



## Patient/Provider Agreement Policies, Obligations and Consent for Treatment.

### Expectations of Therapy:

You may receive individual, marital/couples, family or group therapy depending upon the presenting problem, the demonstrated effectiveness of the treatment modality, and other related factors. You may also be referred to other professionals for additional services (e.g., medication maintenance, Neurofeedback), or another health care professional whose expertise or experience may also be helpful or necessary in your treatment. Therapy is a process in which the counselor and patient explore causes of behavior, how behaviors become problematic, and solutions to problems, which involves changes in thinking, the development of insight, awareness of feelings and the development of new perceptions and behaviors. Therapy is a joint effort that requires the patient and the counselor to work together to understand the presenting problem and to develop ways to improve or alleviate the problem. Although there is research demonstrating the effectiveness of therapy, there can be no guarantee of cure in the practice of therapy. I understand that the clinician will inform me of the potential benefits, risks and limitations of therapy and alternative treatment modalities, whenever possible.

### Payment and Fees:

Payment is due at the end of each session unless a medical co-payment has been established. The fee for the initial clinical consultation is \$200.00. The fee for individual therapy is about \$160.00, couples and family therapy are about \$175.00, per 45-minute session. The patient or guardian is responsible for payment of fees either in the form of full payment or the portion of the appropriate fees not covered by insurance. Unpaid balances may be assessed at an interest charge at the rate of 24% annually. Patient is responsible for any fees associated with collection of a debt they incur, including fees charged by a collection agency, and interest.

### Cancellation Policy:

Cancellation must be made at least 24 hours in advance. A late cancellation charge of \$50.00 may be incurred unless the situation involves an emergency preventing the patient from providing a 24-hour notice. Office Hours and Emergencies: Office hours are available Monday-Friday by appointment. In case of an emergency, a counselor may be reached by emergency contact number provided at the onset of treatment.

### Professional Records:

Both law and the standards of our profession require that counselors keep appropriate treatment records. Because these are professional records, they may be misinterpreted and/or can be upsetting to patients. If we receive a request for information, you must authorize in writing that you want that requested information released.

#### Confidentiality and Limits of Confidentiality:

Psychotherapy is confidential, although there are limits of confidentiality. In the case of a minor, exceptions include instances in which the minor is contemplating or has been engaging in, potentially dangerous or self-injurious behavior that requires the counselor to inform the guardians as a means of preventing imminent harm. Also, in instances in which the patient is in imminent danger to harm themselves or others, is out of touch with reality or is engaging in the abuse of a child. The limitations of confidentiality apply. Limits of confidentiality may also apply to court orders for release of information.

#### Consent for Treatment:

To give my consent to the Stopka Professional Counseling treatment providers to provide necessary therapeutic and psychological services to the patient(s) listed below. I understand that my participation in therapy is voluntary and that I may choose to revoke this consent at any time. I am consenting only to those mental health services that the provider is qualified to provide within the scope of clinical training, licensure, and experience. I am also consenting to the use of psychological assessment instruments that can be useful in providing information relevant to the treatment process. I also authorize Stopka Professional Counseling to release relevant information to third-party (insurance) payers in order to process insurance claims for services provided.

#### Minors:

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is our policy to request an agreement from parents that they give up access to your records. If they agree, they will be provided the general information regarding your diagnosis and progress in treatment. If your counselor feels there is a high risk that you will harm yourself or someone else, or if you are being hurt by an adult, the counselor will inform your parents and must take appropriate action to provide for your safety.

Minor's initials:

Date:

Patient:

Date:

Legal Guardian/Parent/Responsible Party:

Date: