SARA MATHEWS DIXON
Psychotherapy

SMD Associates, LLC.

Contract for Therapy Services

Welcome to my practice. Please take a moment to familiarize yourself with my office policies and procedures as outlined in this contract. If there are any items that are unclear to you, please do not hesitate to ask for clarification. Attached is a notice that explains, in detail, you privacy rights as mandated by state and federal guidelines, under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that I provide you with a copy of the notice and that I obtain your signature acknowledging that I have provided you with this information.

As you may notice, I work with a group on independent professional at 36 Old Kings Highway South, Suite 210, Darien, CT 06820. This group is an association of independently practicing professionals that share certain expenses. While the members share an office space, I want you to know that I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. My professional records are separately maintained and no member of the can have access to them without your specific, written permission.

Psychotherapy Services

At the start of our work together we will typically spend a couple of sessions reviewing your history and evaluating your needs. I will also spend some time discussing my approach to therapy and answering any questions you may have about this process. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very comfortable about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If you doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Conversely, psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to

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specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. Further, there are often alternative treatments that may address some of your issues, such as medication. Whenever I feel that an alternative treatment might be beneficial, I will discuss it with you.

Therapy session are typically 55 minutes in length. While it is often helpful to meet weekly, we will determine together a schedule of sessions that will meet your needs. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. In the case of sudden illness or other emergencies, I am certainly willing to be flexible.

Professional Fees

I request payment at the time of service in the form of check, cash or credit card. I will request that you provide me with a credit card number during the first session. In the event that you are unprepared to pay for a session or no show for a session, I will charge the card for said session. I will provide you with a statement that may choose to file with your insurance company. I will also change you for the following services: Report writing, telephone conversations 15 minutes or longer, consulting with other professionals (with your consent), preparation of records or treatment summaries, and the time spent performing any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time. Fees are charged in 15 minute increments and based on the hourly fee.

Contacting Me

Due to my type of work, I am often not immediately available by telephone/text message or email, when I am with a client. While I am unavailable, I continue to monitor my smartphone and will make every effort to return your call on the same day you make it, with the exception of holidays. In emergencies, I have a 24 hour cell phone that you may use. As with the above stated professional services, emergency calls are billed in 15 minute increments. The fee is based on the hourly fee.

Confidentiality and Privacy

The protects the privacy of all communications between a client and psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. Attached to this form is a comprehensive notice of your rights regarding privacy. Please review this form closely and discuss any questions you may have with me.

Personal Records

Pursuant to federal guidelines, I keep protected health information about you in an encrypted Electronic Medical Record. All information relevant to your treatment is contained in that record. A small paper file is kept containing signed authorizations in a separate, locked location. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record. The record will be provided to you once it is requested in writing. As these are professional records, they can

be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forward to another mental health professional so you can discuss the contents.

Minors and Parents

Clients under 13 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records unless I decide that such access is likely to injure the child. Because privacy in psychotherapy is often crucial to successful progress, particularly with adolescents, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's consent, unless I feel that the child is in danger or is a danger to someone else. In this case I will notify the parents of my concern and potentially law enforcement. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to address any objections he/she may have.

Insurance Reimbursement

If you have a health insurance policy it will usually provide some coverage for mental health treatment. Some policies have out-of-network coverage as well. I strongly suggest that you find out exactly what mental health services you insurance policy covers. In any case, you are responsible for full payment of my fees at the time of service and I will provide you with a statement, at your request, that you are free to file with your insurance company.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA PRIVACY NOTICE FORM DESCRIBED ABOVE.

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Client/Parent/Legal Guardian Signature Date