



Welcome and thank you for choosing C & A Counseling for your child or young adult. This document is designed to answer some frequently asked questions about C & A Counseling, the counseling process, our professional relationship, confidentiality, and your financial obligation. As you read this, feel free to mark any places that are not clear to you or write in any questions that come to mind so we can discuss them. This will allow us to work most productively and comfortably together.

What to expect at the first appointment:

The initial meeting will be 60 minutes in length. If you are not using insurance, the private pay rate is \$125 for this initial session. This session can be structured in many different ways. Generally speaking, meeting with the parents, guardians or adults that interact most with the child or young adult is very important. The initial session may involve meeting only with these adults; however, if time allows I will hold a split session where I meet with the adult(s) and then the child or young adult. An initial intake assessment will be completed that includes a variety of questions about your child or young adult's presenting issue and background. At the end of the session, I will provide recommendations on how best to move forward. It will be helpful at that time for you and I to discuss and decide on the options and recommendations you want to pursue for your child or young adult. Subsequent counseling sessions will be 50 minutes in duration. The rate for 50 minute sessions is \$100 per session. Please note shortened or extended sessions can be arranged as needed by prior agreement.

Initials _____

Date _____

Initials _____

Date _____



Informed Consent

Please initial where indicated, stating you have read and understand the information provided.

Confidentiality

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations in which I am legally obligated to take actions and I may have to reveal some information about your treatment. These situations are most unusual in our practice. However, I am required to report any evidence of child abuse, strong suspicions of child abuse and/or neglect. I am also mandated to report abuse of handicapped or elderly persons. 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. Finally, if in my judgment, I feel any person is a serious and immediate risk of harming him/herself I will break confidentially to ensure the safety of my client. I will notify other family members or the police in order to maintain safety.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit our 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.

Initials _____

Initials _____

Legal/Court

As your child's therapist, I will not participate in divorce or child custody proceedings because my primary relationship with your child or children is to be therapeutic in nature. Please be aware my role is not to make recommendations regarding custody, as that would be the job of a Guardian Ad Litem. If subpoenaed by the court of law, I will first assert client-therapist privilege. However, if ordered by a judge to disclose information. You are also responsible for any time I have to spend dealing with legal issues (responding to subpoenas/court orders, phone conversations, letter writing, etc.). The signer of this document holds complete financial responsibility for any legal fees that the therapist incurs regarding yourself and/or your minor child (even if you are not the one making the request). If this occurs I will review fees prior to proceeding.

When any legal action is initiated C & A Counseling requires a legal retainer fee of \$500, which must be paid up front prior to the therapist responding to any legal issues. This retainer fee covers up to 2 hours of initial



preparation and communication. If time exceeds two hours, C & A Counseling bills at the rate of \$100 per 30 minutes. This will be billed in 30 minute increments only and is non-refundable if less time is needed. This fee will be charged to the credit card on file, unless other payment arrangements are made.

C & A Counseling bills at a daily rate of \$2,000 per day for court attendance or the attendance of any proceedings legal in nature. If time exceeds 5:00 pm on the day of attendance, an additional \$200 per hour will be charged. This will be billed in 30 minute increments only. This fee will be charged to the credit card on file prior to my attendance, unless other payment arrangements are made. In addition, please understand you are paying for my time and not my testimony. Therefore, the fees are expected to be paid regardless of whether I testify or not. There are no refunds if court is cancelled, postponed or if less time is needed during the day(s) of attendance.

Initials _____ Initials _____

Emergencies

Due to my schedule, I am often not immediately available by phone, as I am usually with clients. Therefore, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call in the same day you make it, with the exception of weekends and holidays. If you feel that you cannot wait, please call 911 or go to the nearest Hospital Emergency Room for help. Please do not wait for me to contact you to utilize those resources. If I am going to be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Initials _____ Initials _____

Insurance & Supervision

C & A Counseling only accepts certain insurances. Please confirm your insurance with me prior to the first session. In addition, I advise that you contact your insurance company and verify your benefits. Neglecting to do so means you will be responsible for the full amount of the session. You should be aware that contact with your health insurance company may require that I release information relevant to the services I provide to you including a diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries. In such situations, I will make every effort to release only the minimum amount of information that is necessary for the proposed request. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do once it is in their hands. In this situation, I will provide you with a copy of any treatment plan I submit. By signing this agreement, you agree that I may release requested information to your carrier. If you have concerns regarding confidentiality based on the above information, feel free to discuss with me private pay fees or sliding scale options. If I am considered out of network for your insurance company, you may seek reimbursement from your insurance company by providing them with superbills/invoices. If you plan to file for reimbursement, I can provide you with a superbill. Please be aware that you will be responsible for payment at the time of service and you are responsible for filing claims.

