

## THE WOMEN'S CENTER SERVICES AGREEMENT

### General Information

**Hours:** The Women's Center maintains standard business hours of 9:00am - 8:00pm Monday through Thursday, 9:00am – 5:00pm on Friday and Saturday. Sessions may be arranged at other times as agreed upon with your service provider.

**Cancellations/Closings:** As your appointment time is reserved for you, clients will be charged for missed appointments that are not cancelled at least 24 hours in advance. Monday appointments must be cancelled by noon the preceding Saturday. It is important to note that insurance companies do not pay for missed sessions. The Women's Center follows Fairfax County Government and DC Government inclement weather schedules, and Center closings, due to inclement weather, etc. are posted on our website. If you have further questions related to closings or cancellation fees, please speak directly with your provider.

### Psychotherapy Services

**Sessions, Sites, Counseling Approaches, and Risks & Benefits:** Therapy sessions are generally 50 to 60 minutes in length. The Women's Center clinical staff consists of a wide range of providers, from interns/externs to independently licensed providers. Counseling approaches vary based upon each individual providers training and experience. If you have particular questions related to counseling approaches, feel free to speak to your provider directly at any time during the course of your care. As an active participant in counseling, you will be exposed to the inherent risks and benefits of counseling. Please speak directly with your clinician should you have particular questions.

**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. These 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 any submission of documents, additional fees may be charged. If possible, please speak with your provider in advance should you anticipate requiring these services. These services are usually not covered through insurance.

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

**Emergencies:** After hours you may call The Women's Center main number. A recorded message will provide you with an answering service number. If you are a current client in crisis, your call will be returned by your therapist, should they be available. In the event of a life threatening event, please present to your local emergency room or if necessary contact 911 for emergency assistance.

**Privacy and Ethics:** The Women's Center therapists strictly adhere to the principles and standards of their profession. As a client of The Women's Center, the services you receive are documented in our Electronic Health Record, Advanced MD. These services are confidential and should protected information be requested by anyone outside of the Women's Center, your written permission is required for the release of such information. 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 for a more detailed explanation.

**Discontinuing Services:** The length of care for clients can vary significantly, based upon many variables. The decision to terminate counseling should be well thought out and a planned process. Please discuss with your therapist any plan or desire to discontinue therapy.

**Staff Supervision:** Interns/Externs and Pre-licensed therapists all work under the supervision of licensed individuals. During the course of your care, your therapist will discuss with her/his supervisor information about your therapy, making every effort to avoid revealing specific identifying information. If applicable, contact information for your therapist's supervisor is provided below.

**Center Policy.** The Women's Center is an Alcohol, Drug and Weapon Free zone. Violation of this policy may lead to termination of care.

| TO BE COMPLETED BY PROVIDER:   | PROVIDER DATA                        |
|--|--------------------------------------|
| Provider Name: _____   | Voice mail: 703-281-4928 ext# _____  |
| Provider Title (if applicable): _____  | Degree: _____                        |
| Provider is <input type="checkbox"/> Licensed Therapist  | <input type="checkbox"/> Mediator    |
| <input type="checkbox"/> Pre-licensed, seeking licensure in (discipline) _____                                 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Extern/intern in (discipline) _____   |                                      |
| Supervisor Name (if provider is pre-licensed therapist or extern/intern): _____                                |                                      |
| Supervisor Address _____   | Telephone: _____                     |
| Provider Signature: _____  | Date: _____                          |
| The Vice President of Operations for The Women's Center is Mike Goodman, LCSW, 703-281-2657, press ext.#, 202. |                                      |

| <b>CLIENT CONSENT AGREEMENT</b>   |                           |
|---|---------------------------|
| <p><b>I (print name) _____ understand and agree to the policies, procedures, fees, and payment arrangements as described above, and I agree to be financially responsible for the cost of services provided. Fees vary based upon your provider level and the nature of the service provided.</b></p> |                           |
| <p><b>Client Signature :</b> _____</p>  | <p><b>Date:</b> _____</p> |
| <p><b>Parent's Signature (if client is under 18) :</b> _____</p>  | <p><b>Date:</b> _____</p> |
| <p><b>NOTE: Additional forms required if client is minor.</b></p>   |                           |

www.thewomenscenter.org

**In Virginia:** 133 Park Street, NE, Vienna, Virginia **P** 703-281-2657 **F** 703-242-1454

**In Washington DC:** 1025 Vermont Avenue, NW, Suite 310, Washington, DC 20005 **P** 202-293-4580 **F** 202-293-4583