**THERAPIST-CLIENT AGREEMENT**

Welcome to CrossWay Counseling Center. This document contains important information about our professional services and business policies. Please read it carefully. Sign, initial and date where specified. If you have any questions, please bring them up during your initial session.

Psychotherapy is not easily described in general statements. It varies depending upon the personalities of the therapist and client, and the particular problems that you are experiencing. There are many different methods that may be used to deal with the problems that you hope to address. 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 effective, you will have to work on things that are talked about both during the session and at home. Psychotherapy can have benefits, as well as risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, etc. These tend to lessen as individuals make progress toward their goals. Psychotherapy has been shown to have many long-term benefits. It often helps the person to have better relationships, find solutions to specific problems, and reduce feelings of distress. However, there are no guarantees of what you will experience.

Standard sessions are 53 minutes. However, the length of your session may be determined by your insurance company, so some sessions could be shorter than the standard session. It is helpful for you to remain aware of the time passing, and for you to bring up important issues in the beginning of the session so that they can be adequately addressed. To ensure confidentiality and for professional courtesy, please do not continue to discuss issues at the front window checking out or scheduling your next appointment.

**If you are seeking individual or marital/couple treatment**, the first one to three sessions will involve an evaluation of your needs. This may include an in-depth clinical interview and possibly Psychological, Personality or Prepare-Enrich (for couples) testing. (Most of these assessments are not covered by insurances).

For marital/couple sessions, some will include individual sessions and some couple sessions (this is determined by the therapist).

In both individual and marital/couples sessions, we will identify specific treatment goals and discuss both the treatment approach and plan to be implemented in the initial sessions. You should carefully evaluate this information along with your own commitment of time, money, and energy, and we welcome you to initiate concerns in these areas whenever they arise.

You are strongly encouraged to put daily effort into the things discussed, rather than only working on your issues during sessions. You will typically be given homework assignments at the end of each session. The more effort you put into completing these, the more quickly you are apt to reach your treatment goals. Please bring your homework back to the next session.

If you have doubts on your progress in therapy, please communicate that to your therapist. Your therapist will be glad to help you set up a meeting with another mental health professional for a second opinion.

**If you are seeking family therapy or therapy for a child/adolescent**, the initial session should be with the parent(s) alone, with the child attending the second session.

**Legal documentation of custody must be given to the office before a session can be scheduled for the child. A copy of the custody order and right to consent for mental health treatment will be required to remain in the child's file.**

If a grandparent or other adult will be bringing the child to counseling, proper documentation from a custodial parent must be signed in person by the custodial parent prior to the child being seen.

After rapport has been established with the child, psychological/personality testing may be performed to further assess needs and treatment options (Most assessments are not covered by insurance).

Upon the start of sessions with a child/adolescent, the therapist usually speaks with the parents/guardians for the initial 10 minutes of each session, then spend a significant portion of the remainder of the session with the child, and possibly the final portion with either the parents/guardians alone or with the client.

After assessing the presenting problem, it is our goal to help the family in choosing the right strategy to assist them in managing the issues which brought them here. By involving everyone in this process (including the child), everyone feels both a part of the solution and that they have some sense of control in their lives. Success is much more likely to occur with a parent’s consistent involvement and follow through, as opposed to simply dropping the child off for a session. Your presence and participation communicates to the child that you care and love them enough to be a meaningful part of their efforts. It also communicates to the child that counseling is important, which will make it more likely that they too will perceive it as important. It is you, after all, who will be implementing the strategies and techniques you will learn, and who will be supporting your child’s efforts toward change once you go back home.

Therapy with children is viewed as a “systems approach,” meaning that the family unit functions as a system comprised of everyone working together. It is important that the child understand the importance of owning their own behaviors and taking responsibility without being labeled the “problem to be fixed.” Many times changing simply dynamics in the way a family system operates is very helpful to bring about rapid change in children.

Your feedback is extremely vital to the success of this process. It is helpful to have your thoughts organized and perhaps in a list so that we can make the most of our time together. Being aware of the time and expressing your thoughts in a concise manner is important so that we then have ample time to address your concerns and that I have adequate time to work with the child. It is not advised that you wait until the final moments of a session to bring up topics which require significant amounts of time. If the session is not enough time to get it all out or you feel you would like extended time, it is helpful and appropriate to schedule a separate session with just the parent(s) or a family session.

