

Inner Peace Therapeutic Services, LLC

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Office Policies & Informed Consent for Psychotherapy

Thank you for choosing Inner Peace Therapeutic Services, LLC (IPTS). Beginning therapy is a major decision, and we want you to feel fully informed. This document outlines important policies, your rights as a client, and what you can expect in treatment. Please review carefully and discuss any questions with your therapist before signing.

Confidentiality

All information shared in therapy sessions and records is confidential. Information may only be disclosed with your written consent, except as required by law. Situations where disclosure may be required include: suspected abuse/neglect of a child, dependent adult, or elder; if you present a danger to yourself, others, or property; if you are gravely disabled; or if required by court order. In couple/family therapy, confidentiality does not apply between participants unless otherwise agreed upon.

Emergencies

If your therapist believes you are at risk of harming yourself or others, they may take necessary steps to ensure safety, including contacting emergency services. For emergencies: Call 911, the Suicide & Crisis Lifeline (988), or Walden Sierra Crisis Line (301-863-6661).

Health Insurance & Confidentiality of Records

To process insurance claims, IPTS may be required to share limited information with your carrier. Once submitted, IPTS cannot control how insurance companies use this information. Submitting claims may affect future eligibility for health/life insurance or employment.

Litigation Limitation

Therapy is not intended for legal or forensic purposes. IPTS therapists do not provide custody evaluations or legal testimony. If subpoenaed, records may need to be released in compliance with the law.

Consultation

Therapists may consult with other professionals to provide the best care. Client identities remain anonymous and confidentiality is maintained.

Electronic Communication

Please note: No electronic communication is 100% secure. Risks include interception or misdirection of emails, texts, or faxes. By using these methods, you acknowledge and accept these risks. Emails, texts, and faxes become part of your medical record. IPTS uses safeguards, but please do not use email or fax for emergencies.

Records & Right to Review

IPTS keeps treatment records for at least 5 years (longer for minors). You may request to review or receive a summary of your records, except when release may cause harm. Records involving family/couple therapy require signed consent from all adults involved before release.

Telephone & Emergency Procedures

To contact your therapist, call the main office line: (240) 718-8460. Messages are checked during business hours. For urgent situations, call 911, 988, or your local crisis line. Do not use email or fax for emergencies.

Fees & Payments

Payment is due at each session unless otherwise arranged. Clients are responsible for charges, not insurance companies. Overdue accounts without a payment plan may be referred to collections. Discounted rates are available for self-pay clients.

Service	Fee
Initial Assessment	\$175
Individual Counseling (50 min)	\$175
Family/Couple Counseling	\$175
Supervision for LGPC	\$125

- Court-Related Testimony: \$200/hour, 4-hour minimum (due in advance).
- Phone calls over 15 minutes: Prorated at hourly rate.
- Letters & Reports: Prorated at hourly rate (due upon pickup).
- Medical Record Copies: \$0.76 per page + postage; \$22.88 prep fee if sent to another provider (no prep fee if provided directly to client).

Mediation & Arbitration

Disputes will first be referred to mediation. If unresolved, disputes will be settled through binding arbitration in St. Mary's County, MD, in accordance with American Arbitration Association rules.

Therapy Process & Scope of Practice

Therapy may bring both benefits (improved relationships, insight, coping) and challenges (emotional discomfort, difficult memories). Change can be gradual and sometimes uncomfortable. Therapists use various approaches including CBT, DBT, psychodynamic, mindfulness, systems, etc. IPTS providers do not prescribe medication, provide legal advice, or conduct custody evaluations.

Treatment Plans

Within a reasonable timeframe, your therapist will discuss their understanding of your concerns, treatment goals, and potential outcomes. You are encouraged to ask questions and explore other treatment options.

Termination

You may end therapy at any time. Referrals can be provided. Therapists may recommend termination if therapy is no longer beneficial, goals are not being met, or compliance issues arise. If you do not schedule for 3 consecutive weeks (without prior arrangement), IPTS will consider the therapeutic relationship ended.

Dual Relationships

IPTS avoids dual relationships that impair objectivity or could be harmful. In smaller communities, some overlap may be unavoidable. These situations will be discussed openly. Therapy will never involve sexual or exploitative relationships.

Social Networking

Therapists do not accept friend/follow requests from clients on social media. This protects your privacy and confidentiality.

Cancellation Policy

Appointments require 24 hours' notice to reschedule or cancel. Missed sessions or late cancellations will be charged a \$75 fee. Insurance does not cover missed sessions.

Acknowledgment

By signing below, I acknowledge that I have read, understood, and agree to the Office Policies & Informed Consent for Psychotherapy at Inner Peace Therapeutic Services, LLC.

Client Name (Print): _____

Client Signature: _____ Date: _____

Therapist Name (Print): _____

Therapist Signature: _____ Date: _____