
TERAPIST-CLIENT SERVICES AGREEMENT

Welcome to Sprout Counseling. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used to the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. Please initial each section, acknowledging that you have read and understand the policies. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me, unless I have taken action already relying on it, or if there are obligations imposed on me by your health insurance in order to process and/or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

THErapy SERVICES X

Counseling Therapy is not easily described in general statements. It varies depending on the personalities of the counselor and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems you hope to address. Therapy is somewhat like a medical doctor visit in which 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 during our sessions as well as on your own between sessions. Therapy can have benefits and risks, and there are no guarantees of what you will experience. Therapy has also shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. On the other hand, since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like anxiety, sadness, guilt, anger, frustration, loneliness and helplessness.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you my impressions of what our work will include and a treatment plan to follow, if you decided to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you ultimately select. If you have questions about my procedures, we should discuss them whenever they arise. If doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

As a Licensed Professional Counselor, I do regularly seek professional supervision. I believe supervision provides the best care for all my clients. My supervisor is Trudy Post-Sprunk, LPC, LMFT, RPT-S and all sessions hold the same confidentiality standards as regular therapy sessions. If I consult her on a case, I will inform you of this decision and it will be notated in your file.

SESSIONS X

I normally conduct an evaluation that will last from two to four sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. I will usually schedule one fifty minute session per week at a time we agree on, although some sessions may be longer or more frequent.

Once an appointment is scheduled, you will be expected to pay for the session unless you provide 24 hours advance notice of cancellation, or unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Likewise, if I am unable to keep an appointment with you within the 24-hour cancellation period, you will not be charged for that session, and I will reschedule you for my earliest opening. Please note that reminder emails will be sent as a courtesy, but in the event that an email is not sent, you are responsible for holding that scheduled appointment.

Sprout Counseling

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PROFESSIONAL FEES X _____

My therapy fee is \$105 for a fifty-minute session. In addition to weekly sessions, I charge for other professional services you may need. These typically include telephone conversations lasting longer than five minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and time spent performing any other services you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge a separate fee per hour for preparation and attendance at any legal proceeding.

TELEPHONE AND INTERNET CONTACT X _____

Due to my work schedule, I am often not immediately available by telephone. I do not answer the telephone when I am with a client. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day you place it. This may not always include weekends or holidays. If you have an emergency that cannot reasonably wait until the end of the business day, you are urged to call 911 or contact the nearest emergency room and ask for the psychiatrist on call.

Confidentiality is not guaranteed over email and I encourage that you consider content prior to emailing personal information. I will only respond and send emails for the purpose of scheduling appointments. If you have an urgent need to speak with me, you may email me to schedule a time in which we can meet together, or talk on the phone. Any phone calls over 10 minutes will be billed at my regularly billed rate of \$105/ fifty minutes.

LIMITS ON CONFIDENTIALITY X _____

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

- At times I may employ administrative staff to help with scheduling and quality assurance practices. I may need to share protected information, such as your name and telephone number, with these individuals for purely administrative purposes. Each person employed will sign a confidentiality agreement.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in the Agreement.
- If a client threatens to harm him/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can provide protection. There are some situations where I am permitted or required to disclose information without either your consent or Authorization:
- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the therapist-client privilege law. I cannot provide any information without your written authorization or a court order. If you are involved in, or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all psychological reports and bills.

There are some situations in which I am legally obligated to take action, and which I believe are necessary, to attempt to protect others from harm. I may have to reveal some information about a client's treatment. In my practice, such situations are unusual.

- If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency, usually the Department of Family and Children's Services. Once such a report is filed, I may be required to provide additional information.

- If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report this to an agency designated by the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit my disclosure to what is necessary.

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 consultation may be necessary. Please note, a copy of privacy rights and laws are kept in the waiting room for you to read and copies are available on request.

PROFESSIONAL RECORDS X

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you in two sets of professional records. One set constitutes your clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals we have set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Exceptions to this are unusual circumstances that involve danger to yourself or others, or circumstances that make reference to another person (unless such other person is a health care provider), and I believe that access is reasonably likely to cause substantial harm to such other person, or if information is supplied to me confidentially by others.

You or your legal representative may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your records, you have a right or review (except for information provided to me confidentially by others), which I will discuss with you upon request.

In addition, I also keep a set of psychotherapy notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of psychotherapy notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact your therapy. They may also contain particularly sensitive information that you may reveal to me that is not required to be included in your clinical record, and information supplied to me confidentially by others. Your psychotherapy notes are kept separate from your clinical record. Your psychotherapy notes are not available to you, and cannot be sent to anyone else, including insurance companies, without your written, signed authorization. Insurance companies cannot require your authorization as a condition of coverage, and they cannot penalize you in any way for your refusal to provide them.

PATIENT RIGHTS X

HIPAA provides you with several new or expanded rights with regard to your clinical record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information (PHI) that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice Form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS AND PARENTS X

For clients under the age of 18, it is important that a parent/legal guardian accompany them to their session. It is my goal to obtain as much information regarding the presenting issue as possible and at times, it may be necessary for all members of the family to be present, regardless of age.

Clients under 18 years of age, who are not emancipated, and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment I will provide them with only general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else. In those cases, I will notify the parent of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he or she may have.

For children who are under the age of 13, I will provide an opportunity for parents at a feedback session after therapy begins. At this time, parents are to attend alone without their child(ren), depending on the age of the child. Because children need opportunities to develop a secure relationship in therapy, the feedback session will be scheduled between 3-6 sessions.

BILLING AND PAYMENTS X

You will be expected to pay for each session at the time of service. If payments are not made at time of service, no further appointments will be scheduled until payment is made. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon, I may use legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his or her name, the nature of the services provided, and the amount due. If such legal action becomes necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT X

I currently file with Blue Cross/Blue Shield of Georgia. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If you have another insurance company that you use, you must file your own insurance claims. I do not employ anyone to file insurance claims. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you, not your insurance company, are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that your contact with your health insurance company requires that I provide them the information relevant to the services I provide to you. A clinical diagnosis will be required for reimbursement. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested.

This information will become part of your insurance company's files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it in writing. By signing this Agreement, you agree that I can provide requested information to your carrier.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Patient Name: _____

Signature _____

Date _____

For Minors or dependents both parents signature required:

Parent/Guardian Name, Relationship: _____

Signature: _____

Date: _____

Parent/Guardian Name, Relationship: _____

Signature: _____

Date: _____