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COUNSELING CONSENT AND SERVICE AGREEMENT

Following is some information about our practice and the nature of counseling in general. Please read over this document carefully and note any questions you may have. We will be happy to discuss them with you prior to or during your first session.

COUNSELING SERVICES

Our first session or two will involve an assessment of your needs. By the end of the assessment we will be able to offer you recommendations of the direction of our work together and we will create a treatment plan to follow, based on both your desires and our diagnostic impressions. For any therapeutic intervention that is used, we will explain the rationale behind it, and seek to answer and address any questions or concerns that you may have.

When entering therapy, it is important to remember that clients often experience strong emotions as a part of the therapeutic process. Making behavioral and emotional changes can at times be painful and/or disruptive to current life patterns and relationships. Accepting the risks of therapy offers clients the opportunity to receive the benefits of emotional healing. Realizing a significant reduction of distressing symptoms and a higher level of life satisfaction are often reported by clients willing to enter and engage fully in treatment.

SESSIONS

The first session in which we conduct your evaluation will last about an hour. During this time, you and your therapist will decide if he or she is the best person to provide the services you need in order to meet your treatment goals. If

psychotherapy is begun, follow up sessions will be about 50-minutes in length weekly at a time we agree on, although some sessions may be longer or more or less frequent. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If it is possible, we will try to find another time during the same week to reschedule your appointment.

PROFESSIONAL FEES

Our hourly self-pay fee is $120.00. You will be expected to pay for each session at the time it is held. We accept cash, checks, money orders, and most major credit cards. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.] If we decide to meet for longer than an hour, we will prorate the hourly fee. In addition to weekly appointments, we charge this amount for other professional services you may need, though the hourly cost will be broken into quarter hours if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, reading and response to emails requiring more than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. **You are responsible to ascertain your insurance coverage benefits and what your insurance requires you to pay prior to your first visit. If you have not determined eligibility and fees, you will be responsible to pay the self-pay rate until benefits are determined.** We will bill your insurance directly and provide you with whatever assistance we can in

helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers.

CONTACTING US

We are often not immediately available by telephone. If you must leave a message, we will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or, in cases of clinical emergency, call or text the mental health crisis line at 988. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. If you would like, you are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can sometimes be confusing and/or misinterpreted by untrained readers. Due to this, if you wish to see your records, we recommend that this be done with your therapist so you can discuss the contents. This can be done during any scheduled session time.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and we can only release information about our work to others with your written permission. This includes family members and spouses. If you are a minor, the level of disclosure with parents will be discussed and agreed upon at the initial session.

If at some point during our work you choose to communicate with us by email or text, please be aware that these methods are not completely confidential.

Should you choose to correspond by these methods, you are agreeing to accept the risk of third party interception. Email correspondence between us may be printed out and placed in your treatment record. We offer a HIPAA-compliant email system utilizing passwords. If you are interested in using this system, please let us know.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it. If we have provided couples counseling for you and domestic relations proceedings ensue, we will not testify on behalf of either party, as it would be a conflict of interest regarding mutual clients.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child [elderly person, or disabled person] is being abused, we must make a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself/themselves, we may be obligated to seek hospitalization for him/her/them or to contact family members or others who can help provide protection.

These situations occur rarely. But if one does occur, we will make every effort to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we will not disclose your name and will make every attempt to prevent disclosing any identifying information about you. The

consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

Client name(s): _____

COUNSELING CONSENT AND SERVICE AGREEMENT

I have read this agreement, had sufficient time to consider it carefully, and asked any questions that I needed. My signature affirms that I agree to the conditions in the Counseling Consent and Service Agreement. I agree to enter therapy under the service agreement conditions. I understand that this contract will remain in effect until changed in writing or I elect to discontinue counseling services.

_____ My initials confirm I was offered a Notice of Privacy Practices form with this consent agreement.

_____ My initials confirm I received a counseling consent addendum.

_____

Signature date

_____

Signature date

_____

Parent/Guardian Signature date

_____

Therapist signature date