**Keneisha Sinclair-McBride, PhD**

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**Welcome to my Practice:Your Rights and My Policies**

This document contains important information about my practice and policies, as well as patient rights. It is important that you read it thoroughly; when you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign this agreement at your first appointment, and we can revisit your questions or this agreement at any time in the future.

**Virtual Visits**

I use virtual platforms for sessions. Doxy.me is my preferred platform and my waiting room for this service is <https://doxy.me/drsinclairmcbride>. In the event we have a connection issue, I will 1) send you a Zoom link and/or 2) finish the session by phone if video methods are not working.

**What to expect:**

There are many potential benefits of therapy, including greater self-confidence and insight, improved interpersonal relationships and mood; and increased capacity to manage and cope with stress and challenges. Patients understand that healing and growth can be challenging and some discomfort will likely be a part of the process. Many patients come to therapy with specific personal goals in mind and others develop their goals throughout therapy. Either way, therapy is most successful when you engage and participate actively. I look forward to potentially working with you!

**Confidentiality:**

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). You may ask me to share information with whomever you chose, and you can revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information to certain people. There are exceptions to confidentiality that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below:

Confidentiality cannot be maintained if:

* I have good reason to believe that you are in imminent danger of harming yourself, and you have the intent and ability to carry out this plan in the very near future. I may legally speak to another health care provider or member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will explore all options with you, for example, voluntary hospitalization, but if you are unwilling to take steps to ensure your safety, I will have to call the police or a local crisis team.
* I have good reason to believe that you have a plan to cause serious harm or death to someone else who can be identified, and you have the intent and ability to carry out this threat in the very near future. I must take steps to inform the police and/or the person you intend to harm.
* You tell me you are being abused – physically, sexually or emotionally – or that you have been abused in the past. You have the right to decide whether to file a police report or not, but if you were a minor when the crime occurred and the perpetrator is still in contact with children, I am required by law to report the abuse to the local child protective agency.
* I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform the relevant child or adult protective agency immediately.
* You are involved in a court case and a request is made for information about your therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.
* You choose to submit for insurance reimbursement. Your insurance company will have access to the information included on the itemized receipt that I provide to you. Your insurance company will not have access to information not included on the receipt, unless you give consent for additional information to be shared.

**Professional records:**

I am required to keep brief notes about each session; I include the date of the session, a brief description of the topics we discussed, progress reports from your perspective, interventions and impressions from my perspective, and our next steps in treatment. My records are kept secure in accordance with HIPAA requirements.

**Fees:**

Venmo is the preferred method of payment with no additional fees charged. Venmo is not HIPPA compliant but can be set to “private” mode. When in-person visits resume, fees should be paid by check or cash at the beginning of each session, unless I have made other arrangements with you. Returned checks will be charged a $30 fee. For those uncomfortable with Venmo, payments can also be made Zelle through your bank account or via the HIPAA compliant app “Ivy Pay” (2.75% will be added to cover fees charged for Ivy Pay).

Initial phone consultation (15 minutes): free

Intake Appts: $300 (approximately 60 mins)\*

Therapy Sessions: $250 (approximately 45 minutes)

\*Intakes may need additional time depending on nature of the concerns: $150 per each additional half hour needed

Phone consultation and collaterals: $300/hr

* I am not in-network with any insurance providers, but I am happy to provide you with an itemized receipt for you to collect reimbursement. Please note that not all insurance plans reimburse for out-of-network providers.
* If you anticipate becoming involved in a court case, I recommend that we discuss this before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

**Cancellation policy:**

Please give me at least 48-hours notice if you need to cancel or reschedule an appointment. Appointments cancelled without 48 hrs notice are charged a cancellation fee of $100. No shows are charged the full rate of the session. Any missed sessions will need to be paid for at or before your next session. Please note that missed sessions are not eligible for reimbursement from insurance. In addition, it is important for you to arrive on time; if you are late, your appointment will still need to end on time.

**Communication:**

Phone calls: (617-807-0375): I am often not immediately available by telephone and I do not answer my phone when I am with patients or otherwise unavailable. You may leave a message on my confidential voicemail and I will return your call as soon as possible. Generally, issues that require more than brief management or recommendations (i.e., more than 15 minutes) will require an office visit. If required by the situation, I may be able to provide more extended services over the phone based on my hourly rate of $300.

Text: Texting is appropriate when you are running late for a session, for example, but generally texting should not be used for communication between sessions (phone calls or emails are preferable). Please know that regular texting is not secure so please be mindful of any identifying information or personal disclosures.

Email: (drkeneishasinclairmcbride@gmail.com): Patients and parent(s)/guardian(s) are welcome to communicate briefly with me via email. I will do my best to return your email within 24 hours. Email is not appropriate for urgent matters, and please keep in mind that despite my best efforts to maintain your security, email is not truly private. Remember to think about whether you would be comfortable if the information you share with me over email became public. Do not use email for urgent messages, and please do not provide me with clinical information, highly sensitive topics, or requests for clinical advice via email. For these issues, private secure messaging through my electronic health record interface “Luminello” is most secure (you should have received an invite from me to logon to this platform).

Emergencies: I do not have 24-hour emergency or “on call” coverage, but I can provide you with a crisis number for your area. If you are experiencing a psychiatric emergency, you should call 911 or go to your nearest hospital emergency room rather than sending me a voicemail, text, or email.

**Ending therapy:**

Your participation in therapy is voluntary and you have the right to end therapy whenever you wish. If you decide to end therapy for any reason, I encourage you to talk with me about the reason for your decision and I ask that you consider a final session to review what you have accomplished, offer feedback to each other, and say goodbye. Likewise, at my discretion, I reserve the right to end our therapy work together and provide you with appropriate referrals, for reasons including, but not limited to, failure to participate in therapy, conflicts of interest, untimely payment of fees, or my belief that I may not be the best person for your needs.

**Consent to Psychotherapy:**

Your signature below indicates that you have read this agreement regarding my policies and your rights, and you agree to the terms.

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Printed Name of Patient

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Signature of Patient

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Date