**COUNSELOR AVAILABLITIY:**

Therapists are often not immediately available by telephone. We will not answer the telephone or return messages if we are in session with another client. When we are unavailable, you may leave a message with the office manager, and we will make every effort to return your call within 24-48 hours, with the exception of Fridays, Weekends and Holidays. If you are unable to reach your therapist and feel that you cannot wait for them to return your call, then contact your family physician or go to the nearest hospital emergency room.

If an emergency arises after-hours, you may contact the on-call therapist by dialing our office at 251-626-7959 and leaving a message according to the instructions. The phone system will then page the therapist that is on call, and they will return your message. If there is a delay which you feel is too lengthy in returning your call, contacting your general physician, emergency room or 911 would be your best option.

If the therapist will be unavailable for an extended period of time, then they will provide you with a name of a colleague to contact, if necessary. DO NOT LEAVE URGENT MESSAGES OR REQUESTS WHICH NEED TO BE ADDRESSED IN A TIMELY MANNER ON YOUR THERAPIST’S VOICEMAIL. The therapist only checks these messages during office hours on days that they are at Crossway. If you have an urgent need during office hours, leave this information with our office manager or on her voicemail. Again, after-hour emergencies should be handled through our emergency line (therapist on call), by your personal physician, 911, or by your local emergency room.

While you are welcome to contact the office via fax or email, please understand that we do not return communications via email or text message for any reason. This is to protect your confidentiality and to keep communication methods consistent and predictable. Emails and faxes are checked by our office manager and then distributed to the therapist. Therefore, there may be a significant delay in getting any information you send via these methods.

DO NOT USE FAX OR EMAIL TO CANCEL AN APPOINTMENT, REPORT THAT YOU WILL BE LATE FOR AN APPOINTMENT, OR REQUEST TO RESCHEDULE AN APPOINTMENT. YOU MUST ONLY ADDRESS THESE CONCERNS VIA THE OFFICE MANAGER BY PHONE.

**OFFICE HOURS:**

Office hours for our Office Manager are typically 8:00 a.m. until 5:00 p.m. Monday through Thursday, and 8:00 a.m. until 12 p.m. Friday, with the exception of Holidays. Lunch hours are usually between 12:00 p.m. and 1:00 p.m. at which time our phones will not be answered. These are not therapist office hours. Each therapist at Crossway have different schedules.

**BILLING & PAYMENTS:**

Payment must be made at the time of service. **You will need to check with your insurance company to determine if pre-authorization for services is required and if said services are covered under your contract by a Licensed Professional Counselor or Licensed Marriage & Family Therapist.** Our office is happy to accept insurance assignments and to file insurance claims to receive payment for our time if we have a contract with your insurance company. Your copayment is due at the time of your visit.

If there is a problem collecting payment from your insurance or managed care company for the balance, you remain responsible for payment of the full fee for each visit. If we have not received payment from your insurance or other third party payer within eight weeks of any counseling session, we will bill you directly for past and for ongoing visits at **the customary fee of $140 per standard session.**

**The charge for Psychological testing with the Personality Assessment Inventory is $140.00. ADD/ADHD testing is $155.00.**

In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment plan. You are encouraged to speak with your therapist as soon as finances become an issue so that an alternate agreement can be worked out and your sessions will not be interrupted. If an agreement cannot be reached, then we will be happy to assist you in finding help elsewhere so that your needs are best met. If you have worked out an alternate payment plan with our office, the full negotiated fee is owed at the time of service. If you have an outstanding balance, a payment will need to be made on the balance at each visit beyond the amount of your co-payment.

**A twenty-four hour notice is required for canceling or rescheduling appointments. If not given a 24 hour notice, $65 for missed appointments will be charged on your credit/debit card on file** (exceptions would be sudden sickness or death in family, or other event which is sudden and could not have been foreseen.). The missed appointment charge must be paid BEFORE another appointment can be scheduled with your therapist or any other therapist. Unfortunately, your insurance company does not pay claims for missed visits.

