Cynthia Schwartzberg, LCSW 455 East Paces Ferry Road Suite 204 Atlanta, GA 30305 917-816-3534

CLIENT AGREEMENT FORM

Client Participation

In order for therapy to be most successful, it is important for you to take an active role, both during and between sessions. This also means avoiding any mind-altering substances including but not limited to alcohol and non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Structure and Cost of Sessions

I agree to provide psychotherapy for the agreed fee. Please note that there is a bank fee for any returned checks.

While you are always welcome to call me. If prolonged phone conversations become common, you and I will explore adding sessions or developing other resources you have available for help.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies for any out-of-network insurance reimbursement. A statement for services can be provided and submitted to the insurance company.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not always carry a phone nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability.

Generally, I will return phone calls within 24 hours during weekdays. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589. Call 911 or, go to your nearest emergency room.

Technology Statement

<u>Cell phones:</u> It is important for you to know that cell phones may not be completely secure and confidential. If you would like for me not to use a cell phone when contacting you, please let me know.

<u>Text Messaging and Email:</u> Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. Please know though that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations.

Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. I will not make appointments by text, only phone or e-mail. However, you may confirm by text. Due to e-mail volume if you do not get a response in a timely fashion note it may not have been received or read. Leave a phone message to alert me to it.

<u>Facebook, LinkedIn, Etc:</u> It is my policy not to accept requests from any current or former client on social networking sites such as Facebook or LinkedIn because it may compromise your confidentiality.

<u>Searches:</u> I do not search for clients using Google, etc. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

Technology is constantly changing, and there are implications to all of the above that I may not realize at this time. Please feel free to ask questions, and know that I'm open to any feelings or thoughts you have about these and other modalities of communication.

Below confirms you have read and agree to the above.	
Signature	Date