

P A U L J. S C O G L I O, MSW, LICSW, CPCC
RELATIONSHIP COACHING AND COUNSELING
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STATEMENT OF UNDERSTANDING

Welcome to my office. I am pleased to have the opportunity to work with you and I hope the following information will provide you with a clear understanding of the services that I provided. If you have any questions or concerns, please do not hesitate to discuss them with me. Thank you in advance for taking the time to read these pages completely and to initial and sign where indicated.

THE PROCESS OF EVALUATION OR CONSULTATION

Coaching, Counseling, and psychotherapy can result in a number of benefits to you, including reaching goals, improving interpersonal relationships and resolution of the specific concerns that led you to seek services. Working towards these benefits requires specific commitments on your part. Those commitments include active involvement, honesty, openness and a willingness to stretch beyond your comfort zone. It is possible that remembering or talking about events and feelings in your life, can result in you experiencing discomfort or strong feelings of sadness, anger or fear. I may challenge some of your assumptions or perceptions and propose different ways of looking at, thinking about, or handling situations. This could also promote a strong reaction in you. Resolving the issues that brought you to seek help, such as personal or interpersonal relationships may result in changes that you did not anticipate. Coaching, counseling and psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a positive decision for you may be viewed negatively by friends or family. Change is sometimes simple and swift, and sometimes it can be slow and frustrating as well. There is no guarantee that this process will yield positive or intended results even though that will be our intention. If it appears that you could benefit from other forms of help, then I will assist you in finding the alternatives. Through the first couple of meetings, we will assess whether I can be of help to you. If you or I conclude that I cannot help you, then I will give you a referral. You are encouraged to obtain a second opinion at anytime.

CONFIDENTIALITY

All client information is confidential and protected by ethical standards and state law. As a licensed practitioner, all communication between my clients and I are confidential. Any disclosure of information on my part will require your agreement and written consent. You should be aware, however, of the following exceptions to the professional responsibility for maintaining confidentiality:

- In some child custody or adoption proceedings, - If I have reason to suspect a child or elderly person is being abused or neglected, - If I believe that you may be a danger to yourself or another,
- If you were to make your own mental or emotional health an issue in a court case,
- If you use third party reimbursement, at your request I will provide the insurance company with a diagnosis, (dates of service and other personal data). Managed Care Companies require psychotherapists to coordinate care with “**case managers**” and Primary Care Physicians. Insurance companies sometimes require such disclosure. To insurance companies, your use of your insurance benefits implies consent for their access to your records.
- If your account is overdue and there are no arrangements for payment, then a collection agency or small claims court will be provided with dates, types and costs of services and a total amount due.

CONFIDENTIALITY CONTINUED

- In a legal proceeding (divorce, custody disputes, injuries, etc.) making any disclosure about your counseling opens up a possibility of full disclosure. This would be a case of a court ordered disclosure.
- I occasionally consult with other professionals who are also bound by laws of confidentiality.
- In addition, while maintaining confidentiality around the specifics I do talk with the parents of children in therapy with me, regarding the general issues.

(Client's Initials _____)

TELEPHONE AVAILABILITY AND EMERGENCY SERVICES

If you need to contact me between sessions, please call my office and leave a message on my voice mail {978-921-8400} I pick up messages several times a day, Monday through Thursday and Friday before noon. I retrieve weekend messages on Monday morning. If an emergency arises, please indicate it clearly in your message and then call my cell phone at (978) 578-1525. If you do connect with me directly with that call then please call again. In a crisis where a faster response is required, please go to the nearest hospital emergency room, { For example, Beverly Hospital (978) 922-3000}. When I am away, I will leave a colleague's name and number, on my voice mail announcement.

APPOINTMENTS, CANCELLATIONS

Service is arranged by appointment. Most appointments run forty-five (45) minutes. Your appointment time is **reserved** for you. I ask clients for the courtesy of a **full 48-hour** notice that is, two full days about cancellation of an appointment in order to avoid being responsible for the full charge for the scheduled appointment time. If using insurance, please note that insurance companies **do not** pay for missed appointments or late cancellations.

(Client's Initials _____)

TERMS OF PAYMENT

A fee schedule is attached as page 4. Any balances 60 to 90 days past due may be sent out for collection. All collection fees will be added to your bill. Unless otherwise specified, payment is due in full at each date of service. Interest will be charged at the maximum allowable by law, or at 1.5% per month, whichever is lesser, on accounts over 30 days past due. Signing below means that you agree to assume responsibility for any costs of collection for non-payment including court and attorney fees.

(Client's Initials _____)

TERMINATION

You may end your work with me at any time. Please allow a minimum of one to two sessions notice so that the final session or call can be used to outline steps towards future growth, summarize strengths and accomplishments and to say good-bye. Endings are an opportunity for growth and a constructive and very useful process.

(Client's Initials _____)

THIRD PARTY INVOLVEMENT

I avoid all third party involvement. I am not always successful in my avoidance. This is a rare and costly event in terms of time, energy and significant impact on the relationship we create. If circumstances demand my involvement (your actions, request or something legal) then you agree to pay for my time spent on any consultation with teachers, police, doctors, attorneys, court officials, FBI, the Social Security administration or any other entity that may necessitate my involvement concerning my work with you. This also includes being a witness or testifying at a deposition stemming from our work together. In such a case, you will be charged for my time related to my involvement in anyway and as may be required with any person or entity (i.e., teachers, police, doctors, attorneys court officials, government entity). In addition in such cases, seven days advance notice of cancellation is required for time scheduled to meet for third party involvement. You will be charged for any expenses including time away from the office if a scheduled hearing or meeting is canceled with less than 7 days notice. By initialing and signing below I, the client, agree to pay for time with third party involvement.

(Client's Initials _____)

AGREEMENT

Initiating Coaching or counseling is an important decision with many considerations. I hope that I have anticipated some of your questions and I look forward to working with you. Signing in the space below and initialing previous page indicates that you have read and you understand the above information regarding my office policies.

I have read, I understand and I accept all of the above stipulations. I understand that I am responsible for payment of all services and any other costs associated with collection of payment. Should legal action be brought under the terms of this Agreement or arise out of the performance of the Services, or should the matter be turned over for collection, The Provider shall be entitled, to the fullest extent permitted under law, to reasonable legal fees and costs of collection, in addition to any other amounts I would owe.

Client's name (please print) _____

Client's signature _____ **Date** _____