

## Counseling Agreement



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Signing this Counseling Agreement is required for therapy. All participating parties are required to complete the form. We will go over this document together during the first session and discuss any questions or concerns you may have.

**About Therapy:** Welcome to therapy! At my private therapy practice, Caroline Cooney LMFT, LLC, I offer individual and family therapy and parent coaching to clients of all ages dealing with a variety of issues. I will work from an evidence-based approach in order to create an individualized treatment plan for each client and family. As your therapist, I will always be a support who will listen empathically, provide psychoeducation and uphold ethical standards. Before you begin sessions, it is important to note that therapy can have both risks and benefits. It is typical to experience unpleasant thoughts or emotions when discussing uncomfortable life events. However, there can also be a number of benefits as therapy often leads to a reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight and increased coping skills for managing stress. During the therapeutic process, we will work together to identify problematic behaviors, thoughts and emotions that you would like to shift or change. We will also work collaboratively on specific tools and interventions that will help you to achieve the goals you have identified.

**Sessions and Fees:** The first three sessions will serve as an assessment period. During these sessions I will be asking questions about your intake information and the presenting problem that brought you into therapy. It is also a time for us to get to know one another and ensure we are a good fit. By the end of the third session, I will be able to offer you more information on what our work might include. At this point, we will also discuss your treatment goals and together create an initial treatment plan. Please note that if you have questions about my procedures, we should discuss them whenever they arise. Telehealth sessions may be requested by the therapist or client. All telehealth sessions will be held through Simple Practice on a HIPPA compliant platform and will adhere to the same rules of confidentiality as in-person sessions.

Individual and Family therapy is \$195 per 50 minute session, payable at the time of service. There is no charge for brief check-ins by phone; however full phone sessions are charged at the same rate as in-office sessions and 30 minute check-ins are billed at \$90 per call. I reserve the right to increase fees in the future.

Parent Coaching is \$75 per 25 minute session and \$150 per 50 minute session, payable at the time of service. Parent Coaching is intended to assist and guide parents and guardians in caring for their children. Together we will work on interventions that can be implemented at home and in the

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community. I will also provide care-coordination so that these interventions can be successfully implemented in multiple settings. Parent Coaching may also include consulting on options for different programs and treatment approaches for adolescents. As your coach, I will not provide psychotherapy or have direct interactions with the child, however I will provide referrals, resources, and recommendations on appropriate levels of care. All decisions on the child's safety, care and level of treatment will be made solely by the parent or guardian. The Coach is released from the liability of actions that parents or guardians take and is not responsible for the child's mental health outcomes or clinical placement.

I accept cash, check, or credit card and fees are due at the time of service. Although I am not an in-network provider with any insurance companies, I can provide you with a statement to submit to your insurance for reimbursement. Whether you are eligible for reimbursement, and for how much, will depend on your insurance provider and plan. Services may be interrupted until payment or arrangement for payment has been made. If collection becomes necessary, all reasonable expenses including collection agency and attorney fees will be charged to the client.

Please note I do not perform court-related evaluations for child custody nor do I testify in hearings involving child custody issues. In addition, I do not appear voluntarily at any court or at administrative hearings. If you compel me to appear in court, the rate is \$1,000 per day, regardless of time spent in court.

**Building Rules:** Please only come to my office during your scheduled session time and with the parties that we have agreed upon seeing. When arriving for your session you may park anywhere in the outside lot located adjacent to the building. Once it is your scheduled session time you may enter through the main entrance on the first floor and wait in the sitting area in front of suite 102. I will open the door and invite you in when it is time for your session. Please note that if you see others coming out of my office or in the building, I ask that you respect their privacy and confidentiality. Once you are in the building, it is important to follow all building rules. The office building does cameras in the lobby and outside, so when you are on the property you are consenting to being recorded on the security devices. The tapes will only be reviewed for the purposes of safety.

**Therapist Availability:** Email, text and voicemail are checked regularly during the day and all calls, texts and emails are returned as quickly as possible. According to HIPPA requirements, I am required to keep a copy of all email and text correspondence. In the interest of protecting your privacy, I ask that you avoid communicating personal or clinical information and limit all texts and emails to scheduling or canceling appointments. If you feel a need for greater availability, please bring this to my attention and we can discuss options. As a therapist, I do not participate in social media and I ask that you do not use it during our sessions in order to maintain confidentiality.

**Cancellations:** It is understandable that life circumstances may cause you to miss a scheduled session. Please notify me as far in advance as possible if you need to cancel a session. If you miss or cancel a session with less than 24 hours notice you will be charged the full session fee (\$175 for therapy sessions and \$150 for parent coaching). In addition, you are responsible for coming to

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your session on time; if you are late, your appointment will still need to end on time. If you experience an unforeseen emergency, please notify me and we can discuss further.

**Emergencies:** If you are in crisis or experiencing a mental health emergency, please call 911 or go to your nearest hospital emergency room. Fairfax County 24-hour emergency services is available at 703-573-5679 or Crisis Link at 703-527-4077. If you are able, please notify me afterwards that you have sought emergency services.

**Confidentiality:** Your privacy is a priority for me and everything discussed in our sessions is confidential. If you would like me to coordinate care with other professionals, I will only do so with your written consent. The only time I am required under Virginia Law to break confidentiality is:

- If you indicate that there is a serious danger of hurting yourself or another identified person
- If you are hospitalized
- If I suspect or have information that child abuse or neglect has occurred, I will file a report with Child Protective Services
- If I suspect or have been informed that abuse or neglect of an elderly or disabled adult has occurred, I will file a report with Adult Protective Services
- The information is ordered by a court subpoena

**Minors:** While confidentiality in therapy is crucial to successful progress, parental involvement is also essential. For children under 18, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (i.e. abuse, suicidal or homicidal ideation, or reckless behavior that could be life-threatening), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

**Professional Records:** I am required to keep HIPPA compliant records of the psychological services that I provide. Your records are maintained in a secure location in the office and online through Simplepractice. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file.

**Termination:** You may end treatment at any time during our work together. If over the course of treatment I feel I am unable to help you attain your therapeutic goals or that I am not the best fit for you, I will talk with you about my concerns and create a plan for terminating our work together, ultimately referring you to another therapist.

Client signature

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Client signature

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Therapist signature

Date

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Date

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Date

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