

**Rachel Mathew, LCSW**  
**Turning Point Psychotherapy, PLLC**  
**6845 Fairview Road, Charlotte, NC 28210**

CONFIDENTIALITY AND FINANCIAL AGREEMENT

**My Philosophy**

Several clients have walked in to my office very apprehensive as what therapy is all about. "I need help, can you fix the problem?" is the question I am often asked. I gently tell them that I will help them find the answers themselves. The therapeutic process facilitates insight, personal growth, and integration on cognitive, affective and behavioral levels. It clarifies issues, increases physical and emotional well-being enhances learning and helps you to develop new skills. There is a myth that being in therapy is a sign of weakness. Instead, reaching out for help is an act of courage and definitely one of the first steps of this journey. As the therapist I will be with you every step of the way. I will guide you, help you find options and challenge you to discover your strengths. I can assure you a safe, non-judgmental, understanding and nurturing environment where you will be able to explore your choices, behaviors, thoughts and emotions. The relationship you forge with the therapist is essential to the effectiveness of the process. It is very important that you feel comfortable with me. Honesty is an important ingredient of this relationship. Making yourself vulnerable to another human being is not easy, especially to a stranger. It is possible that talking about some things can prove to be very painful for you. What will allow you to make positive changes in your life is in trusting that it is safe to release both your negative and positive feelings as well as realizing that the therapeutic relationship will give you the opportunity to explore your sources of conflict and confusion in an empathetic and safe environment.

**Confidentiality**

All personal information, the fact that you are a client here and what transpires in the sessions are completely confidential with the exceptions included in the Notice of Privacy Practices which can be found on the website, [www.rachelmathew.com](http://www.rachelmathew.com). (If you would like a copy please ask for one).

Some of the main exceptions are:

- a) If you threaten bodily harm or death to any one person or yourself.
- b) If child, elderly, disabled abuse or neglect is suspected or you divulge information about such abuse or neglect.
- c) If a court of law issues a legitimate subpoena requiring disclosure.

If we see each other outside the office we shall not acknowledge each other as it would divulge confidentiality.

**Emergency Services**

Please note that I am **not** available for emergencies. If there is an emergency please either call 911, go to the nearest emergency room or call Center for Mental Health at 704 444 2400.

**Fees and Payment**

The first session (intake session) will be 60 -75 minutes in length for a fee of \$\_\_\_\_\_. Consecutive sessions will be 45 minutes in length for a fee of \$\_\_\_\_\_. Payment is required at the end of every session for which a receipt will be provided if you request one. Cash, personal checks, debit or credit cards are acceptable as means of payment. If the check bounces a fine of \$25.00 will be charged along with the fee. If you are on an insurance for which I am provider the co pay of \$\_\_\_\_\_ will be

charged and I will bill the insurance company for the remainder. Please let me know if there is a deductible that has to be met before the insurance pays for the sessions. It is important that you are familiar with your insurance policy to avoid problems at a later stage. As mentioned before some information will be shared with the insurance company to get authorization for your visits or to continue treatment. A diagnosis code is required to be reimbursed. Please note that the diagnosis will be part of your health records with your insurance company.

You may be eligible for out-of-network care which is dependent on your policy. You will have to make the payment at the end of every session and then send the receipts/paper work to your insurance company directly to be reimbursed. Please be advised that if at any point the insurance company fails to make the necessary payments you will be responsible for any outstanding payments.

**If you cannot make an appointment please give 24 hours notice, otherwise you will be charged for the session.** Please mail the check to the address given above if you do miss a session without adequate notice. Insurance companies cannot be billed for missed appointments.

It is your responsibility to attend therapy sessions consistently and to also be on time. Please notify me if you want to terminate therapy. The therapy is most beneficial when you attend the sessions on a regular basis. If you experience difficulty in meeting these guidelines we shall reevaluate these terms to see what best suits your needs. NC Statute 90-343 entitles you to this statement of my professional background to ensure your understanding of the therapeutic relationship and process. If at any time you are dissatisfied with my services please let me know. Should you and/or I believe that a referral is needed, I will provide you with some possible referral sources. If you have any complaints which you believe needs to be registered with my governing board you can call North Carolina Social Work Certification and Licensing Board at (800) 550 7009.

I look forward to a meaningful and productive association.

I, \_\_\_\_\_ have read and understood the above and have received a copy for my record.

\_\_\_\_\_  
Name of Client

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (in case of minor) Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date