Client-Counselor Service Agreement

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 this agreement 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 therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

 Goals of Therapy

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 therapist may make suggestions on how to reach that goal but ultimately 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 difficult emotions, learn to live in the present and many other advantages. Please read the attached handout, “What to Expect in Psychotherapy”.

 Appointments

The time scheduled for your appointment is assigned to you alone. If you need to cancel or reschedule a session, I ask that you provide me with as much notice as possible. If you miss a session without canceling, or cancel with less than 12 hours’ notice, you may be required to pay a **cancellation fee of $50** [unless we both agree that you were unable to attend due to circumstances beyond your control]. 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 are running late, I will wait 15 minutes for you to attend or notify me that you are running late. If you fail to do so, I will consider the appointment a no show and you will be charged the $50 cancellation fee.

 Confidentiality

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. There are some limitations to confidentiality to which you need to be aware. I may consult with another professional counselor in order to give you the best service. In the event that I consult with another counselor, no identifying information such as your name would be released. Therapists 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, they 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.

If you would like a full summary of the HIPAA Privacy Rule, please ask and I will obtain one for you. If you do not ask, I will assume that you are familiar with the policies and fully understand them.

Confidentiality and Technology

Technology will be used for your counseling sessions. This includes but is not limited to videoconferencing, telephone, email, or text. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution 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 any technology used in counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions.

Record Keeping

Your therapist 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 of 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 either electronically on a USB flash drive or in a paper file and stored in a locked cabinet that only the therapist has access to.

Professional Fees

An invoice will be emailed to you for the amount that you owe. You can pay the invoice online using ny major credit card. If you have a growing debt of unpaid invoices, no further sessions will be scheduled until the invoices are paid. 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.

Fees

45-60 minute session **$65**

Therapy is a useful service that should be available to everyone. If you are struggling to afford therapy, please let me know to see if we can arrange a lower rate.

Insurance

I currently work with the following insurances:

Optum

Highmark

Capital Blue

If you would like to go through your insurance for services, you may call my billing person, **Joanne DeMonte**, at **888-924-3627 x 0**. She can also be reached via email at joanne.dmbs@gmail.com. I will provide a billing information sheet with the initial paperwork which will be emailed to Joanne so she can bill the insurance company on your behalf.

If I am not working with your insurance company and you are paying out of pocket, you can still try to seek reimbursement for services from your insurance company. If you wish to try to bill your insurance company, I can supply you with a receipt of payment that you can submit to your insurance company for reimbursement.

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. I ask that you please contact me by phone/text during normal business hours. You may email me at any time. I check my email at least once per day and will respond to you as quickly as possible. If you feel you cannot wait for a response or it is an emergency situation, go to your local emergency room, call 911, or contact Crisis Intervention at (717) 232-7511.

Consent to Therapy

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

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

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