



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

Client Name:

INFORMED CONSENT AND AGREEMENT TO SERVICES

This document provides you with important information about your treatment. Please read the entire document carefully, and ask any questions you might have about its contents.

Welcome to Therapy and Mindfulness Practices, LLC. Therapy and Mindfulness Practices, LLC 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 client 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.

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 clients.

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 when 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 treatment with your therapist. Due to the varying severity of issues and client uniqueness, we are unable to predict the length of treatment. We also cannot guarantee any specific result. Therapy involves a commitment from the client. We encourage you to be patient with yourself or your child.

Therapy has proven benefits for individuals who undertake it. Treatment 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 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 meetings.

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 client's responsibility to cover the full cost of the late cancellation or no show. There is an automatic charge (full session fee) on the day of your appointment for no shows and late cancellations. You are responsible for coming to your session on time; if you are late, we bill 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.



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CONTACTING MEGHAN RENZI

We use email for scheduling purposes only. We do 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 two 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 clients 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 are experiencing an emergency and cannot wait for a returned call: 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 provide you with the name and phone number of the mental health professional covering the practice.

PHONE CALLS

We advise all clients or parents of clients to bring up concerns during in-office session time. Your therapist can schedule intermittent phone calls to clients or parents of a child or adolescent client. Your therapist can provide free calls up to 20 minutes. We offer phone calls to respond to crises that may have occurred during the week, outside of therapy. Phone call times are scheduled based on your therapist's availability and do not replace in-office sessions. We charge for scheduled calls longer than 20 minutes as phone sessions. Phone calls are not reimbursable through insurance.

Fee schedule for phone calls

20-30 minutes- \$75 45-60 minutes- \$150

TEXTING

Text messages are for rescheduling appointments or to notify your therapist if you are running late to a session. The office uses the HIPAA compliant platform, Spruce, for phone services. We invite you to download Spruce to communicate with us for texting securely. The Spruce Care Messenger app is an all-in-one communication platform for healthcare providers and clients. When you download the Spruce app, you can conveniently exchange messages with your therapist and have the comfort of knowing your communication is secure, encrypted, and HIPAA compliant. On Spruce, you can send and receive messages and PDF attachments. Spruce also offers video chat, if illness or inclement weather get in the way of an in-office visit.

FINANCIAL AGREEMENT

Initial Intake Appointment (60 minutes) \$190.00

Individual (45 minutes) session \$175.00

Family Session (45 minutes) session \$190.00

Group therapy (55 minutes 3x a month) \$165 per month

Payment is due at the time of service. We securely store a debit or credit card in our 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. We are an out-of-network provider, meaning we are unable to accept private health insurance or Medicaid. Therapy and



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Mindfulness Practices, LLC re-evaluates fees on an annual basis for the business. Should there be a fee increase, you will be given a 40-day notice before the change takes effect.

SUPERBILLS

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 compensation. 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 client 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 client and the insurance carrier. To provide superbills, your therapist must provide a clinical diagnosis to establish medical necessity for treatment.

CREDIT CARD AUTHORIZATION

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

PARENTS & MINORS

While privacy in therapy is imperative to successful progress, parental involvement is also an essential 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 13 and older, the therapist requests an agreement between the client 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 standard safety concerns would include but are not limited to plans to harm self or others and reports of any child abuse. The therapist will use her professional judgment in each situation to determine whether or not to notify the parent or guardian. The therapist requests that parents keep an open dialogue with their child regarding therapy. The therapist also asks if parents do need to discuss their child over email, the parent will notify the child and make that email available to them. *If your child is under the age of 13, please do not leave the waiting area during the sessions.

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 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 family systems therapies. You always have the right to decline any of your therapist’s 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



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from any treatment that your therapist does not provide, your therapist has an ethical obligation to assist you in obtaining those treatments.

FAMILY INVOLVEMENT

If you would like to have a family member or other person join your session, please discuss with your therapist ahead of time. Please note the family sessions are billed at a different rate.

TERMINATION OF THERAPY

The length of your treatment depends 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. We recommend collaboration with your therapist regarding 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 a clinical, ethical, and legal consultation with appropriate professionals. Professional consultation may include peer group consultations. During such meetings, your therapist will not reveal any identifying information regarding you or your situation. Anyone who your therapist consults with also must maintain confidentiality.

RELEASE OF INFORMATION

From the start of treatment, your therapist will ask before speaking with any other treatment providers to have open communication and provide excellent care. You are not obligated to give this release, but we do encourage giving consent for any current treatment providers and prescribers. You can also revoke any release of information at any time.

ELECTRONIC MEDICAL RECORD

The practice is required to keep appropriate records of the services that we provide. We maintain records 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. 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, an untrained person could misinterpret.

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 records.

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. We calculate the fee on your therapist's hourly rate.



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UNEXPECTED ABSENCE

Your therapist schedule may require her 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 client care. The ERT will only have access to my files in an emergency.

COURT POLICY

Please be advised that should the therapists or therapist interns of Therapy and Mindfulness Practices, LLC be requested to write a letter on any court-related matter, that they will NOT be stipulating in writing or person as to an opinion. Therapists, staff, and interns may only provide observations and feedback. At no time will any therapists or therapist interns of Therapy and Mindfulness Practices, LLC, make a recommendation in regards to custody or any other court-related matter.

If a court order is served and is requesting that a therapist or therapist intern of Therapy and Mindfulness Practices, LLC be present in person and or there is a request for records, the client's consent will be requested before turning over confidential information. When obtaining this consent, the client will be told what has been requested by the court, and there is no guarantee that the information will be kept confidential. Records include a client's mental health history, current status, and inclusive records and may not be in the best interests of the client. The therapist-client relationship does not render the therapist as an advocate. The therapist will withhold any opportunity to engage in a dual relationship with the client.

Fee Schedule

Please be advised that should a therapist or intern from Therapy and Mindfulness Practices, LLC, be ordered by the court to write a letter to the court, the time shall be billed at \$200 per hour.

Please be advised that should a therapist or intern from Therapy and Mindfulness Practices, LLC be court-ordered to appear in court, the fee stipulation is as follows:

- \$2,000 per day plus \$200 per hour for travel to and from the court.
- \$200 per hour for preparation

Therapists, staff, and interns of Therapy and Mindfulness Practices, LLC, will NOT be ON-CALL at any time. Should a case be trailed, the therapist will be paid in full for each day as well as an additional \$1,000 per day as it hinders the therapist's or intern's ability to be available to their other clients. All court fees must be received by a cashier's check 14 days before the court date. Should the court calendar the hearing for another date, the therapist or intern must be re-issued a court order with the new court hearing date. Should the therapists or interns be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. Therapists, staff, and interns of Therapy and Mindfulness Practices, LLC, make a recommendation in regards to custody or any other court-related matter.

INCLEMENT WEATHER POLICY

We follow the Montgomery County Public Schools' inclement weather policy. If Montgomery County Public Schools close due to inclement weather, we close the office. If you need more information about weather-related closings, please consult the Montgomery County Public Schools website at

www.montgomerycountyschoolsmd.org



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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, your therapist may offer teletherapy on a case by case basis for regular meetings.

Unfortunately, if you are outside the state of Maryland, we cannot participate in teletherapy. Most third-party payers do not reimburse teletherapy. Check with your insurance in advance if you plan to pursue reimbursement. As you will not be present in the office during your session, please be aware of your own confidential space where you chose to connect with your therapist. We use industry best practices and third-party services that align with HIPAA standards for telehealth to ensure both confidential client interaction and the security of the communication medium. We cannot control the quality of the connection. It may be choppy or delayed, in which case, we can discuss whether to continue the session by phone.

SOCIAL MEDIA POLICY

It is office policy that therapists not accept friend requests from clients on Facebook, LinkedIn, or other social media websites. We cannot respond to client comments on social media.

You are welcome to follow, like, or comment on Therapy and Mindfulness Practices, LLC, business pages.

- Facebook: Therapy and Mindfulness Practices, LLC
- Instagram: @therapyandmindfulness

DRUG AND ALCOHOL POLICY

Please refrain from the use of drugs or alcohol at least 24 hours before the session. If your therapist suspects that you are under the influence, they may reschedule the appointment for another time, and you will be billed for the full session.



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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 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 abuse, suspected abuse, and neglect to the local Department of Social Services. (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) Any non-identifying information necessary for case supervision or consultation. (g) When required by law or ethical code of conduct.

I understand and agree with the above.

_____ Client Name	_____ Signature	_____ Date
_____ Guardian Name	_____ Signature	_____ Date
_____ Guardian Name	_____ Signature	_____ Date
_____ Staff Witness Name	_____ Signature	_____ Date