

Stop & Breathe, Inc.

Mrs. Erin Vandermore, M.A. , LCMHC

70 Woodfin Pl, Suite WW2 Asheville, North Carolina 28801, United States

erinvandermore@medofficemail.com; www.erinvandermore.org ph: 773-351-4520

**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. 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 appointments via text. For your own protection.

**Cancellation:** If you must cancel an appointment you can do so up to 74 hours in advance without being charged. If you cancel less than 72 hours in advance or do not show for a scheduled appointment, I will charge you for a regular session. 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 usually 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.

**Fees:**

Initial Assessment, 55 - 60 min: \$160.00 & Follow-up sessions

Phone calls: \$65.00 per 30 min; under 15 min free

Court appearance: I do not go to court unless I receive a subpoena. \$1000.00 per day. (I just want to be a counselor- not go to court for custody disputes – thanks)

**Payment:** Payment is due at time of service. If you are a BCBS client of NC I will submit payment for you and all you need to pay at time of service is your co-pay. All other insurances: 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.

I accept cash, checks, & credit cards. BCBS, UHC, Medcost, Aenta, Cigna Insurance # \_\_\_\_\_

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

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ 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). Download from website: erinvandermore.org