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LETTER OF WORKING AGREEMENT PRIOR TO BEGINNING SERVICE

A service relationship with a licensed mental health counselor, or another mental health professional, has only one purpose; the client's emotional psychological and personal well-being. It is important that we understand what to expect from our meetings and how we should work together, prior to beginning service. At the end of this letter is a place for us to sign our names which means you understand and agree to all the points stated in this letter.

MY BACKGROUND

I am licensed as a mental health counselor in the state of Florida. I received my Masters in Mental Health Counseling from Mercy College in New York. I am a Masters Certified Addiction Professional and trained in Eye Movement Desensitization Processing (EMDR). I have been utilizing EMDR as a form of trauma therapy since 2016. My experience is varied and has included working with substance use and co-occurring disorders. Currently I work with adults in private practice, specializing primarily in mood disorders, substance abuse, trauma, and relationship/intimacy issues and family systems.

CONFIDENTIALITY

My profession and my professional ethics require me to keep everything you discuss here in the strictest confidence, as well as anything said on the phone or written by you. There are, however, circumstances in which I would be required by law to reveal certain confidential information about you without your authorization. A separate notice has been provided to you for your records.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory

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government agency audits or investigations (such as the psychology licensing board or the health department).

- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

NOTICE OF PRIVACY PRACTICES

You have received a separate notice which describes how medical information about you may be used and disclosed and how you can get access to this information. Please review the notice carefully, and direct any questions or concerns to the person(s) who are named on the document.

EMERGENCY MEETINGS

I will ordinarily return your calls within 24 business hours, and request that you always leave the numbers where you can be reached during that period in the message left. I do not always have access to your folder when returning calls. In case of an emergency, please state that it is an emergency in your message and I will generally be able to return the call within a few hours. If your call is urgent you agree to contact one of the following:

EMERGENCY requiring immediate assistance: Dial 911 or if you are out of the country please contact the local emergency services; or call the Suicide and Crisis hotline at 988.

BROWARD COUNTY: First Call for Help (954) 467•6333 which is a 24 hour/7 days a week crisis/suicide intervention hotline

DADE COUNTY: Switchboard (305) 358•HELP

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PALM BEACH COUNTY: The Center for Information and Crisis Services (561) 547•1000

State the nature of your emergency and they should be able to direct you to an appropriate emergency resource. Additionally, you may choose to contact your Primary care Physician and/or your Psychiatrist or insurance provider directly.

TIME OF APPOINTMENTS

Each of our appointments is scheduled to last 60 minutes. I usually begin promptly at the scheduled time. If I am ever late, I will try to let you know in advance. If I cause a late start, we will still be together for a full 60 minutes. If you arrive late for an appointment, we still have to end the meeting 60 minutes after it was originally scheduled to begin. The charge to you for these shortened meetings will be for the full amount. You will not be charged for a session if you cannot keep it and let me know at least 24 hours in advance. You will be charged if you fail to keep a scheduled appointment or do not notify me 24 hours ahead of time. Serious immediate emergency conditions will be considered. In the event that you are called away for an emergency or have a sudden illness or accident, please make every effort to contact me or have someone else contact me as soon as possible. I will be concerned about you and will want to know your circumstances. I will want us to reschedule our appointment if possible. In the event that I am called away for an emergency or I have a sudden illness or an accident, I will make every effort to contact you as soon as possible, to apprise you of my circumstances, and to reschedule the appointment.

PLANNED ABSENCES

When I plan to be away- There are times that I will be away for planned absences. Usually I am away for no more than a week or two for conference or personal leave. I will tell you about these absences as far ahead as I know them, and you will always know at least one week in advance. We will always discuss how you can use my absence to continue working toward your goals, what needs you might have, and what to do in the event of an emergency.

When you plan to be away - There are times that you will be away for planned absences. Please inform me about these absences as far ahead as far ahead as you know about them. We will discuss how you can use your absence to continue working toward your service goals. We will also discuss our next appointment to resumes service after your return.

PAYMENT SCHEDULE - Private Fee for Service

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Payment is due at the time services are rendered. You may pay by cash, check, or Venmo. Your charge for each of these 60 minute sessions is \$120 unless a reduced fee has been agreed upon due to financial difficulties. If this is the case your reduced fee is _____. This amount is the same if you attend the meeting alone or with other members of your family. If we agree in advance to have meetings that are longer or shorter than 60 minutes, the charge will be based on the amount of time we are together.

If you plan to use medical insurance, payment is due in full at the time of service and I will provide you with a detailed bill in order for you to obtain reimbursement from your insurance company. If you request that I communicate with your insurance provide I will require your signed consent permitting me to provide confidential information to your insurer. My relationship is with you and not with your insurance company. I will provide you with a detailed receipt which will include all necessary information for claims with your company. However, agreed upon charges are your responsibility from the date services are rendered.

MANAGED CARE PROVIDER NETWORK

I am not currently a provider for any managed care companies.

TERMINATION OF SERVICES

You are free to end service at any time for any reason, whether or not I feel it's advisable. I ask that you tell me that you plan to stop rather than just not returning. I also ask that you schedule one final appointment so we can review your progress and discuss any referrals that might be beneficial to you.

There are a few situations in which I may end service regardless of your wishes:

- If I am convinced that you no longer need service and cannot benefit from continuing.
- If I am convinced that your needs surpass my ability to help you, I will refer you to a suitable source of help. I will remain in close contact with you until you are settled with a new professional.
- If you do not comply with our mutually developed service plan, there is no benefit in continuing service.
- If you do not abide by the policies and procedures of this setting as set forth in our working agreement, including missing appointments or failing to be current in payments.

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- If our service relationship becomes compromised, troubled, or deteriorates. My professional and ethical obligation is to ensure that once we commence treatment, our relationship remains solely professional. If after we begin working together either of us experiences circumstances which interfere with maintaining the singular focus of our work, we will discuss the issues as part of therapy. If they cannot be resolved, it will be necessary to end our service relationship, and I will refer you to another source of service.

In any of these cases, I will make every effort to discuss my decision with you in the hope that we can come to a mutually agreed upon ending. I will also work with you to find other sources of services you need or desire and make referrals in your interest. Finally, you can be assured that even in the above circumstances, if you are in crisis, I will make every effort not to end our relationship until the crisis is resolved.

CONSENT FOR TREATMENT AND SERVICE AGREEMENT

We the undersigned have read this statement, understand it, and agree with its terms. We will comply with all the points in this letter on our personal and professional honor. It is understood that our relationship may be discontinued whenever these terms are not fulfilled by either of us. In addition, understand that while the course of my treatment is designed to be helpful, my practitioner can make no guarantees about the outcome of my treatment. I recognize that it is my responsibility to complete assignments, written or behavioral, that may benefit the outcome of my treatment. Further, the therapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my practitioner and me.

Patient Signature Date

Patient/Guardian Signature Date

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