



BRENNAN INSTITUTE  
FOR  
MIND-BODY HEALING

**Psychotherapy Services Contract**

Here follows some essential information about psychotherapy at Brennan Institute for Mind-Body Healing. Please read and sign at the bottom to indicate that you have reviewed this information and agree to any practice policies.

**Length and frequency of treatment:** Psychotherapy typically involves regular sessions, usually 45-50 minutes in length. Duration and frequency vary depending on the nature of your problem and your individual needs.

**Confidentiality:** Information you share will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in situations in which children are put at risk (such as by sexual abuse or neglect). If I need to discuss your treatment with a colleague, I will take pains to disguise identifying information, including using a pseudonym.

**Fee and Cancellation Policies:** The fee for an initial consultation is \$150.00. Fees for individual, family or couples counseling sessions are \$150. Fees for 90-minute Brainspotting sessions are \$250. Fees are collected at the time of service unless alternate arrangements are made in advance. If you need to cancel an appointment, please provide at least 1 business days' notice; otherwise, you will be charged for the missed session. Emergency medical or family situations are the only exceptions. For cancellations, contact 703-391-9410 or [info@brennaninstitute.org](mailto:info@brennaninstitute.org). A \$5 processing fee will be charged for use of credit/debit cards for payment for therapy sessions. A 5% processing fee will be charged for use of credit/debit cards to pay for assessments.

In signing this services contract, you agree to have session fees for late cancellation or no-shows, as well as any unpaid balances, charged to a credit card on file. Please provide credit card information below. Your credit card account information will be kept secure. Please notify me of any changes to your card information.

Name of Cardholder (as appears on card): \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp. Date (month/year): \_\_\_\_\_ CVV#: \_\_\_\_\_

**Phone and emergency contact:** If you need to contact me by phone, do not hesitate to call. When I am not available, please leave a voicemail message. I am usually able to return calls within the same day. You will not be charged for phone calls unless we have a conversation of an information-exchanging or problem-solving nature that lasts more than 10 minutes. Phone sessions as such will be indicated on clinical invoices. There will be a fee for phone sessions with other practitioners or family related to your case management that last longer than 10 minutes. If you cannot reach me in an emergency, you can find more immediate assistance by calling 911 or proceeding to your nearest emergency room.

**Physician Contact:** Physical and psychological symptoms often interact. I encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for psychological problems. When appropriate, I will arrange a referral for medication evaluation.

**Freedom to Withdraw:** You have the right to end therapy at any time. If you wish, I will give you the names of other qualified psychotherapists.

**Informed Consent:** I have read and understood the preceding statement and have had an opportunity to ask questions about them, and I agree to enter a professional counseling relationship with Brennan Institute for Mind-Body Healing.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

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