



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

**Patient Name:**

### **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 does have administrative help with practice operations including scheduling and responding to non urgent patient inquiries.

Meghan received her Master's degree in Clinical Social Work with a specialization in Mental Health from the University of Maryland, Baltimore in 2008. Meghan is a licensed clinical social worker (LCSW-C) with the state of Maryland (license #14324). As a social worker, she has experience in inpatient psychiatric care, addiction treatment and partial hospitalization. In the outpatient therapy setting, Meghan has experience working with 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 in 2015. Meghan incorporates mindfulness techniques in her sessions including yoga postures for some patients.

### **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 your therapist 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 your therapist. Due to the varying nature and severity of the issues and individuality of each patient, we are unable to predict the length of your treatment or guarantee a specific result. Therapy involves a commitment from the patient. We 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,



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increased self-awareness, and improved distress tolerance. There are no guarantees about what will happen, for this reason, we are not able to grant refunds for therapy sessions. To be most successful in meeting your goals, you may have to work on suggested strategies 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. If you need to cancel or reschedule a session, we ask that you provide us with 48 hours notice. If you are unable to keep your appointment, please call or email to cancel at least 48 hours before your appointment time. Please note that it is the patient's 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 on the day of your appointment.* 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. We sincerely appreciate your cooperation and at any time you have questions regarding fees, balances or payments please feel free to ask.

### **INCLEMENT WEATHER POLICY**

We follow Montgomery County Public Schools inclement weather policy. If Montgomery County Public Schools are closed due to inclement weather, you can assume that the 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).

### **TELETHERAPY**

Teletherapy is a growing topic among the mental health community. Recently, more clearly defined regulations have been created. Per Maryland state regulations, teletherapy is defined as the use of interactive audio, video, or other telecommunications or electronic media by a licensed social worker to deliver social work services. Phone calls, text messages, and emails cannot be billed as teletherapy or replace an in-office session.

For illness and inclement weather, teletherapy is an option to replace an in-office session, however, we do require 2 hours notice if you plan to replace your in-office session with a video session. Please note, teletherapy may be offered by your therapist on a case by case basis for



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regular sessions. If you are out of state, video sessions cannot be billed as "teletherapy" thus superbills cannot be provided.

### **DISCUSSION OF TREATMENT PLAN**

We would like to help you reach your goals. During therapy, your therapist may use several treatment approaches according to the problem that is being treated and her 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 your therapist's approach, the possible risks, 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 your therapist does not provide, your therapist has an ethical obligation to assist you in obtaining those treatments.

### **TERMINATION OF THERAPY**

The length of your treatment and your treatment termination depend on the specifics of your treatment plan progress. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. It is always recommended to collaborate with your therapist on termination. If you or your therapist determine that you are not benefiting from treatment, either may elect to initiate a discussion of your treatment alternatives. Your therapist can provide you with a termination letter.

### **PROFESSIONAL CONSULTATION**

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

### **ELECTRONIC MEDICAL RECORD**

The practice is required to keep appropriate records of the services that we provide. Your records are maintained in a secure HIPAA compliant electronic medical record. Your therapist keeps brief records noting that you were here, your reasons for seeking therapy and your goals.



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Therapy notes will also contain your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to other providers, 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, we recommend that you initially review them with your therapist to discuss the contents. If we refuse your request for access to your records, you have a right to have the decision reviewed by another mental health professional. You also have the right to request that a 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 \$50 for copying your record.

#### **CLIENT PAPERWORK**

We do request at least one week to complete any forms, provide letters, etc. Time spent completing paperwork may be subject to charge. The fee charged is based on your therapist's hourly rate.

#### **CONTACTING MEGHAN RENZI**

Emails are used for scheduling purposes only. Email is not a place to share clinical information thus we will not provide clinical advice over email. Email is not a confidential communication system, and we cannot assure confidentiality when you send me an email. Please see the 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.

We are often not immediately available by telephone. Your therapist will not answer the phone when in session with patients or otherwise unavailable. At these times, you may leave a message on the 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 back and you feel you cannot wait for a return call or if you are unable to keep yourself or your child 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. We will make every attempt to inform you in advance of planned absences and



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provide you with the name and phone number of the mental health professional covering the practice.

### **PHONE CALLS**

We advise all patients and parents of patients to bring up concerns during in-office session time. Intermittent phone calls to patients and parents of a child or adolescent patient can be scheduled. Phone calls are not reimbursable through insurance. Your therapist can provide free calls up to 15 minutes. Phone calls are offered to respond to crises that may have occurred during the week, outside of therapy. Phone calls do not replace in-office sessions.

Phone calls longer than 15 minutes are scheduled as phone sessions.

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

45-60 minutes- \$150 (not covered by insurance)

### **PARENTS & MINORS**

While privacy in therapy is imperative to successful progress, parental involvement is also a huge factor. It is office policy not to provide treatment to a child under age 13 unless the child agrees that the therapist can share whatever information the therapist considers necessary with a parent. For any children 14 and older, the therapist requests an agreement between the patient and the parents allowing the therapist to share general information about treatment progress and attendance, and a treatment summary. The therapist will often encourage open communication between the parent and child during treatment. All communication between therapist and the parent will require the child's agreement unless the therapist feels there is a safety concern, in which case the therapist will make every effort to notify the child of the 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. The therapist will use her professional judgment in each situation to determine whether the parent or guardian needs to be notified. The therapist requests that parents keep an open dialogue with their child (patient) regarding therapy. The therapist also asks that parents do 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.



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### **SOCIAL MEDIA POLICY**

It is office policy not to accept friend requests from patients 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 \$175.00

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

\*\*Payment is due at the time of service. We 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. We will not bill for services, or carry account balances. We do accept all major credit cards and HSA cards as forms of payment.

Meghan is an out-of-network provider, meaning she is unable to accept private health insurance or Medicaid. Depending on your current health insurance provider or employee benefit plan, services can be covered in full or in part. We can provide you with a “superbill” to submit to your insurance company for possible reimbursement. Unfortunately, we cannot make any guarantees about reimbursement. If you would like to submit to insurance on your own, we advise you to contact member services for your insurance provider to see if you have “out of network benefits for mental health”. It is the responsibility of the patient to contact the insurance carrier before the first scheduled appointment to verify outpatient therapy coverage. Regardless of insurance coverage, the policy is a contract between the patient and the insurance carrier.

### **CREDIT CARD AUTHORIZATION**

Credit card information is kept on file for all patients, regardless of the preferred session payment method. Before the first session, we will request your credit card information. Late cancellations and No shows will automatically be charged for the full session amount on the day of your appointment. Authorization to charge the on-file card ends at the termination of therapy.

### **UNEXPECTED ABSENCE**



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Meghan’s schedule is such that she may need to take leave for personal reasons. If this is the case, we will notify you as soon as possible if she is unable to keep a scheduled appointment. Should she become ill or incapacitated, she has an Emergency Response Team (ERT) in place to handle any issues that may come up with patient care. The ERT will only have access to my files in an emergency.

**CONFIDENTIALITY**

Any information shared in the session will be kept confidential. Your therapist will do her 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, your therapist is 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 the therapist that you are in danger of harming yourself or others (e) if you bring legal action against your therapist or your therapist is subpoenaed (f) information necessary for case supervision or consultation and (g) or when required by law or ethical code of conduct.

I understand and agree with 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

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