

Welcome to the practice of Patricia Catanio, LCSW. My philosophy and professional approach is based on the belief that clients are competent, whole human beings who seek help when they have exhausted their personal resources and find self limiting and/or destructive patterns of behavior block their personal growth and development. I am committed to providing quality care. My approach to therapy builds on the strengths of the client's resources to solve real life problems. See my website for my therapeutic and philosophical approach to therapy. Psychotherapy requires a very active effort on your part. I will give you weekly homework and will follow up with that the following week. We will come up with a treatment plan. It is useful to buy a journal for homework and for notes in session. Please bring that to every session. We will periodically review your progress or blocks to progress. If your treatment needs change, it is possible that I will recommend a treatment approach that I feel is better suited for you. If you have a specific treatment need that is outside of my area of my service, or because of non-compliance with treatment recommendations, appointments or financial obligations, the need to transfer care may arise. I will discuss any such necessity for a referral with you well in advance.

It is important to begin therapy with a clear understanding of my office policies, which are as follows:

- The first formal appointment session is an intake session, which is the information gathering appointment, and some treatment planning. Information gathering typically takes 3-4 sessions.
- Session is 60 mins. Please come prepared, so that you get the most out of your therapy time.
- Payment or co-payment is due before or at each session.
- You are responsible for remembering your appointment time.
- If you are going to be late I would like you to call/text me, otherwise, after 15 minutes, I will assume that the session is canceled.

CANCELLATION POLICY- READ THIS SECTION CAREFULLY AND INITIAL TO LET ME KNOW THAT YOU HAVE FULLY READ THIS PART OF THE CONTRACT.

- I have a 48 hour cancellation fee. Please make communication/ reschedules/ cancellations by phone or text at 919-260-1243. I do not honor any cancellations or reschedules by email. (emails get missed).
- Unavoidable true emergencies happen(accidents/illness). In this case, my policy is to try to reschedule another session within that same week (Monday – Friday). This type of change in your appointment time should only be used rarely and when necessary.
- **Cancellations without 48 hours notice will have an “out of pocket” charge. I cannot bill insurance, so the full fee (contracted fee) is the charge for short notice cancellations – Hence, if two hours are scheduled, then two sessions are charged.**
- **Please note that I am securing a time in my schedule for you. Some people can’t control their schedule, because of childcare issues or work changes. In this case it is ok to wait to schedule the week you wish to come in, instead of in advance.**
- **If I have to cancel short notice for some unusual situation, I will offer the same courtesy, by offering you something in return for your inconvenience.**
- if repeated cancellations (even with 48 hrs notice) begin to occur - a prior payment will need to be made in order to secure an appointment.
- The parents who initiate therapy for their child are responsible for knowing appointment times and cancellations.
- Inclement weather cancellations will be determined by school closing schedule.

PLEASE INITIAL HERE IF YOU AGREE: _____

- I only accept assignment for the NC State Health Plan and some BSBS policies. BCBS pays for a 50 minute session.
- It is your responsibility to let me know if your insurance coverage changes over time. If you get a new card, deductible starts over etc.
- I will help you with what your online coverage indicates, but can’t guarantee that is true. The insurance company will not guarantee payment until the claim is processed, therefore, you will have final responsibility for the fee. This rarely happens but in the event of a denial of coverage, we will discuss a payment plan that works for you.
- **My standard out of pocket fee (not insurance) for per session are \$150.00 for individual, Couples \$165.00, Initial Individual assessment Any longer sessions are prorated at that fee.**

- By using your insurance, you agree to allow me to release needed information to your insurance company. Diagnosis and dates of service. If they ask for anything else, I would inform you first.
- Square service fee is 3.5% if you pay by card.
- You have the option of paying by check as long as the check is paid approximately two days before session. You can also pay monthly. Just ask about this.
- There will be a \$36.00 charge for any returned check.
- Some people are requiring more time between sessions because of situational crisis and level of care. This would require case management services. Case management includes any “out of session” time working on your case, such as, finding inpatient care, handling a problem with your insurance company that you aren’t able to manage, telephone coaching, supportive phone calls that are more than a few mins. Email, reading letters, reports, and journals, life insurance requests, writing evaluations, assessments, or working with other professionals for your case. My notes are confidential and for my eyes only. If you need notes sent to attorneys or insurance, I will have to write them and a fee will be incurred. I prorate against my regular case management fee of \$150.00. Insurance does not always cover this service. You can also arrange pre-payment in the form of a retainer that can be used to bill against for this service.
- I am diligent about returning calls, so if you do not hear back from me, then you should assume that there was a technology problem. Please call me again.
- I use text messaging for scheduling and quick information. I do not provide therapy over text.
- If you are in a life-threatening situation and cannot reach me, because it is after hours (after 7 pm), or I am on vacation- you should call your local emergency room and ask for the psychiatrist on call. When I will be away we will discuss a plan for support.
- Please be aware that email accounts are sometimes compromised. Just be extra mindful when sending me letters or notes that have sensitive content in it, and know that I can’t guarantee absolute confidentiality with email. It would be best to text me that you sent me some correspondence.

Patricia Catanio/Aim True, PLLC Office Policies Name: _____

The client-therapist relationship is based on a professional and sacred trust. It must be rooted in sound ethical practice and clear personal and professional boundaries. I embrace and adhere to the Ethics Code for this licensing and certification organizations.

In the treatment of Addictive Disease and Intimacy Disorders I typically employ an evidence based, task-centered approach, and advocate full disclosure between partners.

Confidentiality is essential in the counseling process. The only time that I would need to break confidentiality would be under the following conditions: If someone is suicidal. If someone is homicidal. Child abuse or neglect, which can include family violence. If I am subpoenaed to court- Ask about this issue if you are involved in a legal situation.

Payment or Co-payment is _____. Insurance coverage is: _____

I have read Patricia's therapy, office and confidentiality policies. I understand and agree to them.

Signature

date

Witness

date

Patricia Catanio/Aim True, PLLC Office Policies Name:_____

Credit Card Authorization:

In the case that you miss an appointment or fail to cancel an appointment within 48 hours, or if a check is returned unpaid for any reason, you will be charged the full session fee.

Your credit card information will remain completely confidential. Please initial and sign here:

(initial here)____I understand the office cancellation policy and authorize charging this fee to my credit card.

(initial here)____I authorize Patricia Catanio, LCSW, CSAT /n Aim True, PLLC to charge my credit card for balance due in case of additional services (e.g., report writing, outstanding balances, adjunctive calls).

Please circle: MasterCard Visa other_____

Card#_____

Expiration Date: _____

Credit Card Security code:_____

Contact/Billing information: (as shown on credit card)

Contact name if different from cardholder:_____

Cardholder Name (as shown on Card):_____

Address:_____Phone_____

I hereby authorize Patricia Catanio, LCSW, CSAT (Aim True, PLLC) to charge the indicated credit card. I will not dispute charges or Patricia Catanio's billing policy with my credit card issuer so long as the amount in question was for services that were to be rendered prior to my canceling my appointment in the manner required. I am aware that there is a cancellation policy of requiring 48 hours notice (business day or weekend), else the full fee is charged to the client account. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with Patricia Catanio, LCSW- Aim True, PLLC.

Signature of Card Holder (required)_____

Date_____