INTRODUCTION

My goal is to provide a comprehensive framework to help you facilitate significant life changes. Your first appointment will serve as a biopsychosocial intake appointment. During this 45-minute intake, I will ask you to answer a series of questions to obtain detailed information about your current emotional state and history. By the end of your first appointment, I will provide an initial recommendation regarding the type of treatment that is best suited for you.

My therapeutic orientation incorporates principles from ancient traditions, contemporary academic research, and experiential knowledge to help you identify problematic sources of emotional strain and barriers to love, success and happiness. During your second session, we will create a treatment plan to structure all sessions thereafter.

ABOUT SHEA GRAHAM LLC

I have eight years of counseling experience in diverse clinical settings including family centers, methadone clinics, drug rehabilitation centers, and universities. I earned my bachelor's degree at The University of Virginia before obtaining a master's degree at Columbia University with a focus on clinical counseling. Additionally, I received post-graduate certification at Harvard Medical School and the Center for Practice Innovations at Columbia Psychiatry New York State Psychiatric Institute. I love therapy because I believe it is the perfect problem-solving option for people searching for a confidential and effective support system outside of family and friends. My approach to therapy is highly structured, evidence-based, and comprehensive.

This document contains important information about SHEA GRAHAM LLC professional services and business policies. When you sign this document, it will represent an agreement between you and SHEA GRAHAM LLC.

SHEA GRAHAM LLC SERVICES

SHEA GRAHAM LLC provides both coaching and psychotherapy services. If you are currently receiving treatment from a doctor or other healthcare professional, by entering into this agreement you confirm that you have consulted with this person regarding the

advisability of working with a licensed psychotherapist (LCSW) and that this person is aware of and supports your decision to proceed with the SHEA GRAHAM LLC. You will notify SHEA GRAHAM LLC of any changes to your medical health or personal circumstances. SHEA GRAHAM LLC will not work with clients with neurodevelopmental disorders, psychosis or who are under the influence of an illicit substance.

Since sessions with SHEA GRAHAM LLC often involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings of sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

MEETINGS

Each session will last 45 minutes. If you are late, your session will still end on time to prevent overlap with the next person's session. If I am late, you will receive the standard amount of time for the session. To book a session, visit www.sheagrahamlcsw.com. We will agree on standard time and location for our sessions.

Please advise me, with as much notice as possible, when you have a holiday planned or need to change a session. I recommend you keep the momentum going wherever possible by committing to your booked sessions as it will support your progress and results.

PROFESSIONAL FEES

SHEA GRAHAM LLC fee per session is $97 per session. For clients who do not have insurance, full payment is expected at the time of service. You can submit payment online through Simple Practice using shea@sheagrahamlcsw.com. After the session, if you have an in-network deductible and your insurance company denies your claim, you will be billed automatically by Simple Practice for the difference (fee adjustment). I will not refund the fee adjustment, but I will provide a superbill to request a reimbursement from your insurance company.

INSURANCE IS ACCEPTED UNDER THE FOLLOWING CONDITIONS:

- All co-payments ($50 copay) are due to SHEA GRAHAM LLC at the time of service.

- The client agrees to pay all deductibles, coinsurance, and services deemed "patient responsibility" as identified by the insurance carrier.

■ Deductibles, coinsurance, and patient portions are billed monthly on receipt of the patient's insurance statement from the insurance carrier regarding your patient claim. YOU, the patient, are responsible to render payment once billed for the remainder. Patients are fully responsible for obtaining any necessary prior authorization or referral from another physician before the appointment time. Claim payments denied due to lack of referral or pre-authorization become the patient's responsibility.

Clients are expected to pay the standard fee at the time of service unless other arrangements have been made. **PLEASE NOTE**: Therapist time spent outside of session including, but not limited to telephone conversations, emails, site visits, writing and reading of reports, consultations with other professionals, release of information, reading records, longer sessions, travel time, etc., will be charged at $150/hour prorated by 15-minute intervals, with a minimum of 15 minutes. ***Therapist's time spent outside of the session that is billed to the client also applies to paperwork, including disability forms, requests for accommodations, or other documentation requested by the client. Written reports are an additional $97.*** These services are **NOT** covered by health insurance and therefore must be paid in full by the client. There is no charge for phone calls to make or change appointments or give referrals.

There are times when insurance misquotes benefits. In the event of a misquote, clients are still responsible for their copay/coinsurance/deductible amount that insurance reports after claims are submitted. Not all issues/conditions/problems that are dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. Clients can call their insurance company to check their own benefits by calling the number on the back of their insurance card.

NO SHOW FEES

If you are unable to keep an appointment, please notify me by phone immediately. Please call to cancel or reschedule your appointment with at least 24 hours' notice, otherwise, you will be billed for the session. I have a 24-hour cancellation policy, leaving a voice mail message is required instead of other forms of communication such as an email or text.

INTELLECTUAL PROPERTY

SHEA GRAHAM, LLC owns the rights to all materials presented during the session and online at www.sheagrahamlcsw.com. You may not at any time copy, reproduce, publish in any form, share, sell, dispose of or otherwise make available to a third party in any way any

of the content or materials that I use in the session. You may not without my prior written consent make any audio or visual recordings of all or any part of our sessions.

CONTACTING ME

You may reach me via email at shea@sheagrahamlcsw.com. I may not be immediately available by telephone. You may leave me a voice message or text me at (434)202-4155. I will make every effort to respond within 24 hours.

CONFIDENTIALITY

In general, all of the information we discuss during your sessions is confidential unless (1) you give specific permission to release the information or (2) I am required to release the information by law. Exceptions to confidentiality include: child, elder or dependent adult abuse; serious threats of hurting yourself or others; your condition indicates being a serious danger to yourself; your involvement in certain litigation processes; consultation with colleagues if needed, without identifying information included, and disclosure to collection agencies. Be aware that privilege may not apply to coaching or psychotherapy. In other words, coaching or psychotherapy records may be subpoenaed. Distance communication, such as telephones (wired and wireless), email, and visual internet media such as Skype, may not be secure from eavesdropping, so if you agree to their use you are indicating your agreement to utilize a communication medium that may not be confidential.

SHEA GRAHAM LLC STATEMENT

SHEA GRAHAM LLC seeks to help people transform their lives. Your participation in therapy at my office indicates that you have read and understood the above information, agree to abide by its terms and are consenting to therapy for yourself. In the event of a dispute between us both, we both agree that neither of us will engage in any conduct, lawsuit, or communications, public or private, designed to disparage the other.