

## Litschi Therapy PLLC

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### WORKING RELATIONSHIP AGREEMENT

Welcome to my practice. This document is intended to aid in identifying your rights and responsibilities as a client. I believe that clients who understand how the treatment process works will feel more comfortable and achieve better results. Please keep a copy of this handout for your records.

**FEES:** The fee for a 50-minute psychotherapy, supervision, and consultation service is \$160. The fee for an 80-minute session is \$230. My fees are usually raised every year and I will give sufficient notice of such a change. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment.

**PAYMENT FOR SERVICES:** Clients receiving services are responsible for the full payment of those services by payment app (Venmo, Google Pay), check, or cash at the beginning of each session. Clients billing for insurance are responsible for all fees, even if the insurance company denies payment. If at any time you find there are any problems regarding fee payment, or you need to make arrangements for a payment plan, I will be glad to speak to you regarding your concern.

**CANCELLATIONS: Late cancellations (24 hours notice or less) and 'no shows' will be charged full fee.** Please note that insurance companies will not provide payment for these missed sessions.

**PHONE:** I am often not immediately available by phone, though I do monitor voicemails received. I am usually available to return phone calls from 9:00 am to 7:00 pm, Monday through Friday. My intent is to return calls within 24 hours of receiving them, with the exception of weekends and holidays.

**EMAIL:** Email may be used for scheduling purposes. I do not engage in "email therapy," and request personal content be shared on the phone or in person. Email is not a secure mode of communication, and confidentiality cannot be guaranteed.

**PHONE TEXTS:** Texting may be used for communicating logistics such as "running a few minutes late," or "would like to schedule a session for this Thursday," etc. Texts are not a secure mode of communication.

**EXTENDED PHONE CONVERSATIONS:** Sometimes brief phone contact between sessions is helpful for emotional support. If phone conversations extend beyond 15 minutes, the hourly rate for therapy will be applied (prorated for total time on phone).

**ADMINISTRATIVE/LEGAL FEES:** For supplementary administrative tasks that require more than 15 minutes, I reserve the right to charge for this time at the prorated hourly fee. Examples might include advocacy work, completing court forms, etc. Participation in legal issues in any capacity, including preparation of documents, will be billed at the rate of \$400 per hour regardless of which attorney issues a subpoena. Please note however, under most circumstances and even with client consent, it is usually inappropriate for a therapist to become involved in a client's legal case. This is because engaging in dual roles, as therapist/witness, is potentially harmful to the therapeutic process.

**INDEPENDENT PRACTICE:** I do not allow other practitioners access to records without client consent, and assume sole responsibility for the care of my clients.

**EMERGENCIES:** If you feel that you are in an emotional crisis and I am not immediately available by phone, it is recommended you call a local crisis intervention center. If I am out of town, emergencies may be handled by one of my colleagues.

24-hour Crisis Hotline	512-472-HELP
Seton Shoal Creek Psychiatric Hospital	512-324-2000
General Emergencies	911

**CONFIDENTIALITY:** The privacy and confidentiality of our sessions are extremely important to me. I follow the privacy provisions of state and federal laws and rules and of my profession's ethical standards. Identifying information about you or the therapy process will not be disclosed to any person or agency unless you provide a specific, written release to do so.

There are, however, some situations written into law that deny me complete control over confidentiality, such as:

1. I am legally required to report any situation of suspected child abuse or neglect to the proper authorities. I am also legally required to report suspected abuse of an elderly person or adult with a disability.
2. When I have knowledge of, or reasonable cause to believe, your health and safety are at immediate risk due to suicidal intent, I may contact at least one concerned person and/or the appropriate emergency services for evaluation and intervention.
3. Reporting of instances of threatened homicide or physical violence against another identified person. I may need to report such threats to the appropriate police agency.
4. In some circumstances, records may be subject to a subpoena issued by a court judge. In particular, confidentiality may be waived with regard to a suit affected parent-child relationship.
5. If a client is using insurance for payment, and that insurance company or an auditor contacts me, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account.
6. Reporting of another mental health provider's previous or current sexual misconduct towards a client. By law, I am not permitted to disclose the identity of the client if he or she does not wish to be identified.

This list is not exhaustive, but these are the most common circumstances that may occur. The situations outlined above are rare and usually have no impact on the large majority of people seeking professional mental health services. I share this information with you so that you are fully informed and any questions or concerns can be addressed.

**INSURANCE:** If you request that your insurance company pay for my services, I will share only the minimum information necessary for your insurance company to process claims. Submission of claims to you and your insurance company usually includes: a) name and address of your insurance company; b) your subscriber and group plan numbers; c) your name, birth date, social security number, diagnosis, dates of service, type of service. It is important to note that in order to submit a claim for insurance, a mental health diagnosis is required. I am happy to discuss any questions or concerns about this with you.

**CONSULTATIONS:** If you are receiving services from other health care professionals, I may ask for your written permission to confer with them about your assessment, counseling plan, and progress for the purpose of providing best treatment to you. I may consult about your case with other professionals for the purpose of providing the best services possible. Identifying information will remain confidential.

**WEAPONS-FREE ENVIRONMENT:** Firearms, concealed or holstered, and other weapons are prohibited from our workspace.

### **SOCIAL MEDIA POLICY**

**FRIENDING:** I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**BUSINESS REVIEW SITES:** You may find my therapy practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. If you should find my listing on any of these sites, please know that my listing is not a request for a testimonial, rating, or endorsement from you as my client. Feel free to provide a review if you'd like, while keeping your confidentiality in mind. I may not see these reviews, so if you have feedback please express it to me directly

### **RISKS AND BENEFITS OF THERAPY**

Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, anxiety, guilt, anger, loneliness, and helplessness. Making changes in your beliefs and behaviors can be difficult, and can sometimes be disruptive to current relationships. You may find your relationship with me to be a source of strong feelings, both pleasant and unpleasant. Psychotherapy has been shown to be beneficial and transformative for participants. Therapy often leads to more satisfying relationships, greater self-care and self-regard, new solutions and perspectives to problems, and reductions in feelings of distress. Most people who stay engaged in the process find that therapy is helpful, and I will do what I can to help you maximize positive outcomes.

### **DURATION AND OUTCOMES OF THERAPY**

The duration needed to have positive results from therapy is difficult to predict. Some clients may get the help they were looking for in only a few sessions, while others may choose to continue therapy for several years. Outcomes of therapy depend on many factors, including the nature of change desired by client, readiness for such a change, time spent in therapy, effort spent by the client both during session and throughout the week, and ability for client and therapist to work well together.

**AGREEMENT**

By signing this agreement you accept the nature of our working relationship, having read and understood the policies above.

You agree that you have also reviewed the HIPAA Notice of Privacy/Rights and Responsibilities as posted on my website at LitschiTherapy.com. This can be provided as a hard copy when requested.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE SIGN IF YOU ARE USING INSURANCE:** I authorize Matthew Litschi LPC to release any medical, psychological, or other information necessary to my insurance company in order to request pre-authorization for treatment and/or to process any insurance claims. I authorize payment of insurance benefits to Matthew Litschi LPC for all services provided.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Effective August 2013.

Revised November 2021.