

Bonnie Zucker & Associates, PC
11140 Rockville Pike, Suites 530 & 550-E
Rockville, MD 20852
(301) 881-8818

CLIENT SERVICES AGREEMENT

Welcome to our practice! This document (the Agreement) will provide you with information about our practice, office policies, and procedures. Signing this document will represent an agreement between you and our practice. You may revoke this Agreement in writing at any time.

PSYCHOLOGICAL SERVICES

Psychotherapy can provide a unique opportunity to improve your life (or that of your child's), and using a cognitive-behavioral approach, you can experience significant improvement in your presenting symptoms. We utilize a variety of therapeutic approaches, primarily cognitive-behavioral therapy (CBT) and family systems theory. Most of all, we strive to create a warm, comfortable environment in which you (or your child) can speak openly, and we can develop and work toward solutions to specific problems and reduction in feelings of distress. There are no guarantees of what you will experience, and much of the progress depends on your active participation both in and out of the therapy sessions. If you have any questions, please feel free to ask. Once we complete the initial Intake session you should have a clear sense of the therapeutic goals we will work toward.

Cognitive-behavioral therapy for anxiety, phobias, and obsessive-compulsive disorders often includes exposure to feared situations. There is a significant amount of evidence that supports the use of exposures in the treatment of these disorders. Thus, during the course of treatment, it may be recommended that you or your child practice "in-vivo," or live, exposure to fearful situations. You will decide this together with your therapist, and when possible and appropriate, your therapist may join you in practicing these exposures, or may model doing them for you. For example, the optimal treatment for someone with a dog phobia includes gradual exposure to being near dogs (ex: start with looking at pictures of dogs, video of dogs, drive by a dog in a park, be within 20 feet of a dog, 10 feet, 5 feet, pet a dog, play with a dog, etc.). We will discuss exposure for fears and exposure/response prevention if applicable.

No client is ever forced to do any exposure, and in fact, the client is the one to determine if/when he or she feels ready to practice an anxiety-provoking situation. However, we will be encouraging and will provide tools for practicing the exposures. You and your therapist will work together to negotiate how the exposures are designed, as the process is

collateral. Exposures are typically done in the office; however, it may be necessary to go outside of the office to do the exposures.

There are significant benefits to exposure therapy and few risks. Exposures that are frequent and prolonged are the most effective. For example, the longer a client with a dog phobia plays with a dog, the more beneficial the exposure. A possible risk of exposure, which occurs infrequently, is that a fear can sometimes be reinforced (strengthened) by exposure, but often this occurs when the exposure is brief and infrequent. However, if the client sticks with the exposure and repeats it over and over, and uses the coping strategies, the fear will be reduced. Another risk is that clients usually feel an initial wave of anxiety when they are exposed to an anxiety-provoking situation. The anxiety is often uncomfortable and unpleasant but generally decreases and subsides as the client stays in the situation. This process is called *habituation*, which is when an individual will become used to a situation the longer they stay in it, and then it is no longer anxiety-provoking.

SESSIONS & FEES

Therapy sessions are \$210 (plus a \$5 credit card processing fee) for 50-minute sessions (fee for Dr. Zucker is \$220 plus \$5 credit card fee) and \$140 (plus \$5 credit card fee) for 30-minute sessions. The initial intake is longer (60-75 minutes, depending on clinician preference); the fee for 60-minute intakes is \$250 (plus \$5 credit card fee) and the fee for 75-minute intakes is \$325 (plus \$5 credit card fees). Sessions that are longer or shorter than the typical 50-minutes will be pro-rated.

For phone calls, though at the discretion of the individual therapist, we typically charge for all calls 15 minutes or longer, and again, the fee will be pro-rated. This may include phone calls made in efforts to collaborate regarding your care (for example, if your therapist speaks with a school counselor or executive coach). Please keep in mind that insurance does not reimburse for telephone calls or telephone sessions/consultations.

The focus of our practice is to provide therapy for you or your child and for separating or divorcing families, we believe that it is not in the child's best interest for us to be a part of any court hearings or testify in any way. However, if made to by the court (by subpoena) or should you become involved in litigation that may require our participation, you will be expected to pay for any professional time that is required (e.g., calls, letters, any correspondence with attorneys), unless the other party has agreed or is compelled to pay. We charge a \$1,600 retainer for preparation and testimony for court or a deposition, and all work on our part that is related to the litigation will be billed at a higher rate of \$350/hr., and billed in 15-minute increments. If you anticipate that you may be involved in litigation, please discuss this with us as soon as possible so we may discuss your concerns.

