TREATMENT AGREEMENT

Fees
Initial Evaluation: $275
Individual Psychotherapy: $275
Couples Psychotherapy: $275
Group Psychotherapy: $60
Executive Coaching: $325
Failure to Launch: $325
Intervention: $275-375
Clinical Supervision: $250
Practice Consultation: $250

Use of Insurance
Your meetings with me may be covered in part or in full by your insurance company, but unless we make other arrangements, you are responsible for directly paying my full fee either weekly or at the beginning of the last session of the month (and then submitting my bill to your insurance carrier for reimbursement).

E-mail Correspondence
I understand that email is not a confidential means of communication, and that Dr. Vannicelli cannot guarantee the confidentiality of e-mails to or from her. If I use email I am doing so at my own risk.

Cancellation Policy
You are responsible for the full fee for scheduled sessions unless you give at least 24 hours' notice.
(Missed sessions cannot be charged to insurance.)

Confidentiality
Professional ethics and legal standards require that psychologist/client communications be kept confidential. It is very important that you be aware, however, that Massachusetts law specifies certain limitations to this confidentiality of communications. I am legally obligated to inform you of those limitations. Please understand that these points may not be relevant to your particular treatment issues, but that they are presented to you in compliance with Massachusetts law. Obviously, whenever you wish to give express written consent, I can share information about you with another person, but the following points note areas in which disclosure can be made without your consent:

1. In certain legal proceedings, a court officer may require the release of confidential information about your treatment;
2. I am required to disclose information in order to protect others if:
   a. you present a danger to yourself and refuse to accept appropriate treatment;
   b. you tell me of an actual threat to harm another person;
   c. you have a history of violent acts and I believe that there is danger to another person;
3. I am allowed to release appropriate information in order to collect debts or to protect myself in a court action;
4. Additionally, from time to time, I may choose to consult with colleagues about your treatment in order to ensure that my work with you is of the highest caliber.

Your signature below indicates you understand and accept these conditions.

_____ _____
Signed Date