



Saving Generations, Inc.  
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(Inclusive of Affiliate Practitioners & DBAs)

## AGREEMENT FOR THERAPEUTIC SERVICES

Welcome! I look forward to our work together as you seek to make changes in your life and/or gain new understandings. Taking this first step can be very difficult, and like any new situation, one may not know what to expect. **In an effort to answer many of your questions and provide you with important information, I would like to start by having you read this document before our first meeting.** I will happily answer any questions you may have at our meeting.

This agreement contains important information about my services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which was given with this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. When you sign this document, it will represent an agreement between us about our work together and that you have received HIPAA information. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

## THERAPEUTIC SERVICES

Therapeutic services are not easily described in general statements due to the many forms they may take. It may include testing, assessment, evaluation, or talking about and actively changing problem areas. It also varies depending on our personalities and the particular problems we are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy differs from a medical doctor's visits in that it requires a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. The core of my therapeutic approach focuses on principles from various contributors, including Dr. Alfred Adler-health & wellbeing is based societal connectedness, Dr. Carl Rogers' Relationship-Centered Care & Dr. Murray Bowen's Family Systems Theory. Along with these systemic beliefs, other prominent methods/therapeutic approaches are used that include but are not limited to: Cognitive-behavioral therapy, psychodrama therapy, narrative therapy, brief therapy, group therapy, and so much more that are applicable to the needs of the client. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. If you are working on a relationship, it is possible that the new insights you or your partner gain may lead to a dissolution of the relationship.

On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to greater insight of self, better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Therapy involves a large commitment of time and energy; so, it is important for you to be comfortable with me. **Limited Scope of Practice:** If there is a subject matter where my scope of practice is limited (i.e., end of life matters, eating disorders, gender reassignment, etc.), I will gladly suggest a referral to a specialist in the matter.

## TERMINATION

Either you or I may choose to terminate therapy at any time. If you decide to discontinue our sessions, I encourage you to discuss your reasons with me so we can work towards a smooth and appropriate ending. Similarly, I will provide you with advanced notice if I believe it is in your best interest to terminate our therapeutic relationship.

If you have questions about what we are doing together, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

## MEETINGS

The frequency of our meetings will depend on your treatment goals. Typically, I will schedule one **55-minute** session (one appointment hour of 55 minutes duration) per week, although some sessions may be longer or more frequent based on a schedule we have agreed on. **You will be allowed 1 late cancellation (less than 48 hours notice) in a rolling year without charge. After 1 late cancellation, you will be charged a fee of \$35. Any no-shows (cancellation less than 3 hours notice) will be charged from the first occurrence. Any late cancellation during holiday season (i.e., week surrounding Thanksgiving, Christmas and New Years) will be charged the full fee even if it is a first occurrence.**

## PROFESSIONAL FEES

I will provide a free 15-minute phone or a 30 minute in office or online consultation to anyone who wants it to help you decide whether you want to pursue services with me. My fee for subsequent 55-minute individual, couples, or family sessions is **up to \$150**. \* This fee is contingent upon verification of total household income and type of sessions/workshops you will need (it could be as low as \$30 per hour). In addition to weekly appointments, there are surcharges for other professional services you may need (other than routine record-keeping), although I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations, consulting with other professionals with your permission, and the time spent performing any other service you may request of me.

## BILLING, PAYMENTS, AND INSURANCE

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. I accept cash in exact amount, money order or certified check: Made payable to **Saving Generations** (with New Beginnings Therapy of SG in the memo section). You can also make a secure online

payment via \$CASHAPP, ApplePay, or the [New Beginnings Therapy of SG Click to Begin Button](#). Insurance is not accepted.

## CONTACTING ME

Usually, I schedule all my own appointments (or you can do so via the online scheduler) and get all messages via voicemail, text or email. I check my various messaging protocols as my schedule will allow. I will make every effort to call you back as soon as I can. If you are experiencing a life-threatening emergency or if you are unable to wait, call 911, contact your family physician, psychiatrist, or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

**TELE-HEALTH SESSIONS:** will normally be held via the Zoom platform. It is your responsibility to make sure you place yourself in an area where you feel secure enough to speak. You must be in the DMV area. Sessions will likely be recorded to give me the opportunity to revisit the session to take notes on something I may have missed during the session. It is possible that some clippings may be shared with colleagues or professors for clinical purposes only. They will be bound by the same confidentiality clause.

## LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. **\* Please be advised that I, in no way, portray myself as a medical doctor or a licensed practitioner; yet I do follow similar rules.** I have been a mental health counselor for over 20 years and I am now finalizing a second Masters in Mental Health Counseling at Bowie State University, Bowie, MD. under its CACREP-Accredited licensure tract to obtain my Professional License in the State of Maryland. It is my desire to continue at Bowie State University to acquire my Doctorate in Counseling as well. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are 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.
- You should be aware that I may practice with another mental health professional and that I may employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- If a patient threatens to harm himself/herself or others, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information is not protected by the therapist-patient privilege rule as I am not considered a doctor. However, I will not provide any information without a verified court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

### **MANDATORY REPORTING:**

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

\*If I have reason to believe that a child under 18 who I have examined is or has been the victim of injury, physical/sexual abuse, neglect or deprivation of necessary medical treatment, the law requires that I file a report with the appropriate government agency, usually the Office of Child Protective Services. Once such a report is filed, I may be required to provide additional information. \_\_\_\_\_ Initial

\* If I have reason to believe that any adult patient who is either vulnerable and/or incapacitated and who has been the victim of abuse, neglect or financial exploitation, the law requires that I file a report with the appropriate state official, usually a protective services worker. Once such a report is filed, I may be required to provide additional information. \_\_\_\_\_ Initial

\*If a patient communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim, and I believe that the patient has the intent and ability to carry out such threat, I must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. \_\_\_\_\_ Initial

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is mandatory. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

### **PROFESSIONAL RECORDS**

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts

on your life, possible diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone. Except in unusual circumstances that involve danger to yourself and others or where information has been supplied to me by others confidentially, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee of \$1 per page (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request. In addition, I also keep a set of Psychotherapy Notes.

These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record.

### **MINORS & PARENTS**

Patients under 18 years of age who are not emancipated, and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. I understand that as a parent, you are concerned and may want to know about the content of your child's discussions. It is my experience that a child will progress better in treatment if they know their parents will not know the specific content of the therapeutic discussions. Many times, this is not due to the child wanting to "keep secrets" from the parents, but due to the child being embarrassed, guilty, or otherwise lacking the communication skills to explain the circumstances without triggering an adverse emotion in the parent.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP.

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Signature of Patient or Legal Guardian

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Date