



## Office Policies and Agreements for Psychotherapy

Welcome to my practice! Your first visit to a new therapist is very important, and you may have many questions. This letter is to introduce myself and give you information to help you decide whether we can work together. Please take time to read it carefully and let me know if you have any questions or need more information. When you sign this document, it will represent an agreement between us.

### Qualifications

I am a Licensed Specialist Clinical Social Worker (License Number 05446) in the state of Kansas. I received my Bachelor's Degree in Psychology from Northwest Missouri State University and my Master's Degree in Social Work from The University of Kansas. I have experience treating anxiety, depression, eating disorders and mood disorders. I have provided clinical services in the following settings: child welfare organization, schools, home, psychiatric hospital, and private practice.

### Notification of Supervision

I am currently receiving supervision from Angie Viets, LCP, CEDS in pursuit of the designation Certified Eating Disorder Specialist (CEDS). This is a certification created for licensed therapists who want to pursue advanced expertise and proficiency in the field of eating disorders. Angie is a Licensed Clinical Psychotherapist, Certified Eating Disorder Specialist, and a CEDS approved supervisor. I will meet with Angie on a regular basis at which time I may share relevant case information with her about you and the services I am providing you. This will include information you have shared with me about your background, history, concerns, and goals that are related to assessment, evaluation, diagnosis, and treatment considerations. She will use this information to advise me on providing the best clinical social work services for you that I can possibly do.

Angie is ethically and legally obligated to protect your confidential information, the same as I am. She will not disclose any identifying information about you that I share with her to any other person.

Angie's contact information is provided below in case you would like to talk with her about any aspect of her supervision of the work you and I are doing together. Please feel free to ask me any questions at any time about my certification process.

Angie Viets, LCP, CEDS | 913-766-9344 | [angieviets@gmail.com](mailto:angieviets@gmail.com)

### The Process of Therapy/Evaluation

During our first meetings, I will assess whether I can be of benefit to you. I do not accept clients who I believe I cannot be helpful to, and if this is the case, I will refer you to others who work well with your particular issues. Within a reasonable period of time after starting treatment, we will discuss my working understanding of your issues, my proposed treatment plan, and therapeutic objectives and possible outcomes of the therapy. If you have questions about any of the procedures used in the course of your therapy, potential risks, my expertise in employing them, or about the treatment plan in general, please ask me. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Kelly Dawson, LSCSW | 16979 W 94th Street Lenexa, Kansas 66219  
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### **Termination and Follow-Up**

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least two termination sessions.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, or that you need a higher level of care than outpatient psychotherapy, I am ethically required to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, I may talk to the psychotherapist of your choice (with your permission only) in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

If you commit violence to, verbally or physically threaten or harass me, the office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services.

### **Dual Relationships**

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. It is possible that during the course of your treatment, I may become aware of other preexisting relationships that may affect our work together, and I will do my best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with me if you have questions or concerns.

### **Benefits & Risks of Psychotherapy**

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment,



substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

### **Contact Between Sessions**

For small administrative matters such as checking appointment times or changing them, you are welcome to email me at [kellyclinnan@gmail.com](mailto:kellyclinnan@gmail.com) or text me at (913) 302-8181. I generally receive and return these texts/emails within 24 hours with the exception of weekends. (Please do not call or send messages to my cell phone between the hours of 8 p.m. & 8 a.m.) **Please do not send text messages about clinical matters.**

If you need to contact me between sessions about a clinical matter, please leave a voice message or email for me at (913) 302-8181 or [kellyclinnan@gmail.com](mailto:kellyclinnan@gmail.com). Please note, if you chose to communicate with me via email, this is not a guaranteed form of confidential communication. I check my messages each day unless I am out of town. If I am planning on being out of town, I will let you know in advance.

Emergency phone consultations of five minutes or less are free of charge. However, if we spend more than five minutes on the phone, I will bill you on a prorated basis for that time.

Rate: 10-15 minutes \$30, 15-30 minutes \$60, 30-45 minutes \$80

If you feel the need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs. If an emergency situation arises, please indicate it clearly in your message to me.

If your situation is an acute emergency and you need to talk to someone right away you may do the following:

- :: Dial 911 or go to your nearest Emergency Room
- :: National Suicide Prevention Hotline – 800.273.8255
- :: Cottonwood Springs Behavioral Health Hospital – 913.353.3000

### **Insurance**

I am a licensed therapist considered an "Out of Network" provider, and I cannot guarantee that insurance companies will reimburse any or all expenses for direct or supervised services. However, if requested, I will provide you with a statement suitable for submitting to your insurance provider. Please note, a mental health diagnosis must be given when insurance is used. This diagnosis must be provided to the insurance (or managed care) company for them to "process" claims.

Services must be determined to be "medically necessary" for an insurance company to pay. Many reasons people seek counseling are not generally considered "medically necessary," such as relationship difficulties, life changes or life stresses, losses, personal growth issues, or learning coping skills. Only "mental health disorders" diagnosable using the Diagnostic and Statistical Manual of Mental Disorders will be considered by the insurance company for pay for services.

While many patients are successful in seeking reimbursement for at least a portion of their therapy fees, please remember that reimbursement is considered a matter between you and your insurance company. Should you choose to attempt to seek reimbursement, please check your coverage carefully by asking the following questions:

- :: Do I have mental health insurance benefits?
- :: What is my deductible and has it been met?
- :: How many sessions per year does my health insurance cover?

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- :: What is the coverage amount per therapy session?
- :: Is approval required from my primary care physician?

### **Payment & Financial Arrangements**

You will be expected to pay for each session at the time it is held, unless another financial agreement is made prior to your session. Payments may be made via cash, check, credit/debit cards, and HSA/FSA. Your credit card will remain on file in my secure online accounting system and will be charged at each appointment and for no-show/late cancellation fees. Please make checks payable to “Kelly Linnan, LLC”. There is a \$35.00 fee for any returned/bounced checks.

Please note, if there is a balance for an outstanding service, the balance must be paid prior to scheduling an appointment.

### **Standard fees**

75 - 90 minute initial session= \$200

50 minute psychotherapy session = \$150

Prorated fees are offered for extended sessions at the same rate (e.g. - \$185 for 75 minute sessions).

### **Outside of Session Clause**

Any work asked of me outside of session (e.g. treatment verification letter, treatment summary, etc.) may be subject to a fee billed consistent with my hourly rate. These fees are to be paid in advance.

Kelly Linnan, LLC has the right to refuse any request made outside of the typical scope of practice.

Please note, I do not involve myself in any court related matter (i.e. child custody, divorce, or any other domestic, civil, or criminal proceedings). This includes, but is not limited to: custody evaluations and expert court testimony. These services are NOT provided in my practice. There are psychological professionals who do assessments and evaluations for court, I am **not** one of them.

If you are involved in any court matter, please note I will not be able to assist or participate. Experience has shown that testimony by therapists in domestic cases can cause damage to the clinical relationship between therapist and client. *If I am required to be involved with any of the above, a minimum retainer fee of \$750 will apply, and I charge \$250 per hour for preparation and attendance at any legal proceeding (including any travel*



**Acknowledgement of Receipt of Kelly Dawson's Office Policies and Agreement for Psychotherapy Services**

I acknowledge the receipt of Kelly Dawson's Office Policies and Agreement for Psychotherapy Services and I understand and agree to comply with these policies. I understand that these policies will always be available to me upon request and I may always request a hard copy.

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_  
*(Client's Parent/Guardian if under 18)*

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_