



ProgressiveBehavioral
HEALTH

Phone: 1-844-824-8775

Fax: 281-648-2200

Pbhfront@progressivebehavioralhealth.com

Location: _____

PSYCHOTHERAPY SERVICE AGREEMENT

Welcome to Progressive Behavioral Health. This document contains important information about our professional services and business policies. When entering therapy, it is important to understand how services are delivered, and each person's role in the therapeutic relationship.

Therapy takes place in within healing relationship. The therapy partnership works due, in part, to clearly defined rights and responsibilities. There are also legal limitations to those rights.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. This is because the process of psychotherapy often requires reviewing unpleasant aspects of your experiences. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy work often leads to significant reduction in feelings of distress, and increased satisfaction in interpersonal relationships. There are no guarantees about what will happen on the journey. Psychotherapy requires a very active effort on your part. In order to enjoy the most success, you will have to work on what you learn in therapy during your time outside of the office.

The first 2 – 4 meetings involve a comprehensive evaluation of your needs and strengths. This will facilitate forming initial impressions of what to work on together. Next will be setting goals and creating a treatment plan. During the initial stages, you should make your own assessment of your comfort in working with your therapist. If you have any questions about your treatment, please let us know.

Appointments

Sessions will be 45 minutes, once per week, or as appropriate. Your appointment time is reserved for you. If you need to cancel or reschedule, we require 48-hour advance notice. Late cancellations or no-shows will incur a charge in the amount of \$50. Please note that insurance companies do not provide reimbursement for cancelled sessions; thus, you would be responsible. Upon request, we would reschedule at the soonest. You are responsible for arriving on time for your session; if you are late, your appointment will still need to end on time. Please note the attached Consent for Office Policies and Procedures.

Insurance

Progressive Behavioral Health accepts most major insurances. Please see the attached Financial Responsibility form.

Professional Records

Progressive Behavioral Health manages health records in compliance with confidentiality standards. Please see the attached Notice of Privacy Practices and Authorization for Release of Information.

Except in unusual circumstances, you have the right to review your files. Because these are professional records, they could be misinterpreted and/or upsetting to untrained readers. For this reason, we would recommend your initial review with your therapist, or to have your records forwarded to another mental health professional to discuss with you. If we must deny access to your records, you have the right to have this decision reviewed by another mental health professional. As well, you have the right to request that a copy of your files be made available to any other health care provider upon your written release. Please see attached Authorization for Release of Information.

Confidentiality

While confidentiality in therapy is crucial to progress, there are notable exceptions to what can be kept private. Mental health professionals are mandated by law to report suspicions or incidents of abuse or neglect of

vulnerable community members. Please understand that therapists must report child or elder abuse or neglect concerns to the appropriate authorities.

Parents and Minors

Parental involvement can be key to work with minors. For children under age 14, consent is needed from the child up front to allow sharing necessary information with parents. For youth 14 and up, we need family agreement to permit disclosing general information about treatment progress and attendance. All other communication will require the youth’s agreement, unless there is a safety concern that supersedes other considerations. In this case we make every effort to notify the youth of our intention to disclose information ahead of time, and to handle any objections.

Contacting the Therapist

Therapists are not readily available by phone due to the nature of their work. If you cannot reach the therapist, you may leave a confidential voicemail or text a message through our office’s call center. Your call will be returned at the earliest, but it may take a day or two for non-urgent matters. If your circumstances do not allow waiting for the returned call, and you do not feel you can keep yourself safe, we urge you to call 911 and request to speak with a mental health worker. Alternatively, you could go to your nearest hospital emergency room for assistance.

Therapists make every attempt to inform you in advance of planned absences. They will seek to provide you will the name and number of a mental health professional covering the absence.

Other Rights

We value our clients, and any comment or concern will be taken seriously and handled respectfully. You have the right to request referral to another therapist, and you are always free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. We encourage you to ask any questions you may have about our services and our providers.

Consent to Psychotherapy

Your signature below indicates that you have read this Agreement and agree to the above terms.

Client Full Name

Signature of client or personal representative

Date