

# Pamela Tinkham, LCSW, C-IAYT, SEP

(203) 979-7819

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Please read the following policies below.

Please sign, date, and email this **Consent Form** back to me.

If you have any questions, please contact me. Thank you!

## Service Agreement

Welcome to my practice. This document contains important information about my professional services and business. Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

## Goals of Therapy

There can be many goals for the therapeutic relationship. Some of these will be long term goals such as improving the quality of your life and learning to live with mindfulness and self-awareness. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships or changing behavior. The goals will be set by you, according to what you want to work on. I may make suggestions on how to reach those goals but you decide where you want to go.

## Benefits/Risks of Therapy

There are many benefits to therapy. It can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present moment and many other advantages. It is a personal process which can also bring unpleasant memories or emotions to the surface. You will be in a safe and nurturing environment should those issues surface that can be difficult for you to cope with.

## Appointments

Appointments will ordinarily be 45-60 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you will be required to pay for the session. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

## Confidentiality

I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. I may consult with a clinical supervisor in order to give you the best service. In the event that I consult with a supervisor, no identifying information such as your name would be released. I am also required by law to release information if you pose a risk to yourself or others and in cases of abuse to children or the elderly. If I receive a court order or subpoena, I may be required to release some information. In such a case, I will consult with you and other professionals and limit the release to only what is necessary by law.

## Confidentiality and Technology

You may choose to use technology in your therapy sessions. This includes but is not limited to online therapy via Skype, telephone, email, text or FaceTime. Due to the nature of online therapy, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in therapy sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your therapy sessions.

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**Professional Fees**

You are responsible for paying at the time of your session unless prior arrangements have been made. For phone, FaceTime, and Skype sessions advance payment will be requested. Payment must be made by check or cash. If you are scheduling a phone, FaceTime, or Skype session a check will be requested a week in advance in order to clear before your session.

**Fee Schedule**

90834 psychotherapy 45 minutes – \$240

90837 psychotherapy 60 minutes – \$300

**Sliding Scale**

Sliding scale fees may be offered upon individual needs in cases where people do not have any insurance reimbursement.

**Couples Counseling**

60 minute sessions are recommended for couples in order to have the appropriate amount of time to deal with multiple individual and relationship issues. The fee for couples counseling and family counseling is \$340.

**Insurance**

I am an out of network provider for mental health. Most insurance companies have an out of network benefit for mental health and some reimburse up to 80% after meeting your deductible. Payment is due upon your session and I will provide you with an invoice that you can submit to your insurance company for reimbursement.

**Contacting Me**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

**Email and Text**

You may contact me by email. Please do not text unless it is an emergency. If you request for me to read emails or any other correspondence that exceeds 10 minutes of time, there will be a fee charged for my time.

**Ending Therapy**

It is always preferable that therapy be ended by having a final session in order to review and evaluate the sessions and assess overall progress. Clients who have not had a session in over 30 days without pre-agreement with me will be considered inactive and treatment will be considered terminated. Please be assured that any client wishing to return to active therapy can do so simply by contacting me; arrangements may be made to resume the therapeutic relationship.

**Consent to Therapy**

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_