

**Suzanne Brown Resources, PLLC**  
Suzanne Brown, LCSW, LCAS  
contact@suzannebrownresources.com  
(919) 960-1501

## **Therapeutic Agreement - Client Informed Consent**

Welcome! 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 therapy is a cooperative effort between Suzanne and myself. I have been informed 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 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 Suzanne about frequency of sessions but understand I am ultimately in charge of how often we meet. I understand Suzanne 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, and it is important my actions outside of therapy mirror the intentions I set in session. I understand there are no guarantees the therapy process will work for me and if needed, my therapist will provide me with alternative referrals. Either Suzanne 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 the work we do together is private. I can share with whomever I wish, but Suzanne will not discuss our work with anyone without written permission from me, unless the situation fits the exceptions below. If I refer someone to Suzanne, she will not confirm or deny any contact with that person, nor will she tell that person she knows me. If we happen to see each other outside Suzanne's office; at a social event or grocery store for instance – the decision to approach or acknowledge Suzanne 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:**

- Suzanne will consult with colleagues, without revealing my identity, when she believes it would be helpful.
- In the case of joint/relational therapy, if Suzanne believes information discussed individually is essential to the relational therapy, she will consult with me about ways to bring the information to the relational session.

- Suzanne is a mandatory reporter, so when child, elder, or animal abuse is suspected involving myself or others, she will report to the appropriate authorities.
- Suzanne may have to take protective action when she believes there is intent to attempt death by suicide or threats to do physical harm to myself or others.
- If ordered by a judge to disclose information about my therapy, Suzanne will have to obey the order.
- While it is her legal responsibility to disclose information in any of the above situations, it is Suzanne's desire and ethical responsibility to help me through stressful times such as these.

---

### **Fees, Insurance, and Payment**

The fee for the initial evaluation session (60 minutes) is \$175, a 45-minute individual session is \$165, and a 60-minute couples or family session is \$175. Payment in full is required at the start of each session (fee for service model). If the fee is ever a barrier for me, I'm encouraged to discuss this with Suzanne to see if other arrangements can be made. I understand Suzanne's fee may change with 30 days written notice to me. Returned checks for insufficient funds will incur a \$30 fee.

I am aware Suzanne is an out-of-network provider. It is my responsibility to check with my insurance carrier to see if, and how much of, Suzanne's services will be covered within my out-of-network benefits. Insurance plans change frequently. It is my responsibility to keep up with coverage changes. Suzanne will supply me with a SuperBill if I wish to file my own claims with my insurance carrier. I can receive SuperBills electronically by email or as a paper copy. If I choose to receive SuperBills by email, I understand the document contains health information and accept privacy risks.

I am aware 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 Suzanne.

I am aware Suzanne is not a participating member of Medicare or Medicaid. This means neither Suzanne nor I can submit a bill for reimbursement for services rendered if I am covered by Medicare or Medicaid. I understand I am entering into a therapy contract with Suzanne and will pay for services rendered out-of-pocket. I understand neither of us will be reimbursed.

If I miss an appointment (no-show) or cancel with less than 24 hours notice (late cancel), I will be required to pay for the session. I understand my insurance company will not provide reimbursement for missed/canceled sessions. If I no-show or late cancel three or more sessions, Suzanne will discuss this with me and may discontinue services.

If I need to join a session later than the stated start time, I will let Suzanne know ahead of time. Suzanne and I can agree on when the session will start. Unless a late start was previously agreed upon, Suzanne will end a session and mark it as a no-show if I do not arrive within 15 minutes of the start time. If the session can be rescheduled during the same calendar week, I will not assess a no-show/late cancellation fee and will only pay for the cost of the session attended. Rescheduling during the same week is not guaranteed and is subject to availability. If I miss or late cancel three or more sessions, Suzanne will discuss this with me and may discontinue services.

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

---

### **Limits to Treatment**

- Suzanne does not provide emergency services. Individual appointments will typically occur for 45 minutes on a weekly (sometimes twice weekly) basis unless other arrangements are discussed and agreed upon. I am encouraged to call 911 or go to my nearest hospital emergency department if an emergency arises between sessions.
- Suzanne 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 Suzanne 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 day's work at an hourly rate of \$185, as well as for any time spent preparing or for additional expenditures incurred by her.
- Suzanne does not provide medical evaluations or prescribe medication. If I am seeking these services, I may ask Suzanne for a referral.

---

### **Email, Phone-calls, Texts, and Letters**

- Emails can be an efficient way to provide Suzanne 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 Suzanne's confidential voicemail at any time, day or night. Suzanne checks for voicemail during her regular business hours. She will do her best to return my call within 48 business hours of receiving it. Phone consultations exceeding 10 minutes per week will be billed at \$45 per 15 minute increment with a 15 minute minimum. I understand my insurance carrier will not provide reimbursement for this service.
- I understand texting is not an effective way to communicate with Suzanne, and calling or emailing are effective ways to reach her.
- Coordination of care can be an essential part of treatment. With my written consent, Suzanne 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 \$45 per 15 minute increment with a 15 minute minimum. I understand my insurance carrier will not provide reimbursement for this service. Suzanne will strive to keep these calls to a minimum, however, quality of care is her top priority.

---

### **My Rights**

- I understand I have certain rights as stated in the Code of Ethics published by the National Association of Social Work and the North Carolina Substance Abuse Professional Practice Board. I understand these rights are public and accessible by me.
- 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 treatment, or disagree with Suzanne at any time.

---

My therapist has adequately answered all of my questions. I authorize Suzanne Brown, LCSW, LCAS to provide therapy services. It has been my choice to request services from Suzanne. I may terminate our work together at any time.

---

Client Signature

---

Date

---

Guardian Signature

---

Date

---

Therapist Signature

---

Date