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PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

This form has been developed to provide you with information about psychotherapy procedures and practices. It contains information about the Health Insurance Portability and Accountability Act (HIPPA) Privacy rule, and some professional ethical codes relevant to therapy. You may choose to revoke this agreement at any time, which will mean you no longer consent to treatment, however, some parts may still be enforced.

PSYCHOTHERAPIST-CLIENT RELATIONSHIP

It is not appropriate for a psychotherapist to engage in any relationship other than a Therapist-Patient relationship with a client or former client.

APPOINTMENTS

Services are available by appointment. Please try to be on time as I may have someone scheduled directly after you. If you need to cancel a session, please do so 24 hours in advance by calling 813-541-6619. **Missed appointments or appointments canceled with less than 24 hours notice will incur a charge of 50% of your hourly rate, which must be paid at the next meeting.**

CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

The law protects the privacy of all communications between a patient and a psychotherapist. In most situations, information about your treatment can only be released to others if you sign a written authorization form that meets certain requirements imposed by HIPAA.

MINORS & PARENTS

Patients under 18 and their parents should be aware that the law may allow parents to examine their child's treatment records. Children between 13 and 17 may independently consent to (and control access to the records of) diagnosis and treatment in a crisis situation. Because privacy in psychotherapy is crucial to successful progress, particularly with teenagers, we (the therapist, parent and teen) will discuss confidentiality and what will work best in your particular situation.

PROFESSIONAL FEES

My hourly fee is \$85.00 (unless agreed upon otherwise). I take cash or personal checks. Please make out your check to Dragonfly, LLC. A \$25.00 service fee is assessed for returned checks. Payment is expected at each session.

I understand the HIPPA regulations that are displayed in the office and have been offered a copy.

_____ **(Initial)**

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND THAT YOU HAVE HAD A CHANCE TO DISCUSS ANY CONCERNS OR QUESTIONS AND ACCEPT THE TERMS.

Signature (client)

Date

Signature (client)

Date