

Welcome to my practice. This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your counselor, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

### **Goals of Counseling**

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, or changing behavior. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go.

### **Risks/Benefits of Counseling**

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

### **Appointments and Cancellation Policy**

Appointments will ordinarily be 45-55 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, *I ask that you provide me with 24 hour notice or you may be required to pay for the session.* Payment will be one half of my published rate: \$62.50. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancellation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. *If you miss or cancel two sessions in a row, I cannot guarantee your regular time will be available.*

### **Confidentiality**

Your counselor will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your counselor may consult with a supervisor or other professional counselor in order to give you the best service. In the event that your counselor consults with another counselor, no identifying information such as your name would be released. Counselors are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If your counselor receives a court order or subpoena, she may be required to release some information. In such a case, your counselor will consult with other professionals and limit the release to only what is necessary by law.

### **Record Keeping**

Your counselor may keep records of your counseling sessions and/or a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service and will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept longer. Records will be kept either electronically on a USB flash drive, in our Electronic Health Records program (Practice Fusion), or in a paper file and stored in a locked cabinet in the counselor's office.

### **Professional Fees**

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, credit card, or cash. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

**Fee Schedule**

Fees are non-negotiable. Fees are subject to change at counselor's discretion.

- Diagnostic Evaluation (intake) - \$150
- Psychotherapy Sessions - \$125
- No Show/Late Cancel (under 24 hour notice) - \$62.50
- Court Costs - \$250/hr *plus* any preparatory costs including attorney consult, researching and preparing testimony, travel reimbursement, or any other costs incurred. These must be paid *in full prior* to any court appearance.
- Email consultation - \$20.00/message - *this will not be reimbursed by insurance. There is no charge for emailing to reschedule an appointment.*
- Telephone Consultation - \$20.00/ each 10 mins - *any contact outside of scheduled sessions may be subject to consultation rate, which will not be reimbursed by your insurance. You are strongly advised to schedule additional session time if needs arise. There is no charge for calling to reschedule an appointment*

**Insurance**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but *you are responsible for knowing your coverage and for letting me know if/when your coverage changes.*

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. *If you did not obtain authorization and it is required, you may be responsible for full payment of the fee.* Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit by check, credit card, or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

**Contacting Me**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

**Email**

Counselor will request client's email address. Client has the right to refuse to divulge email address. Counselor may use email addresses to periodically check in with clients who have ended therapy suddenly or for other communication purposes. Email will not be used as a substitute for therapy sessions. Counselor will take every effort to safeguard your information, but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to technology used in counseling sessions. Be aware of any friends, family members, coworkers, or significant others who may have access to your computer, phone or other technology used in sessions and consultations.

If you would like to receive any correspondence through email, please write your email address here

\_\_\_\_\_.

If you would like to opt out of email correspondence, please check here \_\_\_\_\_ .

**Consent to Counseling**

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_