**Mental Health Therapy Services Contract**

Anointed Christian Services – Mishioka Gates LLMSW

Welcome to my practice. This form contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them when we meet. When you sign this document, it will represent an agreement between us.

**Payment Information**

Therapy sessions are 50 minutes in length and are provided at $100.00 per session for individual therapy only. Payment is expected at the time of service. Please feel free to discuss special payment arrangements with me ahead of time. I hold the right to discontinue treatment if payments have not been made on prior sessions. If you wish, you may have a credit card number on file to secure payments of sessions. Your card will not be charged until your claim has been submitted through your insurance company.

**Insurance Coverage and Payment**

You are responsible for gathering necessary information from your insurance company. This includes your deductible amount, co-pay, and number of sessions allowed. You are responsible for the co-pay assigned by your insurance policy, and any amount not covered by your insurance. Please contact me for more information on accepted insurance programs.

**Cancellations and Missed Appointments**

Clients are requested to give 48 hour notice as soon as possible when canceling an appointment so it will be available for someone else. Appointments canceled with less than 24 hour notice, and missed appointments, will be charged a $25.00 fee. Voice mail is provided for after hour cancellations.

**Confidentiality**

In general, the privacy of all communications between a client and a therapist is protected by HIPPA law, and I can only release information about our work to others with your written permission. But there are a few exceptions. If there is any possibility of harm to you or someone in your immediate care or knowledge, I am required to file a report with the appropriate state agency.

**Counseling Process**

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both at home and during our sessions. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. At the same time, therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

But there are no guarantees of what you will experience. Therapy involves a large commitment of time, money, and energy, so when you have questions, we should discuss them as they arise

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**Client Consent**

I have reviewed and understand Mishioka Gates policies on the process, confidentiality, payments, insurance coverage, and cancellations and missed appointments. I agree to accept financial responsibility for payment of services received. I have received and read HIPAA policies for these services.

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Client Signature Date

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Responsible Party (for minor) Date