outlines additional fees.

Limits to Treatment

- Tess does not provide emergency services. Appointments will typically occur for 50-60 minutes on a weekly (sometimes twice weekly) basis unless other arrangements are discussed and agreed upon. I am encouraged to call 911 if an emergency arises between sessions.
- Tess does not provide psychological evaluations, forensic evaluations (ex. collecting information in a legal proceeding) or expert testimony for the court in child custody, divorce proceedings, etc. If Tess is subpoenaed to appear in court, even if called to testify by another party, I understand I will be required to reimburse her for a full days work at an hourly rate of \$200, as well as for any time spent preparing or for additional expenditures incurred by her.
- Tess does not provide medical evaluations or prescribe medication. If I am seeking these services, I may ask Tess for a referral.

Email, Phone-calls, and Letters

- Emails can be an efficient way to provide Tess with non-emergency information. Please be aware that HIPAA policies prevent her from replying with therapeutic feedback via email because this is not a secure format for confidential communication. Her response will be reserved for the next time I meet with her in person.
- I am free to leave a message on Tess's confidential voicemail at any time, day or night. Tess checks for voicemail during her regular business hours. She will do her best to return my call within 24 hours of receiving it. Phone consultations/conversations that exceed 10 minutes and email/text correspondence that exceeds 10 minutes will be billed at a prorated standard session fee (\$30 for every 10 minutes of time, \$90 for 30 minutes, etc.) and unfortunately insurance does not provide reimbursement for this service.
- Coordination of care can be an essential part of treatment. With my written consent, Tess may make

phone-calls or provide letters or documents to other necessary third-parties. If these services exceed 10 minutes per week I will be personally billed at the prorated standard session fee. Tess will strive to keep these calls to a minimum; however, quality of care is her top priority.

My Rights

- I understand that I have certain rights as stated by the North Carolina Certification and Licensure Board.
- I have the right to considerate, safe, and respectful care without discrimination as to race, ethnicity, national origin, gender, sexual orientation, age, religion, size, ability, or source of payment.
- I have the right to be safe from sexual harassment or sexual contact.
- I have the right to review my records and request the release of that information to another professional.
- I have the right to ask questions, make decisions about my or my child's treatment, or disagree with Tess at any time.

I have reviewed this information and know that a copy of my therapist's Professional Disclosure Statement is available upon request. My therapist has adequately answered all of my questions.

I authorize Tess Cialdini, LCSW, LCAS to provide therapy services. It has been my choice to request services from Tess. I may terminate our work together at any time.

Client Signature

Date

Guardian Signature

Date

Therapist Signature

Date