

**DC VA Counseling Psychotherapy, LLC**  
200 Little Falls St., 306, Falls Church, VA 22046  
703-231-7991

## **Services Agreement**

### **General Information**

**Hours.** Appointments are made according to your therapist and your schedule availability. Individual therapy sessions are generally 50 minutes in length and scheduled on weekly basis unless arranged differently with your service provider.

**Cancellations.** Continuity is crucial to the effectiveness of the services you receive. An appointment spot is reserved for you every week or as mutually decided (time and date might change). If you need to cancel your appointment for any reason, you may do so at no charge with 48 hours advanced notice. If you need to cancel within 48 hours, I offer the possibility to reschedule within the same week if time allows and provided we can find a mutually convenient hour in which to reschedule. If it is not possible, you are responsible for full fee. For people using insurance, it is important to note that insurance companies do not pay for missed sessions.

During inclement weather, phone sessions will be offered unless obvious reasons impede to keep the session. If cancellation is not due to weather, full fee will be charged.

### **Psychotherapy Services**

**Fees.** Payments are to be made at the time of each session (out of pocket or co-pay fees). Clients are responsible for determining whether or not health insurance covers clinical services received through me and/or the percentage if applicable before initiating therapy. If there are insurance changes, client will be responsible for letting me know about new plan and agree to pay any fee differences. If insurance does not cover, client is responsible for full payment or whatever percentage insurance determines isn't covered.

***Please notice that until we process insurance and receive actual claim we cannot guarantee coverage. It is client's responsibility to clarify with insurance and complete payment to therapist for services rendered.***

If I am a preferred provider for your particular insurance, I will bill your insurance company directly once you provide insurance information. **Please bring your insurance card with you on our first visit.**

For out of network clients, I will provide you with receipts will all the necessary information so you can submit to your insurance carrier for reimbursement.

Cash, personal checks, and online payment (via paypal or Venmo plus transaction fee) are accepted.

**Contacting Therapist.** If you need to contact me, please leave me a message on my voice mail or send me an email. The number is given above. I check for messages at least once a day.

**Emergencies.** We do not provide 24 hour emergency service. If you are a current client in crisis, you should contact the nearest emergency room or dial 911, **1-800-SUICIDE** or 1-877-2433 from anywhere in the USA immediately. Leave me a voicemail and I will return your call as soon as possible.

**Privacy and Ethics.** My practice strictly adheres to the principles and standards of the profession. The services you receive are confidential, and your written permission is required for the release of any information about you. Possible exceptions, as specified by law, include situations of clear and imminent danger to yourself or another person, child abuse or neglect, and court order. Please review the Notice of Privacy Practices provided to you at your first appointment.

**Discontinuing Services.** Ending is an important part of the therapeutic process. Please discuss with your therapist any plan or desire to discontinue therapy.

I have read and have understood the above policies. I give my informed consent to receive services.

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**Client's Signature**

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**Date**