

Client Agreement and Consent to Therapy

Welcome to Grief Recovery Center, a private outpatient mental health counseling practice that offers counseling services by licensed mental health professionals. We are licensed to practice psychotherapy in the State of Texas, and qualified to work with children, adolescents, adults and families.

➤ Psychotherapy

Entering therapy can help you better understand your issues, feelings and struggles and move towards finding solutions to your problems. Throughout therapy, goals are set and reexamined, as well as small assignments in between sessions, to create positive changes in your life. Therapy is a safe, confidential and therapeutic environment where we collaboratively explore issues and develop effective tools to resolve your issues. Many people view therapy as a safe outlet as clients are able to express themselves without judgment. Much of the success from your therapy experience depends on you. You are most likely to reap benefits from therapy if you are motivated, honest, and willing to work at self-improvement and self-awareness.

Therapy is a unique and individualized experience for each person. One of the most important factors of the therapeutic process is the client-therapist relationship. We are active and collaborative therapists, compassionate about facilitating positive changes in our clients' lives. We believe our clients are the experts of their own lives, however, with the help of a right therapist, clients are able to better manage their challenges.

➤ Service Providers

Any and all therapy services provided at Grief Recovery Center are provided by therapists that are appropriately licensed to provide such services in the State of Texas. However, any services and therapy provided to you at Grief Recovery Center may be provided to you by either a direct employee of Grief Recovery Center or an independent contractor engaged by Grief Recovery Center, to provide such services. In the event you are provided therapy by and through an independent contractor engaged by the Grief Recovery Center, all billing and recordkeeping responsibilities will still be handled and maintained by Grief Recovery Center.

➤ Risks and Benefits of Therapy

Therapy can have both risks and benefits involved. Because therapy may involve exploring unpleasant aspects of your life, you may experience temporary uncomfortable feelings such as anger, guilt, sadness, frustration, loneliness and helplessness. You may also experience discomfort associated with making life changes, talking about difficult memories, or experiencing feelings associated with current issues.

On the other hand, therapy has shown to have benefits including self-awareness, self-growth, improved relationships, solutions to specific problems, utilization of positive coping skills and significant reduction and/or improvement in feelings of distress. When you invest yourself in the therapy process, you can experience the satisfaction of working successfully at some of the most important issues in your life.

It is important to realize that entering therapy does not always guarantee anticipated outcomes. Progress in therapy may vary and as it is often dependent on a variety of factors – including support systems, a client's readiness to address certain issues, and/or follow through with between session assignments. The success of our work together depends on the quality of effort and the realization that you are responsible for lifestyle choices and/or changes that may result from therapy.

➤ Confidentiality

The law protects the privacy of communication between a client and therapist. You must sign a written consent before any information can be given to anyone. As mental health professionals, we are ethically and legally bound

to protect the confidentiality of our sessions. However, there are exceptions to confidentiality. Mandated by law, we must report:

- a. Suspected abuse or neglect to a child, elderly or disabled person
- b. Potential harm to self or potential harm to other(s). We may be required to take protective action including notifying the potential victim(s), contacting the police or seeking hospitalization for the client.
- c. Criminal case involvement in which a judge can order a client's file to be turned over to the court.

Parents have a right to receive progress on their child's therapy. However, personal information shared by a child will be kept confidential unless it involves imminent danger to the child or someone else. Children/minors will not confide in a therapist if they believe that personal information will be revealed to their parents. It is critical that the child trust their therapist. With your understanding in advance, we shall keep what your child says in therapy confidential as we would with an adult.

While we make every effort to provide confidentiality, we cannot assure the confidentiality in group, family and/or couples sessions or other individuals you may include in the therapy process.

Upon termination of the therapeutic relationship, you still retain the privilege of confidentiality. We cannot divulge your treatment information to anyone without your written consent.

➤ **Confidentiality of Technology**

If you elect to communicate with via technology, please be aware that technology is not completely confidential. We work to protect your sensitive, personal data by communicating via technology *with your permission*, and for purposes such as billing, setting appointments, homework reminders, workshop announcements, helpful articles, etc.

