

S.O.S. Mental Health Counseling PLLC
Christine Colavito, LMHC, CASAC
764 Route 25A, Suite 7
East Setauket, NY 11733

Welcome, I am excited to begin a new therapeutic journey with you. This document's purpose is to introduce myself and make you aware of the nuances of our professional relationship.

About your therapist:

I currently hold my Master's degree in mental health counseling from Adelphi University. I am a Licensed Mental Health Counselor and Credentialed Alcohol and Substance Abuse Counselor. I also completed a post-graduate certificate program in trauma treatment and studies. I have worked as a therapist in an outpatient setting since 2008 and have worked in the mental health field since 2004. My clients have included people with varying issues including substance abuse problems, depression, anxiety, panic disorder, bipolar disorder, trauma, PTSD, relationship issues, grief and loss issues and anger issues.

Services offered:

I am committed to providing empathetic treatment that is client centered. Based on your needs, I will utilize one or more of the following therapeutic approaches: Cognitive Behavioral Therapy, Psychoeducational, Motivational Interviewing, Psychodynamic or REBT. I offer individual and group counseling services. Individual sessions are typically 45-60 minutes in length and group sessions are 60 minutes in length.

The counseling process and therapeutic relationship:

Our therapeutic relationship is an important component in the effectiveness of your therapy experience. It is important to know that the counseling process is different for everyone and can pose both benefits and risks. There may be times when emotions arise that are uncomfortable, or subject matter comes up that may be sensitive for you. It is important, however, to remember that your ability to work through these feelings within the context of therapy is a sign of growth and where change begins. Despite encountering a range of emotions in therapy, the therapeutic relationship is something that you should always be able to feel comfortable and safe with. During your time in therapy, we will collaboratively identify goals that you would like to address. Therapy is most effective when you can commit to attending sessions consistently and bring significant issues to the table. It is also key to be open and honest in order to get the most from your experience. You can expect non-judgment and empathy from me to support you. I will be there with you through every step of this process, even if you decide that I am not the right therapist for you. If this does occur, I will be happy to assist you with a recommendation for an alternative therapist.

Communication and emergencies:

If you need to contact me between sessions, please do so via telephone. I prefer not to communicate via text message or email, except for non-clinical issues such as confirming appointments, as these are not secure means of communication. Please note that I check my voice mails regularly and will try to respond to you by the next business day. If you are having a true emergency, please contact 911 or go to your local emergency room.

Session fees, insurance and no-show fee:

I currently accept the following insurance: Beacon, Emblem, Blue Cross Blue Shield, Cigna and Health First. Your co-payment is expected at the time of service. Co-payments are a contract between you and your insurance company and are not something that I can make changes to by law. If you do not have insurance, I do not accept your insurance, or your insurance becomes inactive, we can discuss a self-pay rate.

I also work with out of network benefits, however you will be required to pay at the self-pay rate up front to me directly and then it will be your responsibility to be reimbursed by your insurance company. I will assist you in this process by providing you with the information that your insurance company will require (typically including a diagnosis) to reimburse you for out of network benefits. Please be aware that typically, out of network benefits do not cover the full cost of therapy and will reimburse you for a portion of what you pay to me. You will also need to find out if your insurance plan reimburses for out of network benefits, as not all do.

If you go beyond one session behind on payment, I will be unable to see you for your session until payment is made. Acceptable forms of payment are cash, credit/debit card or personal check. Please be aware that you will be responsible for any returned check fee.

I would prefer as much notice as possible when you need to cancel or reschedule a session. If you do not give me more than 48 hours notice that you will need to cancel/reschedule, you will be charged a \$20 no-show fee for individual sessions. Both your time and mine are valuable and I will be sure to respect your time throughout this process. Please take into consideration the cost of your therapy before committing to attending and only commit if you are able to keep up with the cost. Therapy is not meant to become a financial burden on you.

Financial agreement (check one):

I will be using insurance to cover the cost of my therapy and I understand that my co-payment is _____ per individual session and _____ per group session. I understand the fee policy, including the \$20 no-show fee for individual sessions (which is not covered by insurance).

I will be self-paying for the cost of my therapy and I understand that my payment is \$ _____ per individual session and \$ _____ per group session. I understand the fee policy, including the \$20 no-show fee for individual sessions.

I will be using out of network benefits. I understand that I am responsible for \$ _____ per individual session and \$ _____ per group session. I also understand that using out of network benefits requires me to submit information to my insurance company so that I will be directly reimbursed. If I am not reimbursed by my insurance company, the fee will remain as is (self-pay rate) with my therapist. I understand the fee policy, including the \$20 no-show fee for individual sessions (which is not covered by insurance).

Signature: _____ Date: _____