

Therapeutic Guidance LLC

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Client-Counselor Service Agreement Consent for Treatment

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the [Health Insurance Portability and Accountability Act](#) (HIPAA), a federal law that provides privacy protections and [patient rights](#) about the use and disclosure of your [Protected Health Information](#) (PHI) for the purposes of treatment, payment, and health care operations. 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, changing behavior or decreasing/ending drug use. 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

Appointments will ordinarily be 50-60 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 hours' notice. **If you miss a session without canceling, or cancel with less than 24 hour notice, you will be required to pay a \$75.00 fee** for the missed session [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for

cancelled sessions; thus, you will be responsible the cancelation 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.

Confidentiality

There are some limitations to [confidentiality](#) to which you need to be aware. I may consult with a supervisor or other professional counselor in order to give you the best service. In the event that I consult with another clinician, no identifying information such as your name would be released. Clinicians 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 I receive a [court order](#) or subpoena, I may be required to release some information. In such a case, I will consult with other professionals and limit the release to only what is necessary by law.

I 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. I may keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They 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 for longer. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in the counselor's office.

Before any information about any aspect of treatment may be released to any third party, a written release of information must be obtained which is specific as to the nature of the information to be given, the person(s) to whom it will be given, the purpose of the communication and the dates for which the release is valid.

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. 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

I may request client's email address. Client has the right to refuse to divulge email address. I may use email addresses to periodically check in with clients who have ended therapy suddenly. I may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques.

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 ____ .

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, cash or credit card. Fees are subject to change at therapist's discretion. Depending on the insurance accepted, you will be required to pay all co-payments and fees according to your insurance benefits.

OUT-OF-POCKET FEES

90791 Diagnostic evaluation/Assessment - \$200.00
Substance Abuse Evaluation - \$250.00

90837 Psychotherapy 50-60 minutes – \$150.00

90847 Psychotherapy , Family/Conjoint/ Couples 60 min– 175.00

LATE CANCELLATION/NO SHOW FEE - \$75.00

Consent to Counseling

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

I hereby voluntarily consent to the therapy/counseling and/or assessments as recommended by the professional directly involved with my treatment. I have been informed of the recommended treatment interventions, including benefits and risks. I have also been informed of alternative treatments, including potential risks/benefits from not receiving treatment

Client Signature Date

I am the Parent/Guardian/Legal Representative (circle one) of the above named client and consent to said treatment.

Authorized Signature Date

Authorized Signature Date

Copy offered to client ____ yes ____ no