**Client Information & Financial Agreement**

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  [ ] Male   [ ] Female [ ] Prefer not to answer. (Optional) Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City:\_\_\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_, Zip:\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we leave a message? [ ] Yes  [ ] No

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    May we leave a text message? [ ] Yes  [ ] No

**If the above patient is a minor complete the following:**

Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City \_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Guardian’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we leave a message? [ ] Yes  [ ] No

Guardian’s Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we leave a message? [ ] Yes  [ ] No

If you will be using insurance to cover your sessions or a portion of the cost please complete the following and allow us to make a photocopy of your insurance card(s):

Primary Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Insurance Company if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Source**

Who referred you to our office, or how did your learn about our practice?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client-Counselor Service Agreement**

Welcome ~ This document contains important information about our professional services and business policies. It also contains summary information about the [Health Insurance Portability and Accountability Act](http://en.wikipedia.org/wiki/Health_Insurance_Portability_and_Accountability_Act) (HIPAA), a federal law that provides privacy protections and [patient rights](http://en.wikipedia.org/wiki/U.S._patients%27_bill_of_rights) about the use and disclosure of your [Protected Health Information](http://en.wikipedia.org/wiki/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 -** 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.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.

**Appointments -** Appointments will ordinarily be 45-50 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, you must provide me 24 hours’ notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you may be required to pay for the session [unless it is agreed 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 late, your appointment will end on time.

**Confidentiality -** Your counselor 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](http://en.wikipedia.org/wiki/Confidentiality) to which you need to be aware. Your counselor may consult with a supervisor or other professional counselor in order to give you the best service. In the event that your counselor consults with another counselor, no identifying information such as your name would be released. Counselors 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](http://en.wikipedia.org/wiki/Court_order) or subpoena, he/she 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.

**Confidentiality and** [**Group Therapy**](http://en.wikipedia.org/wiki/Group_psychotherapy) **-** The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that your counselor cannot guarantee that other group members will maintain your confidentiality. However, your counselor will make every effort to maintain your confidentiality by reminding group members frequently of the importance of keeping what is said in group confidential. Your counselor also has the right to remove any group member from the group should she discover that a group member has violated the confidentiality rule.

**Confidentiality and Technology -** Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via Skype, telephone, email, text or chat. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your counselor will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications can 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 counselor will 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 of care. 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 seven years but may be kept for longer. Records will be kept either electronically or in a paper file and stored in a locked cabinet in the office.

**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. 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, it is highly encouraged that you discuss this fully before waiving your right to confidentiality. If your case requires a therapist’s participation, you will pay for the professional time required at the rate of $250/hr if court testimony is required.

**Fee Schedule –** Psychotherapy individual initial session - $160 /ongoing sessions $135

Couples therapy – initial session $175 /ongoing sessions $150

A sliding fee schedule may be available – please consult your therapist for additional details.

**Insurance -** If you have a health insurance policy, it may provide coverage for mental health treatment. Payment for sessions is due at the time of service unless other arrangements are made prior to the appointment. Insurance billing can be provided and/or a Superbill will be generated for you to submit reimbursement from your insurance provider.

You should be aware that most insurance companies require a clinical diagnosis for billing. There may be cases where an insurance company will request to additional clinical information which becomes part of your permanent file. By signing this Agreement, you agree that the requested information can be provided to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. If you did not obtain authorization and it is required, you will be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit by cash, check or debit/credit card. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance starts covering any amount for services.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.  If you prefer to use a participating provider, we will make every attempt to provide you with a referral.

**Therapists** are often not immediately available by telephone. At these times, you may leave a message on the 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, call 911or go to your local emergency room immediately.

**Consent to Counseling and financial responsibility**

Your signature below indicates that you have read this document and agree to its terms, both professionally and financially.

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Counselor name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_