GEORGIA CENTER FOR
OCD & ANXIETY

THERAPIST-CLIENT SERVICES AGREEMENT

Welcome. I am glad you are here.
This document outlines my services, policies, and your rights as a client. By signing, you acknowledge that you have reviewed this information and agree to these terms. You may revoke this agreement in writing at any time, except where action has already been taken in reliance on it or where required for financial obligation, insurance or legal purposes.

Privacy & Confidentiality (HIPAA)
Your protected health information (PHI) is handled in accordance with the *Health Insurance Portability and Accountability Act* (HIPAA) and applicable Georgia law. A separate *Notice of Privacy Practices* explains how your information may be used and disclosed for treatment, payment, and healthcare operations, as well as your rights regarding your records. Your signature confirms receipt of this notice.

Services
I provide evidence-based psychotherapy, primarily Cognitive Behavioral Therapy (CBT), including Exposure and Response Prevention (ERP) for anxiety and related disorders. Treatment may also include other research-supported approaches as appropriate. Therapy requires active participation and may involve discomfort; outcomes cannot be guaranteed.

As a responsible person and ethical therapist, I practice within my areas of competence. If your needs fall outside my scope or if a higher level of care is indicated, I will assist you in finding the appropriate level of care and/or provide referrals.

Appointments & Attendance
Treatment typically begins with an evaluation (1–4 sessions), followed by regularly scheduled sessions (usually 53 minutes). Consistent attendance is important for progress.

Cancellations
At least 24 business hours' notice is required. Late cancellations or "no show" appointments are charged at the full session fee and cannot be submitted to health insurance for payment.
Repeated cancellations may result in loss of a recurring appointment time.

Communication & Emergencies
Routine calls are returned within one business operation day (this office is closed Fridays). Electronic communication carries privacy risks; please review the consent form for details. Social media contact is not permitted to protect confidentiality.
This is an outpatient practice and does not provide 24/7 crisis services. In an emergency, call 911, go to the nearest emergency room, or contact a crisis hotline (e.g., 988 Suicide & Crisis Lifeline).

Fees & Payment
Payment is due at the time of service. You are responsible for all fees, including missed appointments and other services (e.g. letters, reports, phone consultations, legal involvement). Unpaid balances may result in suspension of services and possible collections action, consistent with legal and ethical standards. See *Professional Fee Agreement* for more information.

Insurance
This practice does ***not*** participate as an in-network provider with any health insurance plans. You are responsible for all fees incurred during treatment. If you choose to pursue out-of-network reimbursement, please note that coverage and reimbursement are not guaranteed. Benefits vary by plan, and it is your responsibility to verify and understand your insurance coverage. Please contact your health insurance for more information.

Records & Client Rights
Your clinical record is maintained in accordance with HIPAA and Georgia law. You have the right to access, request amendments, request restrictions, and receive an accounting of disclosures, subject to legal limitations. See the separate notice of *Notice of Privacy Practices* for more information.

Limits of Confidentiality
Confidentiality may be broken when required by law, including but not limited to: risk of harm to self or others; suspected abuse or neglect of a child, elder, or vulnerable adult; or court order from a judge.

Waiver of Right to Subpoena
To protect the confidentiality of our therapeutic relationship and the information shared during sessions, I require you waive your right—and the right of your attorney or anyone acting on your behalf—to subpoena me or request my court testimony for any reason. This policy is based on two concerns: (1) my testimony may be viewed as biased due to our therapeutic relationship, and (2) court involvement could compromise the therapeutic process, which I must prioritize.
If you anticipate needing a mental health professional for court-related matters, I would be happy to refer you to a provider better suited for that role.

Professional Boundaries
Dual relationships are avoided when they could impair professional judgment or effectiveness. If we encounter each other outside the office, I will not initiate contact to protect your privacy. Please understand I will not be able to discuss clinical information or answer treatment-related questions in public due to confidentiality concerns.

Inactive Clients
If you have not been seen and/or in contact with our office for three months, your file will be considered inactive and closed unless previous arrangements were made. Upon return, you will be required to complete updated paperwork, and current fees will apply.
If you have not been seen for six months, you will be required to complete new client paperwork, participate in a new initial evaluation, and pay the applicable initial evaluation fee. Current fees will apply.

Termination of Services
You may end therapy at any time. I may also terminate services if clinically appropriate, if treatment is no longer beneficial, or for nonpayment, and will provide referrals when possible.