

Loudoun Family & Relationship Counseling Leesburg Va
Counseling Services Contact and Informed Consent

Welcome to our practice! This document contains important information about our professional services and business policies. Please read it carefully and consider asking questions that you might have about our business practices. WHEN YOU SIGN THE DOCUMENT IT WILL REPRESENT AN AGREEMENT BETWEEN US.

COUNSELING SERVICES

Psychotherapy is not easily described in general statements. There are many ways of approaching the counseling relationship. There are many methods we will use to address the counseling relationship. We are trained in systems and attachment theory and will primarily use these theories to address our counseling interventions. Please note that we will use other methods of counseling to address your unique situation. Counseling calls for a very active effort on your part as we work together to address your counseling concerns. In order for the counseling to be successful you will have to work on your situation both at the office and at home.

Counseling can have benefits and risks. Since counseling can involve discussing difficult aspects of your life you might experience some difficult emotions. On the other hand counseling can have benefits for people who go through it. Therapy can lead to better relationships, improved peace of mind and significant reductions in feelings of distress. There are no guarantees for your outcome but we are committed to working with you to achieve your counseling goals.

Our first session involves an evaluation of your needs. When working with couples and families we often will conduct the life space drawing as a way to understand and evaluate the best way to approach your counseling requirements. After completing our evaluation we will explore a treatment plan and discuss our approach. If you decide to continue counseling we would recommend attending at least six sessions to facilitate achievement of counseling goals. It often takes more time to achieve the counseling goals but we suggest this time frame as an opportunity for initial review. If any time you wish to terminate counseling you are under no obligation to continue at any point in the process. WE suggest providing feedback to the counselor to help you engage in the counseling process.

Meetings

We usually schedule one session ranging from 45 minutes to 2 hours per week at a time that we agree upon. It is possible to schedule more sessions a week if necessary. Once appointment is scheduled you will be expected to pay for it unless you provide 24 hours notice unless we agree that you were unable to attend due to circumstances beyond your control.

Professional fees

Our hourly fee is \$120.00. Our rate is \$ 30.00 for every 15 minutes of treatment. WE do have contracted amounts with Anthem and Cigna-which require you to pay your copays and deductibles related to their contracted amounts which is less than our usual fee. We do charge fees for other services such as report writing, telephone conversations lasting more than 10 minutes, and meeting with other professionals that you have authorized services and

consultations. WE do charge fees for preparation of records and treatment summaries. If you become involved in a legal proceeding that requires our participation you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement we charge \$200 per hour for preparation and attendance at any legal proceeding

Billing and payments

We expect payment at time of service unless arrangements are made between provider and client. If your account has not been paid for more than 60 days and we have not discussed payment plans we have the option to pursue legal means to secure the payment. This may involve hiring a collection agency. In working with collection services we only release name and amount due.

Insurance reimbursement

If you choose to utilize your insurance company to help pay for services. I am willing to bill your insurance company as an in network or out of network provider. Please check with your company to be clear on what deductibles and copays will be required. In order to bill your insurance company, I must provide a code or clinical diagnosis for the mental health service. We will discuss the code that I provide.

Contacting me

We are not immediately available by telephone. Calls to the office are usually answered by machine. If you have a mental health emergency please contact your nearest emergency room or family physician.

Professional records

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy or summary. If you wish to review them it is reasonable to review them with a therapist. Normal hourly rates apply to a review of the records.

Confidentiality

In general the privacy of all communications between a client and social worker is protected by law and we can only release information about our work with your written permission. There are some exceptions.

There are some situations in which we are legally obligated to take action to protect others from harm. Those situations include situations where a client will threaten bodily harm to themselves or someone else. We must contact local police and any specified individuals named in the threat. This notification can also involve facilitating emergency hospitalizations.

We are also required to report information revealed to us that involves sexual or physical abuse of children, the elderly, or any disabled person.

In most legal proceedings our contact is protected. Even so a Judge may order our testimony and we will do everything we can to block reporting.

We occasionally find it helpful to consult with other professionals about our work. During these consultations we do not reveal personal information and share in generalities. As a rule we do not share about case consultations.

Couple and family sessions create unique situations for confidentiality. We cannot insure that your partner will keep sessions confidential.

If you elect to utilize electronic or email communications please aware that these types of communication cannot be completely confidential as all emails are retained in logs by providers

Loudoun Family & Relationship Counseling- Consent to counseling treatment

I have received the informed consent to treatment information and I am taking sufficient time to consider this agreement carefully. I understand the limits of confidentiality required by law. I consent to the use of diagnosis in billing and to the release of information necessary to complete the billing process to insurance companies. I agree to the fee of \$30.00 for every 15 minutes of counseling unless I am a client of Anthem or Cigna. I will agree to pay the contracted deductible and copay. I understand my rights and responsibilities and my therapist's responsibilities to me.

I agree to undertake counseling with Ronald A Clark or Theresa Beeton. I know that I can end therapy at any time and I can refuse any suggestions by the counselors. I am over the age of 18.

Signature

Therapist

Date