We make every effort to keep all information confidential. Likewise, if we are communicating via technology, we encourage you to password protect your devices and communicate through a computer you know is safe. If you wish to communicate by email, text messages, video conferencing, cell phone and/or fax, you may do so. However, please be aware it is not completely confidential.

➤ **Professional Relationship**

In your best interest, and following licensing board standards, your therapist can only be your therapist. The client-therapist relationship is professional and therapeutic. Personal and/or business relationships undermine the effectiveness of therapy and should be avoided. If there may be an occasion where you see your therapist outside the office, he/she will not initiate conversation or discuss clinical issues with you in social situations to protect your privacy.

➤ **Social Media Policy**

We do not engage in communication or relationships via social media with clients. This is for the protection of your privacy as well as the therapeutic relationship. We do not accept "friend" requests from current and/or former clients on social networking sites due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, we request that clients do not communicate with their therapist via any interactive or social networking websites.

➤ **Records**

We are required by federal and state laws to keep appropriate records of the services rendered. Hand-written notes and/or an electronic health record are maintained.

Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section or in the Notice of Privacy Practices.

➤ **Services**

Services are offered to children, adolescents and adults in the forms of individual, group and family and couples therapy. An average session lasts between 50-60 minutes. If you think your situation will require additional time, please request this when setting the appointment and an additional fee will be discussed. If our work together indicates that there are issues beyond our expertise, we will refer you to an appropriate practitioner that may better provide necessary services.

We are licensed to practice counseling/psychotherapy - not law, medicine, finance or any other profession. We are not able to advise you in these other professional areas.

Grief Recovery Center also reserves the right to postpone and/or terminate counseling of clients who come to sessions under the influence of alcohol or drugs.

➤ **Fees, Payments and Financials**

Payment is required at the time of service in the form of cash, credit card or HSA/FSA card. An individual session is \$110 for 50-60 minutes, family and couples session is \$130 for 50-60 minutes and group sessions range from \$30-40 for 60-90 minutes. An additional 30 minutes of a session is \$60 (needs to be scheduled in advance). Telephone and video sessions may be arranged and follow the same fee schedule as face-to-face sessions. Any out of session communication and/or work exceeding 15 minutes (emails, telephone calls, letters, preparation, travel fees, etc) will be billed at \$2.20/minute. This does include letters to court officials or attorneys, short-term disability paperwork and any other documentation requested by the client.

Grief Recovery Center reserves the right to increase fees. In the event of a fee increase, clients and/or guardians will be notified at least 30 days in advance. If your account remains unpaid for 90 days and suitable arrangements for payment have not been made, we have the option of using legal means to secure payment, including collection agencies or small claims court.

➤ **Court Fees and Appearances**

Court appearances are billed at \$200 per hour with a minimum charge of eight (8) hours, for a total of one thousand six hundred (\$1600) dollars. Since the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition. The therapist asks that clients only request a court appearance in extreme cases. Court appearance may result in the need to terminate therapy and refer to another therapist. In such cases as the therapist is ordered to testify by the court about his/her counseling with you, the therapist will be monetarily compensated as set forth below:

In the event that it is necessary for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, including travel, preparation, and necessary expenditures at the rate of \$200 per hour, rounded to the nearest half hour. These expenditures include but are not limited to copies, parking, meals, and the like. The client agrees to pay the

\$1600 two weeks prior to the appearance, presentation of records, or testimony requested. All additional expenditures will be billed after the court appearance.

➤ Insurance

Co-payments, co-insurances and deductibles need to be paid at the time of service. It is your responsibility to know your insurance limits, exclusions, deductibles and co-payment structures. We will not be held responsible for insurance company errors or refusals for reimbursements for services rendered. **You are responsible for all services for which your insurance company will not reimburse.** Your credit card on file will be charged for the amount owed. Please contact your primary insurance company for specific details of your coverage prior to first appointment.

