

**LAURA HILLMAN, Ph.D., LMHC, FOT**

*Licensed Psychotherapist*

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**Informed Consent/Psychotherapy Contract**

**CLIENT'S RIGHTS:**

As a psychotherapy client, you are entitled to the following rights:

- The right to information about my experience and training.
- The right to feel satisfied with your treatment. Should you not feel satisfied, I will provide you with the names of other competent therapists.
- The right to be informed about all aspects of your care, including cost, cancellation policies, appointment times, and confidentiality agreements.
- The right to ask questions about your treatment and to receive answers from me about your questions.
- The right to a safe environment in which you are free from sexual, physical, and emotional harassment or abuse.
- The right to choose not to answer any of my questions or to disclose any information that you wish not to reveal.
- The right to have access to information about our work together from my clinical records or to request that I share clinical information about you with another professional or organization.
- The right to request from me information about your progress.
- The right to review a copy of the code of ethics and other guidelines related to the practice of psychotherapy.
- The right to terminate treatment at any time without any moral, legal, or financial obligation other than to pay for sessions that have already been held.

**SERVICES:**

The type of psychotherapy that I provide to my clients is an active relational approach to solving the many life challenges that often cause people to feel anxious or unhappy. Relational therapists rely on the interpersonal connection that is developed with their clients as the pathway for empowerment and personal growth. I will actively listen to your life experiences and will collaborate with you in helping you to solve your problems. I use different approaches in my work with clients but believe that, ultimately, people have the power to solve their own life challenges and that, often, we just need some guidance and support from a genuinely caring and attentive therapist to help us to find the answers that are hidden inside of ourselves. In working with couples, help in understanding each person's needs within the relationship and negotiating and resolving conflict also is part of the work. It is a big commitment to begin work in psychotherapy. It involves a lot of time, money, and energy. Clients need to feel comfortable with their therapists so that they feel that they can make the commitment that is necessary for personal growth and healing to occur. If at any point in your therapy experience uncomfortable feelings arise for you about your treatment or our relationship, you should feel free to raise these issues with me so that we can discuss them.

**MEETINGS/FEES:**

Meetings are 45 minutes in length and the cost is \$165.00 for Individual Psychotherapy and \$220 for Couples/Families. The fee for 60-minute sessions is \$220. Payment, including co-pays if you are using your insurance, are due at each meeting. Frequency of meetings and length of treatment will be discussed and determined by both of us on an ongoing basis in the course of our work together. Other services that you may request from me (i.e. disability summaries, extended telephone conversations longer than 10-minutes, out of office meetings, travel time, consultation with other professionals beyond sharing information, preparation and involvement in legal proceedings, etc) are billed at an hourly rate of \$220.00. These services are not covered by insurance.

**CANCELLATIONS:**

Cancellations with less than 24 hours notice (i.e. one business day) and missed appointments will result in a \$165 (45 minutes), \$220 (Couples/Families), \$220 (60 minutes) late cancellation or missed appointment fee. For example, a 9:00am appointment on Monday must be cancelled by 9:00am the previous Friday. Insurance companies do not reimburse for late cancellations or missed appointments. Psychotherapy is a process that requires a commitment of active and consistent participation and so this policy is implemented to help ensure that you will make the necessary commitment that will enable you to get the full benefit from your therapy experience. Additionally, when you schedule an appointment with me, that time is held for you. If you miss an appointment without providing 24 hours notice, it is a loss not only for you and me, but also for other clients wanting to schedule appointments with me who may have preferred the time that you chose to have your appointment.

**CONFIDENTIALITY:**

Laws prevent information about you or your treatment from being released to any individuals or organizations unless you sign a "Consent to Release Information" form. However, there are circumstances in which you can provide written advanced consent for certain situations. By signing this "Informed Consent/Psychotherapy Contract" you are authorizing me to disclose information about your treatment to:

- Your insurance company (if you are choosing to use your insurance for your treatment) for the purpose of administering benefits and managing care. Diagnostic information, treatment plans, and progress notes may be required by your insurance company.
- My colleagues in the event that consultation will be helpful in your treatment. The utmost care will be taken in any discussion with colleagues to protect your identity. Any professionals who are consulted with are also bound by the same laws of confidentiality.
- Billing or collection agencies, or to small claims court, in order to collect overdue payments.

There are some circumstances in which I am permitted or legally required to disclose information without your consent. If this situation were to occur, I will make every effort to discuss this with you before taking any action and only information that is absolutely necessary to reveal will be disclosed. The circumstances which do not require your consent for disclosure are:

- If I have concern that you are a danger to yourself or to others.
- If you are involved in a court proceeding and there is a court-ordered request for my treatment records.
- If I have reasonable cause for concern about the physical or emotional welfare of a minor (this includes concern about neglect or physical, sexual, and/or emotional abuse).
- If I have reasonable cause for concern about the physical and/or emotional safety of an elderly person (age 60 or older).
- If you file a worker's compensation claim, your records that are relevant to that claim can be released without your consent to your employer, insurer, and the Division of Worker's Compensation.

**COMMUNICATIONS:**

If you are unable to reach me directly on the telephone please leave a voicemail with your name, phone number, and times when you may be reached. I check my voicemail frequently during the week and at least twice on Saturdays and Sundays. If you are experiencing an emergency, leave me a message and proceed to your local emergency room.

**MINORS AND PARENTS:**

Parents are legally entitled to review their minor children's (18-years of age who are not emancipated) treatment records unless I deem this to be harmful to my client and his/her treatment. Parents and guardians will, however, be given important information about their children's treatment as is necessary while maintaining the privacy that is of critical importance in establishing a safe therapeutic environment that leads to positive treatment outcomes.

*My signature below indicates that I have read this contract and understand my rights as a psychotherapy client and that I agree to all of the terms listed above.*

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**Client Name (Print)**

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**Client Name (Print)**

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**Signature of Client**

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**Signature of Client**

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**Date**

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**Date****If Client is a Minor:**

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**Guardian's Name (Print)**

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**Guardian's Signature**

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**Date**