

**Diana O'Brien, LCSW, MEd, LLC
COUNSELING CONTRACT**

Clients have the right to:

- Participate in the development of your treatment plan
- Know the cost of services
- Know and receive a copy of the privacy practices
- Give consent for release of information, except in cases where the client or another individual is deemed to be in danger

Client agrees to:

- Work with Diana O'Brien to develop a treatment plan that will identify problem areas and goals of treatment. The plan will be reviewed during treatment as needed assess progress and/ or set new goals.
- Cancellation policy: Client may cancel an appointment at least 24 hours in advance by contacting Diana O'Brien. You will be charged the insurance or private pay rate for failing to cancel within 24 hours or for not showing up for the appointment. If an appointment time is not being used consistently, the time may be offered to the next person waiting for service.
- Communication Policy: It is recommended that email and text only be used to discuss appointments as these are not secure forms of communication.
- Pay for service is at the time of service. The self-pay charge is \$130.00 for an intake appointment and \$120.00 for a counseling session.
- For some, medical insurance or employee assistance programs (EAP) will pay part or all of the cost of the session. Deductibles, co-payments, and balances not covered by the insurance company are the clients' responsibility. Diana O'Brien will submit claims to the insurance company or EAP and will bill the client for any remaining balance.
- If a letter or form is requested to be written on behalf of the client, there will be a \$60.00 charge for this service.
- Emergency policy: In the event that Diana O'Brien is unable to contact you, due to illness or death, Rita Hursh, LPC, has permission to access my files at work and at home.

I understand that Diana O'Brien, LCSW, Med, LLC is not an emergency service. In an emergency situation, if I cannot reach Diana O'Brien directly, I have been advised to contact my local community mental health center, family physician, or local hospital emergency room.

I have read and fully understand my rights and responsibilities as a client of Diana O'Brien, LCSW, Med, LLC.

Client Signature

Date

Clinician Signature

Date