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LETTER OF AGREEMENT FOR CLIENTS IN PSYCHOTHERAPY

Welcome. I hope your time here is worthwhile. I am giving you this letter to explain the administrative procedures of my practice. Please go over this letter carefully and feel free to show it to other professionals you trust or to family members if you wish.

At the end of this letter is a place for you to sign your name. Doing so means that you have read and understand all the points in this letter.

OUR SENSE OF WELL-BEING is influenced by many interrelating factors. You are here to address non-medical factors. I recommend that you get a physical exam from your doctor as soon as possible. This is important because we want to make a clear distinction, and understand any connections between medical and psychological factors affecting your well-being. Since I am not a physician, I cannot know if you have a medical condition that might be related to our work. Please let me know about any medical health problems you have.

APPOINTMENTS are scheduled to last 50 minutes. I am usually very prompt. If I am ever late, I'll try to let you know in advance, even if the delay is just a few minutes. If I cause a late start and you can stay longer, I will still see you for the full time. If you arrive late for an appointment, we may still need to end the meeting as scheduled, however if it is possible we will go the full session time.

BETWEEN MEETINGS I can be reached at 617-462-6642. I check my voice mailbox throughout the day. I will let you know in advance if I will be unavailable at a particular time. If you feel it is an emergency and I do not call you back promptly please go to your nearest hospital emergency room. When compared with other forms of seeking help, outpatient psychotherapy is fairly non-intensive in that meetings usually occur only once a week. If you feel that this is not enough for you at this time, we can discuss alternatives that provide increased therapeutic support.

HOW MANY SESSIONS WILL I BE ATTENDING? This is a question you may be thinking about. At the beginning of therapy we can choose how many sessions you want to meet for. If you prefer, we can keep it more open-ended. In the latter case, if you choose to stop sessions, I recommend that we discuss this during at least one session. Achieving clarity about the reasons for discontinuing, talking about what the experience was like, and making plans for the future are important steps. You are free to resume sessions with me in the future if/when there are openings in my practice.

THE FEE for individual psychotherapy is \$140.00 per 50 minute session. If for some reason we go longer than 50 minutes the first hour is \$160 and then \$40 for each additional 15 minutes. I do not bill any insurance companies. If the fee seems unmanageable we can discuss the possibility of a reduced rate. I accept cash, checks, Venmo, Zelle, VISA, MasterCard & Discover. There is a \$10.00 fee for returned checks. If a check is returned a second time, you will be asked to pay the balance you owe by cash or by money order.

CANCELLATIONS less than 24 hours (unless there are extenuating circumstances such as illness or unsafe driving conditions) you will be charged for that session. You will not be charged for a session if you let me know at least 24 hours in advance.

ETHICS AND CONFIDENTIALITY are essential to the success of psychotherapy/counseling. With a few exceptions everything we discuss is kept in strict confidence. Normally, information about our sessions is

released only upon written permission from you.

*Massachusetts law requires or allows confidentiality to be overturned even when a release is not signed when:
1) Someone is at risk for suicidal or homicidal behavior; 2) When it is suspected or known that a child or elder person is being abused or neglected; 3) When the person receiving services or the legal guardian responsible for paying refuses to pay for services rendered; 4) When a judge court orders information from a patient's file.*

HOW TO GET THE MOST OUT OF COUNSELING: Generally, the more you put into counseling the more you will get out of it. In a counseling setting this means the more honest and forthcoming you are with me and yourself the more we will be able to reach your goals. (ie. I cannot help you if you don't give me all the relevant information.) It is also important to give me regular feedback as to how counseling is working for you. I use a variety of counseling techniques and select those I feel will work best for you. If something I am doing is not working for you or is making you feel uncomfortable in any way please let me know so that I can adjust accordingly.

BY SIGNING BELOW you acknowledge that you have read this document or have had it read to you and that you have received a copy of it. You further acknowledge your right to ask questions if you do not understand any part of it.

I see psychotherapy and counseling as an effort by both therapist and client to work toward improving the quality of the client's life. I look forward to working with you.

Client Signature

Date

Therapist Signature

Date

Client Name(s) _____

Address _____

Email Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Emergency Contact _____ Relationship _____

Number _____

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Intake Questionnaire

Name _____

Living Arrangement: alone with partner with friend with relative with roommates

Occupation _____ Currently employed? Yes No

Marital Status: single partnership married divorced separated widowed

Focus or reason for counseling _____

On a scale of 1 to 10 (with 10 being extremely motivated), how motivated are you to resolve this issue? _____

Please check your response:	Yes	No	Family Member
Have you been in therapy/counseling before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently in therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any psychiatric medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" please list all medications			
<hr/>			
Any insomnia or problems sleeping on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any significant losses in the past 2 or 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other losses that you feel are unresolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of trauma or abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any current addictive behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any past addictive behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any history of head trauma or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any habits/behaviors that are a problem for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like me to know about you?