Initials _____ Initials _____



Cancellation Policy

For cancellations occurring at least 24 hours prior to your appointment time, no charges will be incurred. For cancellations occurring less than 24 hours prior to your appointment time, you will be responsible for paying the \$100 missed session fee. For appointments not kept (and not cancelled), you will also be responsible for paying the \$100 missed session fee.

Initials _____

Initials _____

Payment and Returned Check Fee

Payment in full is due when services are rendered unless other arrangements have been made in advance. There is a \$40 returned check fee in addition to the fee for service.

Initials _____

Initials _____

First Session

The initial session must be paid using a debit or credit card in order to obtain the necessary financial information kept on file in Square, our secured credit card processing system. This card will be charged in the event that you cancel a session with less than 24 hours notice or do not show (and do not cancel) for a scheduled appointment. If you are utilizing insurance or an EAP program and you are not required to make a payment for your first session your card will be charged a \$5.00 fee which will act as a credit to your account and will be applied when you make your first payment. Your initials below indicate your understanding of this policy and your consent to charge the credit or debit card on file in the instances outlined above.

Initials _____

Initials _____

HIPAA

You have the right to obtain or review a summary about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purposes of treatment, payment, and health care operations. If you have any questions about HIPAA, please let me know and I am happy to discuss any of these rights with you. The law requires that I obtain your signature acknowledging that I have given you the opportunity to review HIPAA regulations.

Initials _____

Initials _____



Electronic Communication Guidelines and Policy

Email, texting, social media, video chatting, etc., have quickly become a fabric of our human interaction. Often many people feel more comfortable using these technologies as an alternative to communicating in-person or by telephone. Email and other electronic communication sent and received by C & A Counseling is not in any way intended to be used for any mental health treatment, advice, suggestions, counseling and/or related to the client's therapy sessions over the Internet. The aforementioned services must be conducted in a therapeutic session, by telephone or a previously scheduled video call. Electronic communication such as email is not intended for a crisis situation. If you or the client is experiencing a true life clinical emergency, please consider the following options: (1) dial 911; (2) go to your nearest emergency room; or (3) contact a crisis hotline. Please be advised that electronic communication, outside of email correspondence through Hushmail, is not completely secure and nor confidential; although many measures have been put into place by C & A Counseling to ensure privacy. Anytime information is transmitted electronically using the Internet, other services or networks it is compromised due to the nature of how the information is sent and delivered to technological devices. Furthermore, any information you send to or is received by C & A Counseling becomes a part of the client's legal record. Email and other electronic communication are intended for basic information about C & A Counseling and arranging or modifying appointments. Please keep all requests to no more than one short paragraph. Be advised that email is checked during business hours and may not be checked on weekends or holidays. We will respond to any requests within 24 hours of receipt or on the next business day.

Initials _____

Initials _____



Patient Communication Preferences

Our office may need to contact you to schedule and/or reschedule appointments, to schedule follow-up visits and other such administrative issues. To ensure that your privacy is maintained to the fullest extent possible, please select the method by which our office can contact you.

Parent One

Home phone- Leave message? Yes _____ No _____
Cell phone- Leave message? Yes _____ No _____
Work phone- Leave message? Yes _____ No _____
Home email Yes _____ No _____ Work e-mail Yes _____ No _____

Parent Two

Home phone- Leave message? Yes _____ No _____
Cell phone- Leave message? Yes _____ No _____
Work phone- Leave message? Yes _____ No _____
Home email Yes _____ No _____ Work e-mail Yes _____ No _____

Print Full Name of Client (Minor) _____

2. Print Full Name of Parent/Guardian One _____

Signature of Parent/Guardian _____
Date _____

3. Print Full Name of Parent/Guardian Two _____

Signature of Parent/Guardian _____
Date _____