



4405 East West Highway, Suite 502
Bethesda, MD 20814
(240)479-4894

Patient Name:

Date:

INFORMED CONSENT & AGREEMENT FOR SERVICES

Welcome to Therapy and Mindfulness Practices, LLC. This is an individual therapy practice owned and operated by Meghan Renzi, LCSW-C, RYT-200.

Meghan received her Master's degree in Clinical Social Work with specialization in Mental Health from University of Maryland, Baltimore. Meghan is a licensed clinical social worker (LCSW-C) with the state of Maryland (license #14324). Meghan has worked in the mental health field for the past 10 years. As a social worker, she has experience in addiction treatment, inpatient psychiatric care, partial hospitalization and in the outpatient therapy setting treating children, adolescents, and adults. Meghan is a strengths-based therapist who believes in a holistic approach to therapy that includes facilitating a mind and body connection. Meghan utilizes cognitive behavioral therapy techniques, while teaching distress tolerance tools and healthy ways to cope with uncomfortable feelings.

Meghan completed her 200-hour yoga teacher training at Yoga Fusion Studio in Chevy Chase, Maryland. Meghan incorporates mindfulness techniques in her sessions including yoga postures for some clients. Play therapy can be utilized with children under the age of ten.

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 involves a commitment from the client. I encourage you to be patient with yourself and/or your child.

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 improved distress tolerance. There are no guarantees about what



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will happen, for this reason I am not able to grant refunds for therapy sessions. In order to be most successful, you may have to work on things we discuss outside of sessions.

APPOINTMENTS & CANCELLATIONS

Therapy sessions are 45 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. For full fee schedule, please see Financial Agreement.

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 or email to cancel at least 48 hours prior to your appointment time. *Please note that it is the patient responsibility to cover the full cost of the late cancellation or no show.*

******No shows and late cancellations will be automatically charged for the full session******

In addition, you are responsible for coming to your session on time; if you are late, you will be billed for the full session time and your appointment will still end on time. I sincerely appreciate your cooperation and at any time you have questions regarding fees, balances or payments please feel free to ask.

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.

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



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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.

ELECTRONIC MEDICAL RECORD

I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure HIPAA compliant electronic medical record. 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 copy of



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your file be made available to any other health care provider at your written request. Please note that there is a flat fee of \$30 for copying your record.

CLIENT PAPERWORK/ FORMS

Please note I do request at least one week to complete any forms provided by clients (for school, work, etc.) and time for completing forms may be subject to charge.

CONTACTING MEGHAN RENZI

Emails are used for scheduling purposes only. *Email is not a place to share clinical information thus I will not provide clinical advice over email.* Email is not a confidential communication system, and I cannot assure confidentiality when you send me an email. Please see Email Policy Contract for more information regarding potential risks to using email. For more privacy and to discuss non-urgent clinical matters, you can call the office at 240-479-4894. Please allow 2 business days for a returned phone call.

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 voicemail 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 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 it is not policy to respond to text messages. If you need to reach me please email or call.*

PHONE SESSIONS

I advise all clients and parents of clients to bring up concerns during in-office session time. I do offer intermittent phone contact to clients and parents of child or adolescent clients as part of my practice. *Phone calls are not reimbursable through insurance.* I can provide free calls up to 10 minutes. Phone calls are offered to respond to crisis situations that may have occurred during the week, outside of therapy and do not replace in office sessions, unless otherwise specified.



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Phone calls longer than 10 minutes are scheduled as phone sessions.

20-30 minutes- \$75 (not covered by insurance)

45-60 minutes- \$140 (not covered by insurance)

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. For 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 the 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. I request that parents keep an open dialogue with their child (patient) regarding therapy. I also ask that parents not use email to talk about the child (patient) and if they do need to discuss their child (patient) over email, the parent will notify the child and make that email available to them.

*If your child is under the age of 14, please do not leave the waiting area during the sessions.

SOCIAL MEDIA POLICY

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

FINANCIAL AGREEMENT: Please read and review carefully.

Fee schedule

Initial intake appt (50-60 minutes) \$190.00

Individual (45 minutes) session \$170.00

Family/Parent session (45 minutes) session \$190.00



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Payment is due at time of service. I securely store a debit or credit card in my Electronic Medical Record (EMR) so you will not have to take time from your sessions for payment. *I will not bill for services, or carry account balances.* I do accept all major credits cards and HSA cards as forms of payment.

I am an out-of-network provider with most private insurance companies. Depending on your current health insurance provider or employee benefit plan, it is possible for services to be covered in full or in part. You pay me in full at time of service and upon your request, I can provide you with a “superbill” to submit for to your insurance company for possible reimbursement. Unfortunately, I cannot make any guarantees about reimbursement. If you would like to submit to insurance on your own, I advise you to contact member services to see if you have “out of network benefits for mental health”. It is the responsibility of the client to contact the insurance carrier prior to the first scheduled appointment to verify outpatient therapy coverage. Regardless of insurance coverage, the policy is a contract between the client and insurance carrier.

CREDIT CARD AUTHORIZATION

Credit card information is kept on file for all clients, regardless of the preferred session payment method. During the first session, I will request your credit card information. *Missed sessions or late cancellations that do not adhere to the cancellation policy, will be automatically charged to the credit card on file unless otherwise specified.* Authorization to charge the on file card ends at the termination of therapy.

UNEXPECTED ABSENCE

My schedule is such that I may need to take leave for personal reasons. If this is the case, I will notify you as soon as possible if I am unable to keep our scheduled time.

Should I become ill or incapacitated, I do have an Emergency Response Team (ERT) in place to handle any issues that may come up with my clients. My ERT will only have access to my files in an emergency situation.



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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.

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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