

Jessica Townsend, LCSW

22 Free Street Suite 402

Portland, Maine

207.409.3571

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OUTPATIENT SERVICES AGREEMENT

This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement to receive psychotherapeutic services.

Description of Services

Services include individual outpatient therapy. My approach is eclectic and drawn from expertise in Insight Oriented Therapy, Cognitive Behavioral Therapy, and Relational Therapy. My standard rate is \$120.00 per session. I have a sliding-scale rate, depending on your financial situation. I am a Provider for Anthem. All other insurance companies I am considered an "Out Of Network Provider".

Given limited availability, I do not provide emergency services and if such a need arises, please use your local hospital or call 911 or 774-HELP.

_____ (initial)

Limits of Confidentiality

With the exception of certain specific exceptions described below, you have the right to the confidentiality of your therapy. I will not share any information about you without your written consent. There are specific and limited exceptions to this confidentiality, which include the following:

- (1) If there is risk of imminent danger to you or to another person, a therapist is ethically bound to take necessary steps to prevent such danger.
- (2) If there is suspicion that a child or vulnerable adult is being abused or is at risk of such abuse, a therapist must inform the proper authorities.
- (3) If a valid court order is issued for medical records, I am bound by law to comply with such requests. **Minors:** Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

_____ (initial)

Cancellation Policy

You are asked to please cancel/reschedule appointments no less than **24 hours in advance** of the appointment. Exceptions to this policy include times when:

- You (or a dependent) are ill
- Snow or other difficult road conditions make travel inadvisable

In the event that an appointment is cancelled with less than 24 hours notice, please know you will be responsible for the cost of the session.

_____(initial)

Electronic Communication

1. I give **Jessica Townsend** permission to contact me via text regarding **scheduling**:
Please circle one: YES or NO
2. I give **Jessica Townsend** permission to respond to me via text regarding other matters I may inquire about (e.g., basic advice, updates, requests):
Please circle one: YES or NO
3. I understand there are inherent risks on the part of both sender and receiver of texts that could potentially compromise confidentiality. Therefore, if I choose to communicate in this manner, I do so at my own risk.

_____(initial)

INFORMED CONSENT & AGREEMENT

1. I have reviewed, understand, and agree to abide by the following: *Limits of Confidentiality, Cancellation Policy, and Electronic Communication.*
2. I am aware that **Jessica Townsend, LCSW** is a **mandated reporter**, which means she is required by law to report reasonable suspicion of abuse of vulnerable individuals (e.g., children, elderly and/or impaired adults).

3. I understand that **Jessica Townsend, LCSW** accepts Anthem insurance. I am responsible for the full amount of my bill for services provided (mutually agreed upon) and that payment for services is due at the time of service (e.g., at beginning or end of each session).
4. I understand that I may be charged for contacts between therapy sessions (e.g., crisis phone calls, consultations or requests for professional advice) and/or time spent in session in excess of the normal session time (e.g., due to crisis).
5. I understand that if I am experiencing a psychiatric crisis, and I'm unable to reach **Jessica Townsend, LCSW** by phone, I have been advised to contact crisis hotline at **774-HELP, or 911**, or go directly to my local emergency room.
6. I have been offered a copy of this document.

My signature below indicates that I have read the information, forms, and policies in this document and agree to abide by these terms during our professional relationship.

Print Name

Date

Signature

Date

Parent Signature (*if client is under 18*)

Date

Jessica Townsend, LCSW

Date