Grief Recovery Center will only bill primary insurance. If you choose to file with your primary insurance company, please be advised that insurance companies require confidential client information including: diagnosis, treatment plan, progress, dates seen and type of services rendered.

➤ Appointments and Cancellation Policies

Appointments are made via telephone or email. Please leave a message if you are unable to reach us and we will attempt to contact you within 24 hours of any messages left. If scheduled appointments need to be rescheduled or cancelled, a notice is required 24 hours of scheduled appointment.

Failure to cancel or reschedule appointment 24 hours in advance of your scheduled appointment or a “no show,” will hold you responsible to pay for the full session fee. This fee will be charged to the client or guardian, not the insurance company. A credit card will be required on file for late cancels and/or no shows. Payment for the missed session will be required prior to attending future session. Following three no show/late cancellations, your file can be closed and a referral to another therapist can be made at your request. Please make every effort to keep your appointment times and honor the time set aside for you. Emergency situations may be taken into considerations.

Sessions are by appointment only. Appointments are typically scheduled back-to-back, so if you are late, we cannot extend your session time. If you are late, your session may be held within remaining time allotted, and will have to end as scheduled. If you are more than 15 minutes late, your appointment may be considered a no show.

➤ Termination

If you are voluntarily entering treatment, you have the right to terminate therapy at any time. If you choose to terminate therapy, we do request that you commit to a final session where you may review the progress of your treatment. If we feel your needs would be better suited by another provider, we will refer you to them.

If you do not show for a session and you do not contact us within a reasonable time-frame, or if we are unable to contact you via email or telephone, this will be considered termination. Upon discretion of your therapist, you may return to therapy at a later time, but you would not be considered an active client until completing initial paperwork required by Grief Recovery Center.

➤ Emergency Situations

Emergency situations require immediate attention. We do not handle crisis calls or situations. If you are experiencing danger or a life-threatening emergency, we urge you to call 911 or go to the closest emergency room. We will follow those emergency services with standard therapy and support for you and your family.

I acknowledge that I have read and fully understand the entire "Client Agreement and Consent to Therapy" above, and I agree to the terms set out therein.

I understand that no specific promises have been made to me by Grief Recovery Center about the results of treatment, the effectiveness of the treatment modalities used, or the number of sessions necessary for therapy to be effective.

I agree to be responsible for all fees incurred by me or on my behalf for services rendered, including any charges denied or not covered by my insurance company.

I understand that payment for services is due when rendered, including co-payment, co-insurance and/or deductible for insurance.

I understand my credit card on file will be charged the full session fee for no show appointments or late cancels (appointments cancelled with less than a 24-hour notice). Card on file may also be charged for insurance related reasons including deductibles, co-payment, co-insurance and/or any claims that are denied by my insurance company.

I understand communicating via technology is not completely confidential.

This signature also demonstrates that you have the legal authority to consent to treatment (i.e. you are either above the age of 18, or are the legal/custodial parent, if the identified patient is a minor).

Printed Name of Client

Client's Signature and Date

Printed Name of Legal Guardian (if client is under age 18)

Legal Guardian's Signature (if client is under age 18) and Date

Credit Card Authorization

We must keep a valid credit card on file for no shows, late cancels, unpaid balances and insurance related reasons including denials, deductibles, co-payments, and co-insurance.

We understand the sensitivity of your information. Your credit card information will be stored in our secured electronic health record system. All information is confidential.

Please do not provide your HSA/FSA card information.

PLEASE WRITE BIG AND LEGIBLY

Card Type:	MC	Visa	Amex	Discover	Other
------------	----	------	------	----------	-------

Name On Card:

Credit Card Number:

Exp Date: ____/____/____ CVV: ____ Zip Code: _____

Your signature authorizes Grief Recovery Center to charge the credit card on file for the reasons mentioned above. Failure to provide a valid credit card will hold client or guardian responsible for any unpaid balance.

Client Printed Name _____ Date _____

Client Signature _____ Date _____

Family Member/Guardian Signature (if applicable)	Date
--	------