

Melissa Pinnetti, MSW, LICSW and Associates
372 Granite Avenue, Suite 4
Milton, MA 02186
617-699-7271
melissapinnettlicsw@gmail.com

LETTER OF AGREEMENT FOR INDIVIDUAL or FAMILY THERAPY or CO-PARENT COUNSELING

Welcome! I hope your time here is worthwhile and that you find our work together to be productive. This letter is intended to answer any questions you may have, and to explain what to expect of our meetings. Please read this carefully, and feel free to ask any questions regarding its content. At the end of this letter, there is place for us to sign our names, indicating we agree with all the points in the letter.

TIME OF APPOINTMENTS. Each of our appointments is scheduled to last 45 minutes. I usually begin promptly at the scheduled time. If I am ever late, I will try to let you know in advance, even if the delay is just a few minutes. If I cause a late start, we will still be together for the full 45 minutes. If you arrive late for an appointment, we still have to end the meeting 45 minutes after it was scheduled to begin.

CONFIDENTIALITY. My profession and my professional ethics require me to keep everything you discuss here in the strictest of confidence. It is important you be aware that I do keep a written record of our contacts in order to stay on task with our goals. There are a few exceptions to the principle of confidentiality that we will review together in our first session:

- 1) I am required by law to seek evaluation of any individual under my clinical care who presents as a safety risk to themselves or to other people. In these circumstances, I may be required to contact authorities to assist in obtaining an evaluation in an emergency room or to warn any person whom is being threatened.
- 2) As a social worker, I am a “mandated reporter.” This means that I am required by law to report any and all instances of suspected child abuse or neglect to the Department of Children and Families (DCF).
- 3) A Judge presiding over a legal proceeding where you are named may order the release of my written records or my testimony to the Court or counsel.
- 4) In the event that you are a minor (under the age of 18), I will notify your parent(s) or legal guardian if I believe an emergency situation is occurring, or is about to occur.

If any of these circumstances arise, I would attempt to discuss the process and what I may be required to present. While all of these circumstances are extremely rare, it is important that you are knowledgeable of the exceptions to confidentiality and feel comfortable to ask questions about this topic as they arise

STOPPING THERAPY/COACHING. We should agree together when it is time for our meetings to end and for therapy to stop. We can do this two ways. If you prefer, we can specify as we get started when our last session will be. Then when the time comes, we will stop, unless we make a new agreement and set new goals. If we end this way, our last meeting will include a final summation and a discussion about things to do in the future. Of course, we can resume sessions after that if you want. The second way we might stop is to decide as we go along. We might decide to stop because we have reached our goals. On the other hand, we may decide we are not going to reach them. This is a possibility, because I cannot guarantee that we will reach all of the goals we establish together.

You may tell me you wish to stop, for whatever reason at any time. I would prefer if you came in for one final session after that so we can sum up and discuss your future. If you stop coming without letting me know in advance, I cannot assume responsibility for your care and well-being after that.

If our work together is a function of a Court Order, Stipulation, or Divorce Agreement and you decide to discontinue services outside of the plan agreed to in the aforementioned document, it is customary for me to notify the attorneys involved and/or the Court.

COSTS. The charge for each of these 45 minute meetings is \$225.00. This amount is the same if you attend the meetings alone, as a couple, or with other members of your family. In many instances, a portion of these fees are reimbursable by your insurance company; however, you will need to contact your insurer to determine that and complete the necessary paperwork. I do accept health insurance, but will assist in providing properly coded invoices for you to submit. **If our work together is a function of a Court Order, Stipulation, or Divorce Agreement, billing will proceed as outlined in the aforementioned document.**

METHOD OF PAYMENT. Please note that I do not accept insurance. You may pay by cash, check, credit card or Zelle. I utilize a credit card service called IVY, specifically designed for therapists. If you choose this option of payment, I will text you a link to enter your card information. I will not have access to your card information at any time. At the conclusion of each session your card will be charged, and a paid statement will be emailed to you at the end of each month. For all other payment options, you may pay me directly at the time of each visit. If this is not convenient, we can discuss other possibilities, such as monthly billing. If your bill has not been paid before the end of the month, you will be sent a statement itemizing the charges and showing the total balance due. In order to maintain a small practice and provide individualized care, it is important that bills are paid on time. All bills not paid within 30 days will be subject to a 10% fee. **Nonpayment of fees will result in termination of professional services and collection activity for amounts owed. ALL billing for associates will occur directly through Melissa Pinnetti, MSW, LICSW.**

CANCELLATIONS. You will not be charged for a session if you cannot keep it and let me know at least 48 hours in advance. If it is less than 48 hours, you will be charged your full fee of \$225.00.

VACATION COVERAGE. A licensed clinician with training similar to my own will cover my practice during my vacation times. You and I will discuss whether the covering clinician will see you in person while I am away or whether he/she will simply be available to you for any urgent matters. Many of my clients prefer to utilize another member of their existing treatment team as a point person during my absence as well. Prior to all vacations, I leave instructions about how to reach this clinician on my voicemail greeting and email out of office reply. **Coverage will NOT be provided for any cases that are a function of a Court Order, Stipulation, or Divorce Agreement due to the specialized nature of the work. I will notify all parties involved well in advance of all planned time off.**

OUT OF SESSION/AFTER HOURS CONTACT: You may leave phone messages at any time by calling the number provided in our initial session. I check my voicemail regularly and respond to all non-urgent messages within 24 hours and during business hours only. All urgent calls will be returned as immediately as possible; however, you should utilize the emergency room as a first point of contact if you cannot safely await a call back from me. I ask that you clearly state in all of your messages, your name, phone number, and reason for your call.

Email is a preferred method of communication and is the method likely to receive the most prompt response. You may utilize email to communicate non-emergency information to me 24 hours per day. I check my email frequently during business hours.

Text messages may be used to communicate scheduling only. I ask that you do not text me after business hours or overnight. **Please do not text me clinical information at any time.**

During our first session, I will provide you with a card denoting all points of contact for me.

SIGNATURE: I have read the above policies, and discussed those points I did not understand, and had my questions, if any, fully answered. As shown by my signature below, I agree to act according to the points covered in this agreement. It is understood that our relationship may be discontinued whenever either of us do not fulfill these terms.

Signature of Client/Guardian

Printed Name

Date

Signature of treating clinician

Date

Printed name of treating clinician