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703-951-7002

### Services Agreement

#### **Office Policies/Procedures and Consent:**

Psychotherapy is a two-way effort that encompasses mutual respect, responsibility and consideration between you and your counselor. The policies outlined below are designed to make your treatment productive and to avoid any unnecessary misunderstandings. Should you have questions about any policy, please feel free to discuss them with me. By working together, we can establish a rewarding therapeutic relationship.

- 1. CONFIDENTIALITY:** The relationship between you and your therapist is confidential. No information concerning you will be released without your written permission unless one of the following exceptions applies. Exceptions, as specified by law, include situations of clear and imminent danger to yourself or others, child/elder abuse or neglect, and court order. Use of insurance forms to obtain third-party payments serves as authorization of release of information to your insurance company. An exception may also need to be made in the event of nonpayment of fees, necessitating the use of a collection agency.
- 2. CANCELLATIONS:** Continuity is crucial to the effectiveness of the services you receive. Therapy sessions are generally scheduled once a week for 50 minutes. Since I have reserved a time slot for you, you are expected to keep appointments as scheduled. ***If an appointment is cancelled, or missed for any reason with less than 24 hours notice, you will be charged my FULL FEE, which is \$130.00 for that session.***
- 3. Fees for missed sessions are NOT reimbursable by insurance companies and I will charge the credit card the full fee (\$130.00), I have on file within 24 hours of the missed session. If you miss TWO consecutive sessions without an agreement between us, you may lose the time slot reserved for you.**
- 4. FEES:** Fees are \$130.00 per 50-minute session, with payment expected at the time of each session. Payment is due on the date that services are provided, and you may request a monthly statement of services rendered so that you may bill your insurance company directly. Telephone consultation will be billed as a session if the call exceeds 15 minutes. If there is a fee due for telephone consultations, missed sessions or late cancels, payment is expected at the next session. Please be advised that insurance companies differ in their policies from 0–90% reimbursement for outpatient mental health counseling and you agree to be responsible for fees not covered.
- 5. TELEPHONE CALLS AND EMERGENCIES:** If I am unavailable, telephone calls will be answered by my confidential private voice mail. I check my messages frequently and will do my best to return phone calls promptly. In cases of extreme emergency, please contact your local hospital emergency room or emergency services of your local community mental health center or call 911. If I am unable to call you myself, a message will be left on my voice mail letting you know whom to contact if you have an emergency.
- 6. DISCONTINUING SESSIONS:** Leaving therapy is an important decision, and ending well is an important part of the therapeutic process. Please discuss any plan or desire to discontinue therapy to allow enough time for effective termination.

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*Signature*

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*Date*

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**Print Name**