

PSYCHOTHERAPY SERVICES CONTRACT



256 Seaboard Lane Suite E 102 Franklin, Tn. 37067

Here follows some essential information about psychotherapy at SHARA SMILE, LLC. Please read and sign at the bottom to indicate that you have reviewed this information and agree to our practice policies.

Length and frequency of treatment

Psychotherapy typically involves regular sessions, usually 45-55 minutes in length. Sessions can be scheduled once a week (or more) and as little as twice a month. Sessions may be scheduled "as needed", however, when using this option, there may be a wait time as session times are often booked.

Confidentiality

Information you share will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving yourself or others, in situations in which children are put at risk (such as by sexual abuse or neglect), elder abuse, or if I am ordered by a court of law. If I need to discuss your treatment with a colleague, I will disguise identifying information, including using a pseudonym.

Fee and Cancellation Policies

The fee for an initial consultation is \$175.00. Fees for family or couples counseling sessions are \$145. Fees for individual counseling sessions are \$135. Fees are collected at the time of service unless alternate arrangements are made in advance. If you need to cancel an appointment, please provide 48-hour advance notice; otherwise, you will be charged for the missed session. Emergency medical or family situations are the only exceptions. For cancellations, contact 703-570-5951 or sharasmiletoday@gmail.com.

In signing this services contract, you agree to have session fees for late cancellation or no-shows, as well as any unpaid balances, charged to a credit card on file. Please provide credit card information below. Your credit card account information will be kept secure. Please notify me of any changes to your card information.

Name of Cardholder (as appears on card): _____
Zip Code: _____ Card #: _____ Exp. Date (month/year): _____
CVV#: _____
Phone and emergency contact: _____

If you need to contact me by phone, do not hesitate to call. When I am not available, please leave a voicemail message. I am usually able to return calls within 24 hours. You will not be charged for phone calls unless we have a conversation of an information-exchanging or problem-solving nature that lasts more than 10 minutes. Phone sessions as such will be indicated on clinical invoices. There will be a fee for phone sessions or family related calls regarding your case management that last longer than 10 minutes. If you cannot reach me in an emergency, you can find more immediate assistance by calling 911 or proceeding to your nearest emergency room.

Physician Contact: _____

Physical and psychological symptoms often interact. I encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for psychological problems. When appropriate, I will arrange a referral for medication evaluation.

Freedom to Withdraw

You have the right to end therapy at any time. If you wish, I will do my best to give you the names of other qualified psychotherapists that may be appropriate for your needs.

Informed Consent: I have read and understand the preceding statement and have had an opportunity to ask questions about them, and I agree to enter a professional counseling relationship with SHARA SMILE.

Patient Signature _____ Date _____