Sabine Boots, M.S., LMFT
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COUNSELING AGREEMENT

Welcome to therapy. I hope you will find your experience rewarding and helpful. This agreement serves the purpose to inform you about your rights and responsibilities as my client.

Confidentiality: I am bound by the ethical rules of my profession to maintain confidentiality. I will not disclose anything that you say to me during therapy, apart from following exceptions:

1) You give me written permission to contact someone else to release requested information.
2) I believe you pose a danger to yourself or to others.
3) I suspect that a child, elderly person, or disabled person is being abused.
4) I am ordered by a judge to disclose information (subpoena).

In addition, I reserve the right to exercise my own professional judgment about disclosing information among family members that are seen in family therapy together. I will provide you an additional more extensive outline about your privacy rights (Notice of Privacy Practice under the Health Insurance Portability and Accountability Act).

E-mails and Texts: I do have a HIPAA compliant e-mail service that encrypts messages and ensures confidentiality. However, due to the nature of the Internet and the way your own e-mail account might not provide the same kind of security, I ask you to please err on the side of caution and be mindful of what you disclose via e-mail. I do receive text messages from clients, but ask to mainly communicate about scheduling or rescheduling appointments via text. For your own protection, call me if you'd like to discuss personal issues.

Cancellation: If you have to cancel an appointment you can do so up to 24 hours in advance without being charged. If you cancel less then 24 hours in advance or do not show for a scheduled appointment I will charge you a full session fee (since I cannot fill that lost slot without adequate notice). If you have a health emergency I will waive the fee. Exceptions to this policy will be at my discretion.

Termination: My goal is to help you resolve the presenting problem so that you no longer feel the need for professional assistance. Sometimes this requires only a few sessions. At other times, extended therapy is needed. As the client, you can end therapy at any time. As I encourage open dialogue, I see the therapy process and termination as a collaborative effort.

Emergencies: In case of a mental health emergency, call 911, or go to your nearest hospital emergency room, or call your local community mental health center's 24-hour emergency number. I will usually answer calls or e-mails within 24h.

Fees:
Initial Assessment, 55 - 60 min: $200.00
Follow-up sessions, 55 - 60 min: $200.00; 75 min: $250.00; 90 min: $300.00
Phone calls: $100 per 30 min; under 15 min free
Court appearance: I do not go to court unless I receive a subpoena. Fee $2000.00 per day.

Payment: Payment is due at time of service. I accept cash, checks, and all major credit cards. Insurance participation: You can choose to self-submit your receipt to your insurance. I am considered an out-of-network provider. Please check with your individual insurance provider to find out how much your plan will reimburse you.

Consent: I have read and understand the above statements. I accept these terms including financial responsibility.

_____ _____
Signature of client (or both parents if a minor) Date

_____
Client name (parents name if a minor) – please print

_____ _____
Sabine Boots, M.S, LMFT Date

Please initial following statement:

_____ I received a copy of my provider's Notice of Privacy Practices related to the Health Insurance Portability and Accountability Act (HIPPA).