

**RHONDA L. DAVIS, MDiv, MSW, LCSW**  
**Psychotherapy and Pastoral Counseling**  
**336-565-2100**

**THERAPIST-CLIENT SERVICES AGREEMENT**

Welcome to my practice. This document (the Agreement) and the attached Notice of Privacy Policies (NPP) contain important information about these policies and procedures. I want you to always feel free to ask me about any aspects that are not clear to you, now or at any time in the future. I will be happy to discuss any of these matters with you, but you may want to obtain formal legal advice because some of the laws governing these issues are quite complex. When you sign this document, it will also represent an agreement between us.

**CONFIDENTIALITY**

The privacy of your healthcare information is explained in greater detail in the attached NPP, but there are a few aspects deserving emphasis. In general, the privacy of all communication between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. However, there are a few exceptions which are important for you to be aware of.

In most legal proceedings, you have the right to decide whether or not you wish for me to release any information about your treatment. In some proceedings involving child custody and those in which psychological condition is an important issue, a judge may order my testimony if he/she determines that such disclosure would be in the best interest of justice. For example, in a child custody case, a judge could rule that the best interests of a child outweigh an individual parent's right to private communication with his/her therapist.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I am obligated to seek hospitalization for him/her or to contact the family members or others who can provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. Similarly, my administrative staff has received training about protecting your privacy.

If you wish to file for insurance reimbursement you should be aware that your insurance company will require from me, at the minimum, a clinical diagnosis. Beyond that they might ask for additional information such as treatment plans/summaries, or sometimes entire clinical records. In such situations,

I make every effort to provide the least amount of information necessary to meet the request. The information then becomes part of the insurance company's files. Though all insurance companies claim to keep such information confidential, I, of course, have no control over the information once it is released to them. Some companies, for example, do share their information with a national medical information data bureau.

By signing this Agreement you agree that I can provide requested information to your insurance carrier.

### **CANCELLATION POLICY**

Your therapy session will be 55 minutes long. It is important for me to know if you are unable to keep your appointment, so that I can offer it to another client. **I require 24-hour advance notification if you are unable to keep your appointment. Cancellations can be made anytime by leaving a voicemail or text message at 336-565-2100.**

If you miss your appointment or do not cancel within 24-hours advance notice, you will be charged the full fee for the session.

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**Client's signature**

**Date**

### **FEES**

\$125 for the initial 55-minute intake session and \$125 for each 55-minute session following. You agree to pay at each session. I will provide the appropriate forms should you decide to submit it to your insurance company for reimbursement. Phone calls, school observations and consultations will be billed at the same hourly rate.

I do not take cases that involve **litigation**. If you need personal or expert witness for a court case, including custody proceedings, please seek assistance from another professional. If I am subpoenaed, I will bill the attorney who requests the subpoena at \$200/hour for the entirety of the time I spend on your case. Please be aware that this charge may appear on your attorney's bill for services.

**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 NOTICE OF PRIVACY POLICIES ATTACHED.**

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**Client's name**

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**(If child or teenager, name of parent or legal guardian)**

**(child's age or birthday)**

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**Signature**

**Date**