Payment is expected at the time of service. Payment can be made by credit cards (MasterCard, Visa, or American Express). All sessions held via telehealth (Zoom or phone) are to be paid by credit card and incur a \$5 processing fee. Statements will be provided at the end of each visit upon request, and these can be submitted to your insurance carrier for out-of-network reimbursement, if that is one of your benefits. You should be aware that your contract with your health insurance company requires that our practice provide it with information relevant to the services that we provide to you **if** you submit claims. **We DO NOT participate in any managed care or insurance agreements, including Medicare or Tricare,** and cannot except any checks written directly from insurance companies. If we receive a check from your insurance company, we mail it back to them directly.

CANCELLATIONS

Once an appointment (or telephone session) is scheduled, that time is reserved for you. You are responsible for payment of sessions, unless 48 hours notice of cancellation is provided. Keep in mind that we may be able to fill your cancelled appointment and if so, there will be no charge for the appointment cancelled less than 48 hours in advance.

PERMISSION TO GO OUTSIDE/OFF PREMISES

We often take children outside during session, for example to conduct exposures practices in the grounds near the office or an off-side such as the nearby Whole Foods. If you give permission for your child to participate in an outdoor activity with Bonnie Zucker & Associates, please initial below:

_____(initials) I give permission for my child to leave the Bonnie Zucker & Associates office with his/her clinician.

For those with joint legal custody, we require both parents' initials

_____(initials) I give permission for my child to leave the Bonnie Zucker & Associates office with his/her clinician.

ß

CONFIDENTIALITY

All information discussed during therapy is held strictly confidential, as is the fact that you (or your child) are under our care. By law, client information may be released only upon written consent of all parties treated, or by a minor's parent or legal guardian, with the following exceptions:

- You have signed an Authorization Form for Release of Clinical Record for specific individuals or agencies;
- There is a court order for release of records;
- You are perceived to be in danger to yourself or others;
- You are suspected of abusing or neglecting children or vulnerable adults; or
- You report that you were physically or sexually abused when you were under the age of eighteen.
- If we know that a client has a propensity for violence and the client indicates that he/she has the intention to inflict imminent physical injury upon a specified victim(s), we may be required to take protective actions (e.g., seeking hospitalization of the client and/or informing the police).
- You threaten one of our therapists.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit our disclosure to only necessary information.

When working with a child or teen, there needs to be confidentiality in order for the therapy to be effective and there are times when we cannot clinically disclose information obtained in the session with your child/teen as it will interfere with the treatment. **With the exception of situations in which we are legally required to breach confidentiality, you agree that we may use our professional judgment to determine what is and what is not shared with parents of child/minor clients.** Finally, anything that a parent or other collateral shares in a client's session becomes part of the client record and may be shared with anyone with whom we have consent to collaborate with (e.g., client's psychiatrist).

CLIENT RIGHTS

HIPAA provides you with several rights with regard to your Clinical Records and disclosure of protected health information (PHI). These rights include requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an account of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and our privacy policies and procedures.

SOCIAL MEDIA/EMAIL COMMUNICATION

Due to concerns about your confidentiality and psychologist privacy, we have decided to decline friend or contact requests from current and former clients on social networking sites (Facebook, etc.).

There are instances in which we find email to be useful as a means of communication. This includes communications such as appointment reminders and sharing links to useful information. Please understand that email is not necessarily a secured medium. If you would not like to receive communication via email, please inform your clinician and/or leave the email section of the Patient Information Form blank.

CONTACT INFORMATION

We can be reached by phone or fax. Our phone numbers are:

Phone: (301) 881-8818
Fax: (301) 881-8814

When leaving a voicemail message, please make sure to leave your phone number, as it will result in a faster call back.

EMERGENCIES

In case of an emergency, **do not** wait to respond until you hear back from us. We recommend using one of the following options:

- For life-threatening situations, dial 911 or go to the nearest emergency room
- If you are suicidal and in need of immediate help, dial 911 or 1-800-SUICIDE (1-800-784-2433)
- Call Montgomery County Crisis Line: 240-777-4000
- Call DC 24-hotline at 1-888-793-4357 (or Mobile Crisis Team: 202-673-9300)

CONSENT AGREEMENT

I have read the terms and conditions outlined in this document. I understand them, and agree to be bound by them.

Patient (or Parent/Guardian of a Minor) Signature: _____

Printed Name: _____ Date: _____

Parent 2 Signature*: _____

Printed Name: _____ Date: _____

*Both parents must consent to treatment of a minor in cases where parents are in the process of separating, are separated, have joint, or sole legal custody.

Therapist Signature: _____ Date: _____