

### Client Services Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and let me know of any questions you might have.

#### *Counseling Services*

I am licensed by the states of Virginia and Indiana as a Marriage and Family Therapist. As such, I am trained and authorized to provide services to you and your family. I am ethically and legally bound to provide only those services for which I have been trained. Should you require any service for which I am not qualified, I will refer you to someone with the required expertise.

#### *Appointments*

A psychotherapy hour is of 50 minutes duration unless other arrangements have been made for a longer or shorter session. Once the session has been scheduled, you are expected to pay for it unless you provide 24 hours advance notice of cancellation, or unless we both agree on another arrangement.

#### *Professional Fees*

My hourly fee is \$135.00. This amount, on a prorated basis, will be charged for other professional services that you may require (report writing, telephone calls, preparation of records or treatment summaries, etc.) which last longer than five minutes. Should you become involved in litigation which requires my professional time, I will charge for preparation time, driving and waiting time, and my attendance.

#### *Billing and Payments*

Payment of the full hourly fee in cash, check or credit card is expected at the time of service unless we agree otherwise or we have agreed that your services will be paid through an insurance coverage plan that requires another arrangement. A \$30.00 fee will be assessed for returned checks.

#### *Insurance Reimbursements and Privacy Limitations*

If you have health insurance benefits, I will provide you with the information needed for you to file a claim for reimbursement of your payments for counseling services. However, you and not your insurance company are responsible for the full payment of fees.

You should be aware that insurance reimbursement usually requires you to meet the criteria for a full clinical diagnosis and that you authorize me to provide that diagnosis to your insurance company. Your insurance carrier may also request additional information such as a treatment plan or summary or, in rare cases, a copy of the entire record. This information will become part of the insurance company file and likely will be computerized. Once I give clinical information to the insurance company, I have no control over what they may do with it. If you request, I will provide you with a copy of any report that I submit to your insurance company.

***Contacting Me***

I am usually not immediately available by telephone. I will make every effort to return your phone call on the same day you make it with the exception of weekends and holidays. If you feel you cannot wait for me to return your call, you should call your family doctor, your psychiatrist, go to the nearest emergency room or call 911. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

***Professional Records***

Both laws and the standards of my profession require that I keep appropriate treatment records. You are entitled to a copy of the records, or I can prepare an appropriate summary. If you wish to see your records, I recommend that you review them in my presence so that we can discuss what they contain. With your written consent, I may send copies of your records or a treatment summary to other health care providers.

***Confidentiality***

In general, law protects the confidentiality of all communications between a client and a marriage and family therapist. However, in some circumstances, such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my treatment information/testimony if he/she determines that the resolution of the issues demands it.

There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information from a client’s treatment:

If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization of the one threatening harm. If a client threatens to harm him/herself, I may be required to seek emergency hospitalization for the client, or to contact family members or others who can help provide the protection.

These situations rarely arise in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client and the consultant is also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

Your signature below indicates that you have read the information in this document and agree to abide by the terms during our professional relationship. In addition, your signature on this document acknowledges receipt of HIPPA Notice of Privacy Act as required by law.

Client’s Name: A \_\_\_\_\_ Date: \_\_\_\_\_

B \_\_\_\_\_