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Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is attached to this agreement, explains HIPAA and its application to your personal health information in greater detail, and my practice is in general accordance with HIPAA policies. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session.

Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred.

#### PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of the clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to create change. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to know about. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These respective rights are described in the following section.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things that we discuss outside of sessions.

The first few sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work may include. At that point, we will discuss your treatment goals and create a personalized, initial treatment plan, if you decide to continue. You should evaluate this information as well as your own assessment about when you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise.

## APPOINTMENTS

I normally conduct an evaluation that will last from one to three sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 60 minute session at a time and frequency we agree on.

## CANCELLATION

Psychological services are most effective when meeting times are regular and consistent. The time scheduled for you appointment is assigned to you and you alone. **If you need to cancel or reschedule a session, it is required that you provide more than 24 hours notice. If you miss a session without cancelling, or cancel with less than 24 hours notice, you must pay my standard fee for the missed session.** It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In addition, you are responsible for coming to your session on time scheduled. If you are late, your appointment will still need to end on time.

## FEES, BILLING, AND PAYMENT

Psychotherapy sessions billed at my standard fee of \$80 per hour, unless otherwise agreed upon. Session fees are payable at times of service unless alternative arrangements have been arranged prior to the time of session. Fees will be reevaluated periodically. Legal fees are not billable to insurance companies and will be charged to the patient directly (eg. court reports, court appearances). Should a balance accrue and no payment is received, I reserve the right to seek remuneration by any means legally possible including, but not limited to, the retention of a collection agency. Fees may be paid in cash, by credit card or check. There will be a \$25 fee for any returned checks. Should three checks be returned, all future fees must be paid in cash, at my discretion.

## PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Although psychotherapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, and a mention of the topics discussed. You have the right to a copy of your file at any time. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records are maintained in a secure location.

## CONFIDENTIALITY

The confidentiality of all communications between a client and a therapist is generally protected by law and I, as your therapist, cannot and will not tell anyone else what you have discussed or even that you are in therapy without your written permission. In most situations, I can only release information about your treatment requirements imposed by HIPAA.

There are, however, several exceptions in which I am legally bound to take action even though that requires revealing some information about a patient's treatment if at all possible. I will make every attempt to inform you when these will have to be put into effect. The legal exceptions to confidentiality include, but are not limited, to the following:

1. If there is good reason to believe you are threatening serious bodily harm to yourself or others. If I believe a client is threatening serious bodily harm to another, I may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to him/herself or another, I may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.

2. If there is good reason to suspect, or evidence of, abuse and/or neglect towards children, the elderly or disabled persons. In such a situation, I am required by law to file a report with the appropriate state agency.
3. In response to a court order or where otherwise required by law. In cases that are court ordered, I may be called to testify as to what has occurred in court ordered counseling. Please be aware that all communication in court ordered cases are subject to my preparation of a report or testimony as defined in the court order. Some orders preclude testimony, wanting the counseling to be therapeutic. In others a periodic report to the court or attorneys is ordered. We will review your court order together so as to best understand your specific case and the impact court involvement will have on our therapeutic relationship with regards to confidentiality.
4. To the extent necessary, to make a claim on a delinquent account via a collection agency.
5. To the extent necessary, for emergency medical care to be rendered.

Finally, there are times when I find it beneficial to consult with colleagues as part of my practice for mutual professional consultation. Your name and unique identifying characteristics will not be disclosed. The consultant is also legally bound to keep the information confidential.

#### CONTACTING ME

I am often not immediately available by telephone. I do not answer the phone when I am with a client, and I am not always in the office during normal business hours. If you need to reach me between sessions, or in an emergency, you have the right to a timely response. You may leave a message on my confidential voicemail at any time and your call will be returned as soon as possible or by the next business day under normal circumstances. I do check my voicemail every night and on weekends. Please make sure to inform me of the nature of the emergency and a number where I may reach you and I will make every attempt to get in touch with you as soon as possible. You may also reach me by email. It remains your responsibility to take care of yourself until such time as we can talk. If you feel unable to keep yourself safe, call 911 and go to your nearest emergency room. I will make every attempt to inform you in advance of any planned absences, and provide you with a name and phone number of the person covering the practice.

#### OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you'll talk with me so that I can respond to your concerns. Such concerns will be taken seriously and with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time.

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.

You have the right to ask questions about any aspect of the therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients.

#### CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this agreement and agree to its terms. It also serves as an acknowledgement that you have received the HIPAA Notice Form described above.

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SIGNATURE OF CLIENT (if over 14, parent or guardian if under 14)

DATE

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PRINT NAME

DATE OF BIRTH

RELATIONSHIP TO CLIENT