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### **Agreement for Psychotherapy**

This document contains important information about professional services and business policies related to the psychotherapy your clinician delivers. Please read it carefully and note any questions you might have. When you sign this document, it will represent an agreement between you and your clinician, Jana Scrivani, Psy.D.

### **Informed Consent**

Psychotherapy can have benefits and risks. As with most other forms of treatments, results cannot be guaranteed.

Participation in therapy can result in a number of benefits to you, including increased insight into your patterns of feeling, thinking, behaving and relating to others; improvement in your relationships; solutions to specific problems you bring forward in therapy; and improvement in symptoms of distress.

Benefits to therapy require openness on the part of the therapy client. When information about your feelings, thoughts, behaviors, relationships, or other difficulties are withheld, it is not possible for the therapist to help you with them or to help you understand how they may be related (or not) to the issue for which you are seeking treatment. Benefits also require consistent attendance in therapy and work both in and outside of therapy sessions.

Since evaluation and/or therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, helplessness, etc.

When these feelings come up, it is important to talk to your therapist about them. They may be a natural, tolerable, and expected reactions to your work in psychotherapy. Other times it may be necessary or preferable to change the pace of your therapeutic work if the feelings are too uncomfortable. Or, if the treatment is not helping, it is important to talk about other treatment options.

### **Discussion of treatment plan**

Your first session/s will involve an evaluation of your needs. While evaluation is ongoing, the initial phase of evaluation will result in a discussion of your therapy goals and recommendations about how you might reach those goals. You and your clinician will work together to reach a shared understanding of where your problems come from and what factors in your life contribute to keeping those problems in place. This information guides how you will move forward in resolving them. Should you or your clinician determine that the clinician, type of treatment she/he can offer, or the mode of treatment is not a good fit for you, your clinician will share recommendations for the right type of treatment and provider.

If you have unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the clinician's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

Therapy may also involve recommendations or referrals to additional services that support your wellness (e.g. psychiatrist, neuropsychologist, physician). In some cases these treatments are so vital and central to your recovery that your clinician is unable to ethically continue providing therapy without your concurrent treatment with these providers. Failing to follow these recommendations may result in impaired treatment progress, suicidal thoughts or actions, deteriorating medical condition, termination of treatment with this clinician or even death. Most often, however, these are recommendations not requirements.

### **Limitations of Online Psychotherapy**

Telephone, chat, and video sessions have limitations compared to in-person sessions. It is important to consider if those limitations may impact your therapeutic progress and select an in-person provider if so. In some clinical situations, such as crises or suicidal or homicidal thoughts, in-person treatment may be the most appropriate treatment choice.

Online psychotherapy providers, like many in-person providers, do not provide 24 hour crisis services. If a life-threatening crisis should occur, contact a crisis hotline, call 911, or go to a hospital emergency room. Should your clinician determine that you are at risk, he/she may call local police to assess your safety in person.

Therapy and your clinician follow the laws and professional regulations of the state in which the provider is licensed and the sessions will be considered to take place in the state in which the provider is licensed.

### **Confidentiality**

Confidentiality is the cornerstone of psychotherapy and psychological services. Your verbal and written communication with your clinician is held in the strictest confidence and will only be disclosed to other parties with your written authorization. (Please consider the limits of confidentiality in electronic communications.) Exceptions to this include your presentation of imminent danger to self or others; knowledge of suspected child abuse, neglect, or abandonment; knowledge of suspected elder/vulnerable adult abuse, neglect, or exploitation; naming your clinician, Jana Scrivani, Psy.D. in a law suit; claiming emotional harm or damages in a law suit with another entity; or by a court order signed by a judge (a subpoena alone will not result in disclosure). Additionally, communication with your clinician via any online or electronic means (e.g. email, text, video chat ) is limited in security and thus your confidentiality may not be guaranteed. In the event of an injury, illness, or other unexpected emergency situation that results in your clinician becoming unavailable, your basic contact information (name and contact numbers or email) may be provided to a fellow clinician or associated professional. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

\*Considering all of the above exclusions, if it is still appropriate, upon your request, your clinician will release information to any agency/person you specify unless he/she conclude that releasing such information might be harmful in any way.

### **Confidentiality of Email, Chat, Cell Phone, Video, and Fax Communication**

iTherapy email, chat, and video exchanges are secure. By signing this document, you agree to work with iTherapy online email, chat, video services determined to be suitable by iTherapy. If you choose to use your personal email account, please limit the contents to administrative issues such as cancellation or change in contact information. If you call, please be aware that unless we are both on landline phones, the conversation is not confidential. Likewise, text messages are not confidential. If you are working online, we ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. You are encouraged to communicate through a computer that you know is safe (i.e. Wherein confidentiality can be ensured). Be sure to fully exit all online counseling sessions and emails before leaving your computer.

