

# Fairmount Associates, LLC.

2542 Brown Street  
Philadelphia, PA 19130  
215-236-6100  
Fax: 215-236-6302  
[www.FairmountAssociates.com](http://www.FairmountAssociates.com)

## Client Information & Service Agreement:

We are dedicated to provide the most professional, high quality and personalized service to you in a caring, supportive and comfortable manner. Our offices speak to our desire to provide the most comfortable, and peaceful environment that will be conducive to your feelings of safety and security in a non-medical setting.

### Our Philosophy:

As we all navigate through our daily lives, challenges, disappointments, health crises, physical injuries and emotional stresses find their way into our realities. Often supports that could assist us through these events and situations are not easily found nor readily available to us. It is the philosophy of Fairmount Associates that emotional supports should be readily available, easily accessible and financially reasonable for everyone.

### Intake Information:

Intake Information is requested prior to the first face-to-face session. When possible, this information will be completed prior to the first meeting so as to not take valuable time in the first meeting. (Please see the ***“IntakeInformationForm”*** that is provided for your completion prior to the first meeting.)

### Sessions:

The initial face-to-face session is usually an evaluation interview, during which your issues and goals will be **identified and a plan for ongoing work will be developed together. Sessions range from 50 to 70 minutes in length.**

### Telephone Messages:

The primary Office number to reach me is 215-2236-6100. I will make every effort to return your call the same day or in case of weekends and holidays, by the next business day. If you have an emergency, please call 911 or go to your nearest Emergency Room. ***Fairmount Associates, LLC. DOES NOT PROVIDE EMERGENCY SERVICES.\****

### E-Mail Messages:

E-mail is checked several times each day, I will respond as soon as possible, usually by the end of that business day (i.e. 6pm) or by the next business day. If your message is time sensitive, please attempt to reach me by telephone.

### Confidentiality:

All information obtained and discussed during all sessions and over the telephone or by e-mail is confidential, subject to legal and ethical requirements, including HIPAA requirements. Should you wish a therapist/counselor to communicate with other professionals, family members, or any others, including legal entities (e.g. Attorney, parole or probation officers) this sharing of information can and will only be done with your signed consent to release any information, and subject to your directions and limitations. ***NOTE: In cases of threatened suicide, suicidal ideations, risk of physical harm to self or others, appropriate notifications will be made.***

### Referral for Psychiatric/Psychological Assessment Services:

Consultation with a Psychologist or Psychiatrist for more in-depth Psychological Evaluation or for Medication Evaluation may be recommended in certain situations. I will provide you with several referral sources for your selection. If you are currently taking psychotropic medications, please contact your psychiatrist or Primary Care Physician well before your refill is needed.

**Fees and Payments:**

Payments for services are due prior to or at the time the service is provided. The fees are payable by cash, personal check or credit cards. We take all major credit cards (VISA, MasterCard, Discover). The charge for the first appointment is to be paid at the time you make the appointment , unless other arrangements are made. Please discuss your payment and method of payment choice at the time your appointment is scheduled. Should there be a returned charge or check, the additional fee of \$25.00 is due, payable by cash, unless other arrangements are made personally.

**Cancellation of Appointments or Unkept Appointments:**

Please call 24 hours in advance if you need to cancel an appointment. You will not be charged for an illness or an emergency that was the cause of your missed appointment. For a first missed appointment without proper notification, you will be charged \$75.00. If you fail to keep future appointments without notice, the full fee for the missed appointment will be charged, unless other arrangements are made..

**\*Emergency Services:**

**Fairmount Associates, LLC. Does NOT provide, nor have the resources to provide, 24 hour emergency psychiatric services. If you or a family member need such services, you must call 911 or go to the nearest Hospital Emergency Room or contact a Psychiatric Crisis Service Center.**

Thank you for your interest in our services and for reading our policies. Please donot hesitate to contact us at the contact numbers listed above or by e-mail if you have additional questions. If you have read these policies, agree with these policies and wish to work with us, please sign below to indicate your acceptance. Please bring this signed agreement with you to your initial appointment.

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Name & Signature of Client

\_\_\_\_\_  
Date signed:

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date Signed: