

COUNSELING AGREEMENT

The purpose of this agreement is to provide clear information regarding the counseling process and the policies of my practice.

Counseling Process

The counseling process will begin with an initial assessment followed by development of therapeutic goals. Your involvement will be integral in identifying your treatment needs and objectives. Counseling requires hard work on your part, both during and between sessions. You will receive the greatest benefit from therapy by attending sessions consistently and by putting emotional effort into your treatment. The therapeutic relationship that we develop is a key component to the counseling process. Please share any thoughts, feelings, or concerns that you may have at any time about our relationship in order to develop and maintain a healthy therapeutic experience.

Counseling sessions are generally scheduled once a week for a 60 minute session. As treatment progresses and your needs diminish, we may agree upon decreasing the frequency of sessions. The length of treatment will depend upon your clinical needs. Most people will begin to experience changes after about 10 - 12 sessions and many will continue with counseling for a year or longer.

Treatment for Couples

When the primary treatment is for couples therapy, the relationship is considered the client. This means that both members of the couple are part of the treatment unit. All communication with therapist via text messaging or email should include both members of the treatment unit.

The assessment stage of couples therapy involves an initial appointment with both members of the relationship, followed by an individual appointment with each person, and another appointment with both of you. Following this, most appointments will involve both partners, with an occasional exception for individual appointments when deemed clinically appropriate. In order to protect the therapeutic process and to work effectively on behalf of your relationship, this therapist has a no secrets policy. This means that the therapist cannot hold information provided individually in confidence from the other partner or member of the treatment unit. If there is information that you would like to discuss in confidence from your partner, it is recommended that you seek individual therapy. If there is a request for confidential information to be shared with an outside party, both members of the treatment unit will be asked for authorization.

Treatment for Minors

Treatment for clients under the age of 18 is most effective when both parents are involved in the counseling process. At a minimum, both parents are required to sign this agreement. The content of sessions will remain confidential between the minor client and therapist. Exceptions are made to this when the therapist believes it is in the best interest of the client to share certain information with his/her parents. This therapist will inform the minor client prior to sharing any information with his/her parents. While individual therapy may be the primary approach to treatment, it is often useful for parents to participate in portions of therapy sessions. The need for this will be determined on an ongoing basis throughout treatment.

Confidentiality

Confidentiality is maintained as part of the counseling process in accord with generally accepted ethical standards. This means that your name or any other identifying information will not be shared with anyone without your written permission. Exceptions are made to this policy in the event of court order, reasonable suspicion of child/elder abuse or neglect, or suspected imminent danger to self or others. An exception may also need to be made in the event of nonpayment of fees, necessitating the use of a collection agency.

Please inform me if you are receiving other services, treatment, or support that is related to your reason for seeking therapy. Your written authorization will be necessary in order for me to provide appropriate case coordination with other providers.

In order to maximize the quality of your counseling and in keeping with generally accepted counseling practices, it is my policy to discuss cases with my colleagues and with consulting practitioners. Identifying information will be kept to a minimum.

Communication with Therapist

Communication with therapist should primarily occur during sessions. Between sessions, brief communication limited to scheduling or billing issues can be done via email, text message or voice message. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept the messages.

Emergency Procedures

Therapist does not have a paging system and may not be available in cases of emergency. If you are to experience a mental health emergency, emotional/behavioral crisis, or feel at risk to harm yourself or another, call 911 or go to the nearest emergency room immediately.

Payment Options

There are two options for payment of service: Self-Pay and Out of Network Insurance.

1) Self-Pay

Fees for individual therapy are \$200 per 60 minute session. Fees for couples and family therapy are \$225 per 60 minute session. Therapist may offer to extend session time at the end of some sessions based on clinical need. If you agree to extended time, you will be billed a prorated fee of \$50 per 15 minutes. Payment will be billed to your credit card or cash/check collected upon completion of each session. A receipt will be provided at the end of each month if requested.

2) Out of Network Insurance

You may submit out of network claims with your insurance company. Within this payment option, you must contact your insurance company to determine what out of network coverage they provide for outpatient mental health services. You would be responsible for paying my full fee directly to me at the completion of each session. You would then submit claims to your insurance company for partial reimbursement directly to you. Please be advised that insurance companies differ in their policies from 0-90% reimbursement for outpatient mental health counseling.

General Payment Information

Consultation by telephone will be billed at a rate of \$50 per 15 minute segment for all calls exceeding 10 minutes. No charge will be made for telephone conversations to schedule, change, or confirm appointments. I accept credit cards, cash or checks for session fees and co-pays.

Court Involvement/Fees

If you become involved in legal proceedings including divorce, custody disputes, injuries, etc., it is agreed that neither you nor your attorney, nor anyone else acting on your behalf will request for me to testify in court or at any proceeding, nor will a disclosure of my records be requested.

If a subpoena is received by therapist necessitating participation in legal issues, you will be billed for any professional preparation time, coordination, collaboration, travel time and costs that the therapist may incur as a result of this process. Due to the comprehensive nature of legal involvement, charges are billed to you at \$400 per hour. Upon receiving a subpoena to testify, an 8 hour day will be reserved, for which payment will be due two weeks prior to the court appearance. Pre-payment is non-refundable if cancellation is made less than one week prior to the court date. Please note that this policy holds and that you will be billed for all legal involvement including situations in which a third party has requested that therapist testify on behalf of or against you.

Cancellation Policy

You will be expected to attend appointments as scheduled. If you need to cancel or reschedule an appointment, please provide 24 hours notice. You will be charged the full session fee for appointments that are missed or cancelled with less than 24 hours notice.

TeleMental Health

Telemental health means the remote delivery of health care services via technology-assisted media. Secure video chatting is the primary method of service delivery. If telemental health treatment is agreed upon, you will need to be present at an electronic device that has video capability and internet access at our appointment time. You will receive an email with a session invite to enter the virtual waiting room. I will be using doxy.me which is a secure telemedicine software platform. If the doxy platform is inefficient, therapist will contact you via phone to make alternate arrangements. Confidentiality will remain a priority for therapist and session privacy on your end will be your responsibility. There will be no recording of any of the online session by therapist nor client. Although measures are taken to protect the security of telemental health sessions, there is always a risk around confidentiality when communicating on digital platforms.

Informed Consent

- I have been informed of the policies of this practice.
- I have been provided a copy of HIPAA policies.
- I have been informed of the risks involving the use of communication via text, email, voice mail, and telemental health services.
- I have reviewed, understand, and agree to the policies in this statement.