**If you will be late for your scheduled appointment, please call and let us know. If you are more than 15 minutes late, we will assume that you are not coming**, and will take the liberty to fill your slot or may leave the facility for personal reasons. You will be billed $65 for not showing for your visit in this instance.

If you have missed a scheduled visit and you do not call our office to reschedule within 14 days, we will accept that as your notice that you have terminated this agreement and that you wish to discontinue counseling with our office. You may call at any time, however, to schedule another session for evaluating your needs and goals. If you have a financial balance on your account, this needs to be paid before setting up another appointment.

**If your account balance is delinquent past 30 days and no effort has been made on your part to make arrangements for a payment plan with our office, your credit/debit card on file will be charged for the balance.** If the card does not work, your account may be turned over to a collections agency. So, keeping your contact information up to date with our office is extremely important.

**OTHER FEES:**

In addition to psychotherapy, we charge a standard session fee ($140) for other professional services that you may need. These services may include but are not limited to writing reports, preparing treatment summaries, and consulting with other professionals involved in your care (where written consent has been provided). We will break down the cost if we work for periods of less than one hour. Please understand that requests for reports, letters, or paperwork of any kind should be submitted at least two weeks in advance.

If you become involved in legal proceedings that require your therapist’s participation, you will be expected to pay for all of their professional time, including preparation and transportation costs, even if they are called to testify by another party. (Please ask before setting up an appointment if a therapist will go to court because some of our therapists do not and will not go to court or participate in legal proceedings.) Because of the difficulty of legal involvement, we charge $200.00 PER HOUR for preparation, travel and attendance at any legal proceeding. There is a $500 non-refundable charge upfront that must be paid in full before the court date or legal proceedings.

Telephone calls outside of scheduled appointments may be accepted. There is no charge for a phone call that lasts ten minutes or less. For telephone consultations that require more than ten minutes, our office charges $40 for each fifteen minute increment. Both of these fees are due and payable when they are incurred, but must be paid by the time of your next scheduled visit; insurance does not pay for telephone consultations. There may be times when you want your counselor to read documents that will help with understanding you. If reading such documents requires extensive time, your counselor may bill you for that time. Telephone consultations on your behalf with other professionals or approved individuals that last more than ten minutes will be billed to you at the same rate as stated above. If our office must produce a written report, the same fee will be billed for the time spent reviewing your file and drafting and publishing the report.

**LIMITS OF CONFIDENTIALITY:**

The law protects the privacy of all communications between a client and therapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets the legal requirements imposed by HIPPA. There are other situations that require only that you provide written, advance consent. Your signature on this form provides consent for those activities as follows:

You will need to be aware that we employ administrative staff. In most cases, we need to share protected health information with these individuals for purposes of scheduling, billing, and quality assurance. All staff members have received training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff person and the client. Disclosures required to collect overdue fees.

If a client threatens harm to him/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can provide protection.

If you choose to contact our emergency line after hours, you will be contacted by the therapist on call, which may or may not be your therapist. While the therapist on call will protect your privacy as a professional, your call will acknowledge to them your being a client of your therapist and currently receiving services.

There are some situations where we are permitted or required to disclose information without your consent or authorization:

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is usually protected by the psychologist-client privilege law. We cannot provide any information without you (or your legal representative’s) written authorization **or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order the therapist to disclose information.**

If a client files a complaint or lawsuit against your therapist, we may be required to disclose relevant information regarding that client in order to defend them self.

If a client files for worker’s compensation claim, we may be required to disclose information relevant to that claim to the client’s employer or the insurer.

There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm, and we may have to reveal some information about a client’s treatment. These situations include the following:

If we know or suspect that a child under the age of 18 has been abused or neglected, the law requires that we file a report with the appropriate governmental agency, usually the Alabama Department of Human Resources. Once such a report is filed, we may be required to provide additional information.

If we believe that disclosing information about you is necessary to prevent or lessen a serious and imminent threat to the health and safety of an identifiable person(s). We may disclose information, but only to those reasonably able to prevent or lessen the threat.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

**Do you give permission to allow our office to contact you?** \_\_YES \_\_NO

**If YES, can we leave a message?** \_\_\_YES \_\_\_NO

**Your signature below indicates that you have read all of the information in this document, understand it, and agree to the terms described.**

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Client Signature Date Signed

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Therapist Signature Date Signed