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Agreement for Treatment Services

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting. A clear understanding from the beginning is essential to a good working relationship and helps avert problems later. Once you sign this, it will constitute a binding agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. What we actually do together varies greatly depending on the presenting problems and on the compatibility of the therapist and the patient or family. I will discuss with you different approaches which can be utilized to address the problems you hope to work on. Our collaboration requires a very **active** effort on your part. In order to be most beneficial, you and/or your child will have work to do both during our sessions and at home.

Psychotherapy has both benefits and risks, but has been shown to have significant benefits for most people who undertake it. It often leads to resolution of specific problems, better relationships, and a significant reduction of feelings of distress; but there are no guarantees about what will happen. The risks include sometimes experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy sometimes requires recalling or identifying unpleasant aspects of one's past and present circumstances.

MEETINGS

Our usual practice is to set one regularly-scheduled 50-minute session per week. **This time is then reserved for you.** Once this appointment time is scheduled, you will be responsible for payment of that session unless you provide two full business day's advanced notice of cancellation or unless we both agree that you were unable to attend due to circumstances that were beyond your control, such as illnesses or emergencies.

BILLING AND PAYMENTS

I work on a commitment of a minimum of 4 sessions of Therapy at a time. These are always paid for in advance. At session 4 we discuss if you would like to continue for further 4 sessions. If so, I raise another invoice for a further 4 sessions, again payable in advance. If you are absent for a session, your session must still be paid for. If you would like to re-arrange your session because you cannot make your scheduled appointment, I will be happy to arrange this if I have a space in my diary. However, if I cannot do this, your fee is still payable. There are no refunds.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment. If you request it, I will provide you with an itemized bill for services which you then can submit to your insurance carrier.

CONTACTING ME

I am often not immediately available by telephone and do not answer the phone when in sessions with

clients. Voice mail will record your message and I will try to return the call as soon as possible, usually within the same day. A quickest way of reaching me is often through **email**. If you cannot reach me and you feel that you cannot wait for a return call, you should call your GP or the emergency room at the nearest hospital and ask for the psychiatrist on call.

MINORS

If the identified patient is under eighteen years of age, please be aware that the law may provide parents with the right to examine the treatment records. In order to respect the importance of privacy and confidentiality in the treatment, it is my policy to provide parents with general information on how the treatment is proceeding unless I feel that there is a high risk of serious harm, in which case I will notify them of our concern. Before giving parents information about the treatment, I discuss what will be disclosed with the minor, as it greatly helps their sense of it being *their* treatment. Needless to say, it is a difficult task to balance your parental right and need to know information about treatment, and at the same time respecting the patient's confidentiality, which is so key to treatment. Parents generally want to know if their child is making good use of the time and whether issues are being actively worked on toward resolution. I am certainly comfortable discussing this. I also encourage family treatment sessions whenever clinically appropriate.

CONFIDENTIALITY

In general, the confidentiality of all communications between a client and a mental health professional is protected by law, and I can only release information about my work to others with your written permission. However, there are some exceptions:

In most judicial proceedings, you have the right to prevent me from providing any information about the treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if it is determined that resolution of the issues before the court demands it.

There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment: If I am concerned that a child, an elderly person, or a disabled person is being abused, I am required to file a report with the appropriate agency. If I believe that a client is threatening serious bodily harm to themselves or to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. These situations have very rarely arisen in our practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action if that is appropriate.

Your signature below indicates that you have read the information in this document, discussed any concerns you have with me and that you agree to abide by its terms. I look forward to a good working relationship with you.

Signed by Patient or Guardian

Signed by Therapist

Printed Name

Printed name

Date: _____

Date: _____