



# ARKANSAS

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## FAMILIES FIRST

### **Psychotherapy Agreement**

At Arkansas Families First, we strive to provide high-quality mental health services to help improve the life of every patient we encounter. The following will explain our policies and procedures and will serve as a contract between the clinician and the patient.

#### **Therapy Services**

Therapy can have benefits and risks. The risks might include experiencing uncomfortable feelings such as guilt, anger, sadness, anxiety, or frustration when discussing aspects of your life. The benefits of therapy include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in mental health symptoms and feelings of distress.

Therapy sessions are approximately 45-55 minutes in length and are based on the treatment goals that the clinician and the patient agree upon. To get the most out of therapy, your therapist may assign tasks to be completed outside of the session. These opportunities for growth play a large role in successful treatment.

#### **Confidentiality**

At Arkansas Families First, your privacy and confidentiality are of utmost importance. Therapy is based on a confidentiality agreement between the clinician and each participant. There are some exceptions to confidentiality that may occur and are as follows:

- If the clinician has a reasonable suspicion of past and/or current physical abuse, sexual abuse, or neglect to a minor, disabled, or elderly adult.
- If the patient has threatened to harm themselves or someone else.
- If a written consent is signed by the patient or guardian to release information or to request specific records.
- If records are subpoenaed by a court of law
- Information is released to insurance companies for billing purposes.
- A 3rd party billing service will have access to certain information as required for insurance authorization and reimbursement. The billing service is bound by the laws and ethics of patient privacy mandated by the Health Insurance Portability and Accountability Act.

When working with children and adolescents, the clinician will maintain confidentiality with the child or adolescent except as noted above. The child or adolescent will, however, be counseled in the value of open communication with his or her parent(s), and parent-child communication will be encouraged and supported.

#### **Billing and Payments**

Payment is expected in full at the time of the appointment. Payments can be made by debit card, credit card, check, or cash. If a check does not clear due to insufficient funds or for any other reason, the patient will be billed for any related bank fees incurred as a result of the insufficient funds. Arkansas Families First accepts most insurances.

#### **Emergency Procedures**

*AR Families First does not provide on-call services. In the event of an emergency, please go to your nearest emergency room or call 911.*

**Correspondence**

Please note that clinicians do not provide therapy sessions by telephone or email. Counseling issues are best handled in a scheduled counseling session. If you have correspondence with your therapist over email, please note that email is not a secure medium for discussing health-related information. We suggest limiting email correspondence to administrative, non-clinical content only. All email correspondence will be inserted into the medical records and saved for future reference.

**Friending**

In order to preserve the appropriate boundaries of a therapeutic relationship, our therapists do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.)

**Arkansas Families First Blog / Website / Podcast and Other Web Content**

We maintain a blog on our website to offer information and resources to the families we serve and the public in general. In order to offer this resource to our clients without jeopardizing our confidentiality and privacy agreement, we never post stories about our clients or our experiences in therapy, and we do not correspond through the “comments” sections on the blog page. Any comments left by readers are for other readers, and are not necessarily read by the authors. Our posts are not meant to replace therapy or consultation with a mental health professional.

**Following**

Some of our clinicians may choose to link our blog articles to their Twitter accounts. If you choose to follow a twitter stream, and use an easily identifiable name, your confidential relationship with your therapist may be compromised.

**Cancellations and No Shows**

The time that you schedule with a clinician is set aside only for you. If you need to cancel a scheduled appointment, please do so at least 24 hours in advance. If you do not keep your appointment, or if you fail to reschedule or cancel a scheduled appointment with at least a 24-hour notice, you will be charged \$50.00 for the appointment.

**Professional Records**

You have the right to receive a copy of your records (either in print or electronically) if you make a request in writing. Copies of client records are available for an administrative fee that will reflect actual cost of labor, paper copies, usb (for electronic copies), postage or other materials. However, the involved clinician may ask to discuss the request prior to releasing the records. Clinicians can deny record requests if deemed harmful to the client. In such scenarios, you have the right to request a second opinion and another clinician will review the request.

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I agree to the policies and procedures in this document. I was given a copy of this agreement and had the opportunity to ask questions or share concerns with the clinician.

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Client Signature

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Date

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Parent/Caregiver Signature

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Date