



Therapy Agreement

At Prospering Hope Counseling, PLLC (hereafter referred to as “the Clinic”), we strive to provide high-quality mental health services to help improve the lives of every patient we encounter. The following will explain our policies and procedures and will serve as a contract between the clinician and the patient.

Therapy Services

Therapy can have benefits and risks. The risks might include experiencing uncomfortable feelings such as guilt, anger, sadness, anxiety, or frustration when discussing aspects of your life. The benefits of therapy include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in mental health symptoms and feelings of distress.

Therapy sessions are approximately 45-55 minutes in length and are based on the treatment goals that the clinician and the patient agree upon. To get the most out of therapy, your therapist may assign tasks to be completed outside of the session. These opportunities for growth play a large role in successful treatment.

Confidentiality

At the Clinic, your privacy and confidentiality are of utmost importance. Therapy is based on a confidentiality agreement between the clinician and each participant. There are some exceptions to confidentiality that may occur and are as follows:

- If the clinician has a reasonable suspicion of past and/or current physical abuse, sexual abuse, or neglect to a minor, disabled, or elderly adult.
- If the patient has threatened to harm themselves or someone else.
- If a written consent is signed by the patient or guardian to release information or to request specific records.
- If records are subpoenaed by a court of law
- Information is released to insurance companies for billing purposes.
- A third party billing service will have access to certain information as required for insurance authorization and reimbursement. The billing service is bound by the laws and ethics of patient privacy mandated by the Health Insurance Portability and Accountability Act.
- The clinician may share information with other professionals for the purpose of professional consultation and/or referral for additional services on behalf of the client. The client will not be referred for additional services without their/their guardian’s knowledge and verbal consent.

When working with children and adolescents, the clinician will maintain confidentiality with the child or adolescent except as noted above. The child or adolescent will, however, be counseled in the value of open communication with his or her parent(s), and parent-child communication will be encouraged and supported.

Billing and Payments

Payment is expected in full at the time of the appointment. Payments can be made by debit card, credit card, check, or cash. If a check does not clear due to insufficient funds or for any other reason, the patient will be billed for any related bank fees incurred as a result of the insufficient funds. The Clinic accepts most insurances. Every effort is made to determine the correct patient co-pay/co-insurance where applicable. The Clinic does offer a self-pay option.

Emergency Procedures

During the hours of Monday through Thursday from 8:00 a.m. to 6:00 p.m. call the main office number at 870-300-2112. Outside of business hours please call our after hours line at 870-663-0733, call 911, or go to your nearest emergency room.

Correspondence

Please note that clinicians do not provide therapy sessions by telephone or email, unless telemental health counseling has already been agreed to and the appropriate consents are in place. Counseling issues are best handled in a scheduled counseling session. If you have correspondence with your therapist over email, please note that email is not a secure medium for discussing health-related information. We suggest limiting email correspondence to administrative, non-clinical content only. If you chose to email your therapist, the therapist will respond within twenty-four (24) hours to emails received Monday through Thursday. Emails sent Friday through Sunday will be answered on the following Monday. All email correspondence will be inserted into the medical records and saved for future reference.

Friending

In order to preserve the appropriate boundaries of a therapeutic relationship, our therapists **do not** accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Furthermore, we do not use messaging on any of the business social media sites, if you need to contact us please follow the procedures outlined in the “Emergency Procedures” section above.

Prospering Hope Counseling Website and Other Web Content

We maintain a website and Facebook page to offer information and resources to the families we serve and the public in general. In order to offer this resource to our clients without jeopardizing our confidentiality and privacy agreement, we never post stories about our clients or our experiences in therapy, and we do not correspond through the “comments” sections on the Facebook page. Any comments left by readers are for other readers, and are not necessarily read by the authors. Our posts are not meant to replace therapy or consultation with a mental health professional.

Cancellations and No Shows

The time that you schedule with a clinician is set aside only for you. If you need to cancel a scheduled appointment, please do so at least twenty-four (24) hours in advance. If you do not keep your appointment, or if you fail to reschedule or cancel a scheduled appointment with at least a 24-hour notice, that appointment will be marked as “missed”. After three (3) missed appointments you will be discharged from services and provided with a list of other providers you can contact for services.

Professional Records

You have the right to receive a copy of your records (either in print or electronically) if you make a request in writing. Copies of client records are available for an administrative fee that will reflect actual cost of labor, paper copies, USB (for electronic copies), postage or other materials. However, the involved clinician may ask to discuss the request prior to releasing the records. Clinicians can deny record requests if deemed harmful to the client. In such scenarios, you have the right to request a second opinion and another clinician will review the request.

Recording Sessions

The therapist will not record the sessions without your prior authorization, consent, and knowledge. If a therapist records a session they have a legal and ethical directive that ensures the recording is only heard by the therapist and supervisor, if they have one. If a client records a session, there’s no ethical imperative to keep the recording private so confidentiality is compromised. If you choose to record your sessions, the Clinic charges an upfront fee of \$2,000.00 per recording.

Court Fees

Should you need the therapist to be present at a court hearing on your behalf please note that this clinic charges a fee of \$250 per hour for the time spent preparing for your hearing, traveling to and from your hearing, and being present at your hearing. This fee will be billed to you, the patient, with a \$250 deposit required to be paid 24 hours prior to the court appearance. The remainder will be billed to you once court is completed.

PO Box 245, 31 School Drive Suite B
Melbourne, AR 72556
Phone: (870) 300-2112, Fax: (844) 377-1447

I agree to the policies and procedures outlined in the “Therapy Agreement”. I was given a copy of this agreement and had the opportunity to ask questions or share concerns with the clinician.

Client Signature

Date

Parent/Caregiver Signature

Date

Witness Signature

Date