

Services Agreement

General Information

Hours. Appointments can be made Monday-Thursday from 9:00 am to 8:00 pm., Friday 9:00 am to 5:00 pm and Saturday 9:00 am to 4:00 pm. Sessions may be arranged at other times as agreed with your service provider.

Cancellations. Continuity is crucial to the effectiveness of the services you receive. You will be charged for appointments that you do not cancel at least 24 hours in advance. Monday appointments must be cancelled by noon the preceding Saturday. For psychotherapy clients, it is important to note that insurance companies do not pay for missed sessions.

Psychotherapy Services

Sessions and Sites. Individual therapy sessions are generally 50 minutes in length. Psychotherapy is provided in various sites in Northern Virginia and in the District of Columbia.

Fees. We reserve the right to increase fees at any time, upon advanced notice. Payments are to be made at the time of each session. Clients are responsible for determining whether or not their health insurance covers clinical services received through The Women's Center. Most insurance plans require services be performed by licensed therapists. Reduced fee services on a sliding scale basis may be available to those individuals who meet the eligibility requirements established by The Women's Center, as modified from time to time. The eligibility requirements relate to income and individual circumstances of need. During the course of your care, if your situation requires court preparation time, a court appearance or the submission of documents, additional fees may be charged. Please speak with your clinician if applicable.

Contacting Therapist. If you need to contact your therapist, please leave a message on her/his voice mail. The number is given below. Therapists check for messages at least once a day.

Emergencies. After hours you may call The Women's Center number. A recorded message will contain an answering service number. If you are a current client in crisis, your call will be returned by your therapist or the Clinical Director.

Privacy and Ethics. The Women's Center therapists strictly adhere to the principles and standards of their profession. The services you receive are confidential, and your written permission is required for the release of any information about you. Possible exceptions, as specified by law, include situations of clear and imminent danger to yourself or another person, child abuse or neglect, and court order. Please review the Center's Notice of Privacy Practices provided to you at your first appointment.

Discontinuing Services. Ending is an important part of the therapeutic process. Please discuss with your therapist any plan or desire to discontinue therapy.

Staff Supervision. Pre-licensed therapists all work under the supervision of licensed individuals. Your therapist will discuss with her/his supervisor information about your therapy. If applicable, contact information for your therapist's supervisor is provided below.

TO BE COMPLETED BY PROVIDER:

PROVIDER DATA

Provider Name: _____ Voice mail: 703-281-4928 ext# _____

Provider Title (if applicable): _____ Degree: _____

Provider is Licensed Therapist Mediator
 Pre-licensed, seeking licensure in (discipline) _____ Other _____
 Extern/intern in (discipline) _____

Supervisor Name (if provider is pre-licensed therapist or extern/intern): _____

Supervisor Address: _____ Telephone: _____

The Director of Clinical Services for The Women's Center is Janet Kimberling, PhD, 703-281-4928, ext. 210.

Provider Signature: _____ Date: _____

CLIENT CONSENT AGREEMENT

I (*print name*) _____ understand and agree to the policies, procedures, fees, and payment arrangements as described above, and I consent to receiving services at a fee of \$ _____ per session.

Client Signature: _____ Date: _____

Parent's Signature (if client is under 18) _____ Date: _____

NOTE: Additional forms required if client is a Minor.