### **Consultation:**

I consult regularly with other professionals regarding my clients; however the client's name or other identifying information is never disclosed. The clients' identities remain completely anonymous and confidentiality is fully maintained.

### **Dual Relationships**

Not all dual relationships are unethical or avoidable. However sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair your clinician's objectivity, clinical judgment or therapeutic effectiveness, nor that could be exploitative in nature.

In addition, your clinician will never acknowledge working therapeutically with anyone without his or her written permission. In some instances, even with permission, the clinician may choose to preserve the integrity of the therapy relationship. For this reason, your clinician will not accept any invitations via social networking sites nor will he/she respond to blogs written by clients. Your clinician will not build a relationship with you outside of sessions, which means that outside of session communications will be limited to scheduling purposes.

### **Rates**

You and your clinician have discussed and agreed upon the following rates:

|                                   |          |
|-----------------------------------|----------|
| 50 - 90 minute Initial Assessment | \$300.00 |
| 50 minute Ongoing Therapy         | \$250.00 |

Ongoing psychotherapy typically occurs weekly for 50 minutes a session on a time and day agreed upon. Once the appointment is scheduled, you will be expected to pay for it unless you provide at least 24 hours notice. This fee may be charged to your credit card that is kept on file for payment of services.

### **Other professional fees**

The session charge of \$250.00 will be used to calculate other professional services you may need, and will be broken down into 15 minute increments when services are provided for periods of time outside of those detailed above. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request. If you become involved in legal proceedings that require your clinician's participation, you will be expected to pay for all professional time even if your clinician it so testify for another party. Because of the labor intensity of legal involvement, your clinician charges 300.00 per hour for preparation, driving time, and attendance at any legal proceeding. Please take note of your agreement to avoid involving your clinician in legal proceedings (below).

### **Billing and Payments**

You will be expected to pay-in-full for each session immediately after the session. Payment of other professional services will be agreed upon when they are requested. In circumstances of unusual financial hardship, your clinician may be willing to negotiate a fee adjustment or a payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, your clinician has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature and dates of services provided, and the amount due.

### **Contacting your clinician**

Clinicians are often not immediately available by telephone. Please call during normal business hours. Your call will be returned as soon as possible.

If you are ever experiencing a life-threatening or harm-producing emergency please call "911" or go to your nearest emergency room.

Your clinician does not communicate via text with clients, though her scheduling software and invoicing software will send you reminders of appointments and invoices via text (or email) should you choose to receive them. This should be reviewed verbally in session so that your preferences can be noted and accommodated. Email is also acceptable to discuss scheduling or to transfer documents when mutually agreed upon, however client communication regarding clinical issues or concerns via email (or texting) should be avoided as the delivery of any electronic communication can be intercepted, misdirected, or delayed.

### **Discharged from care**

Psychotherapy is best ended with a process of termination and a scheduled final appointment. This will allow you to review therapeutic gains achieved during treatment; develop a plan of action to maintain those gains; identify what other services or activities may still be needed; and to process any emotions that may exist regarding the ending of the therapeutic relationship. If you decide to end therapy without engaging in the process of termination by not scheduling appointments or by not returning at least two telephone calls, it will be assumed that you are no longer a client of your clinician and you are, therefore, discharged from care.

Both the therapist and the client have the right to end counseling at any time.

**Litigation Limitation**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

**Mediation and Arbitration**

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of, the initial of arbitration. The mediator shall be a neutral third party chosen by agreement of iTherapy, your clinician and you (the client). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney’s fees. In the case or arbitration, the arbitrator will determine that sum.

**Agreement**

Your signature indicates that you have read this five-page contract; that you understand all that it contains; that you agree to abide by its terms; and that you voluntarily consent to treatment. Additionally, your signature below indicates that you understand that I, Jana Scrivani, Psy.D., am an independent practitioner; therefore, iTherapy, and associated providers are not responsible for or involved in your (the client’s) care or treatment unless you directly contracted with that provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Guarantor Responsible for Fees)

\_\_\_\_\_  
Date

Please initial if you consent to the willingness to discuss scheduling via:

Email: \_\_\_ Preferred Email Address for Communication: \_\_\_\_\_

Text: \_\_\_ Preferred Cell Phone Number for Communication: \_\_\_\_\_

Phone: \_\_\_ Cell Phone Number above unless otherwise noted: \_\_\_\_\_

Voicemail: \_\_\_ Cell Phone Number above unless otherwise noted: \_\_\_\_\_