

Meghan Renzi, LCSW-C, RYT-200  
Therapy and Mindfulness Practices  
4405 East West Highway, Suite 311-A  
Bethesda, MD 20814  
(240)479-4894

**Patient Name:**

**Date:**

### **INFORMED CONSENT & AGREEMENT FOR SERVICES**

Welcome! Meghan Renzi, LCSW-C, RYT-200 received her Master's degree in Social Work from University of Maryland, Baltimore in 2008. Meghan is a licensed certified social worker, clinical (LCSW-C) with the state of Maryland. As a social worker, Meghan has experience in substance abuse treatment, inpatient psychiatric care, partial hospitalization and in the outpatient therapy setting. Meghan utilizes a cognitive behavioral approach. Meghan completed her 200 hour yoga teacher training at Yoga Fusion Studio in Chevy Chase, Maryland. As a registered yoga teacher, Meghan also incorporates mindfulness techniques in her sessions. Meghan has experience treating children, adolescents and adults in various mental health treatment settings.

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

Participating in therapy may be uncomfortable including remembering or discussing unpleasant events. The therapy process can sometimes evoke strong feelings of guilt, anxiety, anger, sadness and fear. There will be times where I will challenge your thinking patterns and offer different perspectives. During the therapeutic process some people may find that they start to feel worse before they feel better. At times therapy can be slow and frustrating. Please feel free to discuss any concerns you have regarding your progress in therapy with me. Due to the varying nature and severity of the issues and individuality of each client, I am unable to predict the length of your treatment or guarantee a specific result.

Therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a remarkable reduction in feelings of distress, increased fulfillment in personal relationships, increased self awareness and insight, and improved distress tolerance. There are no guarantees about what will happen. In order to be most successful, you may have to work on things we discuss outside of sessions.

### **APPOINTMENTS**

Appointments will be approximately 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed.

If you need to cancel or reschedule a session, I ask that you provide me with 48 hours notice. If you are unable to keep your appointment, **please call to cancel at least 48 hours prior to your appointment time.**

\*\*\*No shows and late cancellations will be charged for a full session\*\*\*

Please note that a once a year pass can be used for an emergency, illness or situation beyond your control. I sincerely appreciate your cooperation and at any time you have questions regarding fees, balances or payments please feel free to ask. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

### **FINANCIAL AGREEMENT**

The standard fee for the initial intake is \$150.00 and each subsequent session is \$100.00. You are responsible for paying at the time of your session. Payment must be made by cash or credit card. Credit is preferred. If you refuse to pay your debt, I reserve the right to use an attorney to secure payment.

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### **INCLEMENT WEATHER POLICY**

I follow Montgomery County Public Schools inclement weather policy. If Montgomery County Public Schools are closed due to inclement weather, you can assume that my office will be closed as well. If you need more information about weather related closings please consult the Montgomery County Public Schools website at [www.montgomerycountyschoolsmd.org](http://www.montgomerycountyschoolsmd.org).

### **DISCUSSION OF TREATMENT PLAN**

I am here to help you reach your goals. It is my intention to partner with you in identifying realistic goals and working with you to identify steps towards these goals. I am an avid believer in working on the solution rather than the problem. During the course of therapy, I may use a number of treatment approaches according, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include but are not limited to cognitive behavioral, solution oriented, mindfulness based and/or systems/family therapies. You always have the right to decline any of my recommendations. If you have any questions about my therapeutic approach, the possible risks, my expertise, or about the treatment plan, please feel free to ask. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

### **TERMINATION OF THERAPY**

The length of your treatment and time of your treatment termination depend on the specifics of your treatment plan progress. I will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. I always recommend discussing termination of services in collaboration with me. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Should either of us elect to terminate, I will provide you with a termination of therapy letter.

### **PROFESSIONAL CONSULTATION**

Professional consultation is an imperative component of a healthy therapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. Professional consultation may include peer group consultations. During such consultations, I will not reveal any identifying information regarding you or your situation. Anyone who I consult with also has the duty to maintain confidentiality.

### **RECORD KEEPING**

I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure location. I keep brief records noting that you were here, your reasons for seeking therapy and your goals. Therapy notes will also contain your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted to untrained readers. For this reason, I recommend that you initially review them with me to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional. You also have the right to request that a

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copy of your file be made available to any other health care provider at your written request. Please note that there is a flat fee of \$25 for copying your record.

### **CONTACTING ME**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the Montgomery County Crisis Center 240-777-4000 , 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. Please note that any electronic communication outside our scheduled sessions will be strictly for scheduling purposes. I do not receive text messages.

### **PARENTS & MINORS**

While privacy in therapy is imperative to successful progress, parental involvement is also a huge factor. It is my policy not to provide treatment to a child under age 13 unless the child agrees that I can share whatever information I consider necessary with a parent. Any children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, and a treatment summary. I will often encourage open communication between parent and child during treatment. All communication between myself and the parent will require the child's agreement, unless I feel there is a safety concern (see also section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time. Some common safety concerns would include but are not limited to: plans to harm self or others, substance abuse, reports of any child abuse. I will use my professional judgment in each situation to determine whether parent or guardian needs to be notified.

### **SOCIAL MEDIA POLICY**

It is my policy to not accept friend requests from clients on Facebook, LinkedIn or other social media websites. I cannot protect confidentiality on social media.

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**CONFIDENTIALITY**

Any information shared in session will be kept confidential. I will do my very best to maintain confidentiality throughout your treatment.

Some limits to confidentiality include: (a) information (diagnosis and dates of service) shared with your insurance company to process your claims or for administrative/billing purposes, (b) information you and/or your child report about physical abuse or neglect, sexual abuse; or elder abuse or neglect. By Maryland State Law, I am obligated to report this to the local Department of Social Services, this includes suspected abuse, (c) where you sign a release of information to have specific information shared (d) if you/or your child provide information that informs me that you are in danger of harming yourself or others (e) if you bring legal action against me or I am subpoenaed (f) information necessary for case supervision or consultation and (g) or when required by law or my ethical code of conduct.

*I understand and agree to the above.*

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Patient Name	Signature	Date
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Guardian Name	Signature	Date
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Guardian Name	Signature	Date
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Witness Name	Signature	Date
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