Sarah J. Looney, MEd, LPC

---------------------------

Client Services Contract and Informed Consent for Treatment

Welcome. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that you and your counselor can discuss them at your next meeting. When you sign this document, it will represent an agreement between you, and your counselor.

In the context of this document, “counselor” is Sarah Looney, LPC. “You” is the client.

Please initial to the left of each header to indicate that you have read the information provided. There are 13 items to initial.

**\_\_\_\_\_ Counseling Services**

The psychological services provided include individual counseling. Counseling is not easily described in general statements. It varies depending on the personalities of the counselor and patient, and the particular problems you bring forward. There are many different methods your counselor may use to detail the problems that you hope to address. Counseling 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 successful, you will have to work on things we talk about both during your visit and at home.

Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counselling has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few counseling session will involve an evaluation of your needs. By the end of the evaluation, you will be offered some first impressions as well as a recommended treatment plan, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your counselor. If you have questions about your counselors’ methods, you should discuss them whenever they arise. If you believe that you need something different than your counselor is providing, and no agreement can be made, your counselor will be happy to refer you to another mental health professional.

Your counselor does not write prescriptions or provide medication management; however, she can refer you to an appropriate medical resource (i.e. primary care physician, psychiatrist, etc.) to assist you with those needs.

**\_\_\_\_\_ How Therapy Works**

Counseling/therapy provides an opportunity to talk with someone about issues or problems you may be experiencing. Counselors utilize various skills to build relationships, assess personal problems, and provide assistance by giving feedback, support, education, or other helpful resources as appropriate. Your counselor will rarely give advice or offer direct suggestions about how to solve problems. Instead, you may expect your counselor to be empathetic and warm as s/he helps you process various issues and come to deeper understanding. Counseling is totally voluntary and can be discontinued at any time. Ideally, counseling is no longer needed once you and your counselor mutually agree that the maximum benefits has been reached; however, if you decide to discontinue the therapeutic process at a point prior to that, you are strongly encouraged to talk to your counselor about your decision.

**\_\_\_\_\_ Meetings and Cancellations**

Counseling sessions are 60 minutes in duration. Once an appointment is scheduled, cancellations must be a full 24 hour in advance of your session or you will be charged the full amount of the session. Monday Appointments must be cancelled the Friday before (72 hour notice). Cancellations must be made by phone (in a voice conversation with your counselor, or by a text message); no other form of communication (email, fax, etc.) will protect you from being subject to the cancellation fee.

Please be on time to all scheduled appointments. Because sessions are scheduled back-to-back, sessions cannot be extended. If you are more than 20 minutes late to a session, the session will be deemed a “missed appointment” and you will be charged the full amount of the session.

**\_\_\_\_\_ Professional Fees (Self-Pay)**

Virtual Sessions:

Individual Counseling 90-minute Initial Evaluation: $180 60-minute Session: $120

In-Person Sessions:

Individual Counseling 90-minute Initial Evaluation: $240 60-minute Session: $160

In addition to counseling appointments, other profession services you may need will be billed at the 60 minute session rate (according to whether the service is performed in your counselor’s office, or in-person), though the hourly cost will be broken down and rounded up to the nearest quarter hour (15 minutes). Other services include report writing, telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, and the time spent performing any other service requested of and agreed to by your counselor. Payment scheduled for other professional services will be agreed to when they are requested.

Your counselor will not participate in legal proceedings. If a court orders participation, or any exception is made for legal participation for any reason, you will be expected to pay for your counselor’s professional time even if she is called to testify by another party. Because of the difficult of legal involvement, you will be charged $500 per hour for preparation and attendance at any legal proceeding. A retainer equivalent to 10 hours ($5000) must be paid in advance for such involvement

**\_\_\_\_\_ Billing and Payments**

You will be expected to pay for each session by creating an account with Headway.co unless your counselor agrees otherwise. No checks will be accepted at this time.

A valid credit card must be kept on file through Headway. This credit card will only be charged for sessions and if you miss an appointment without canceling at least 24 hours in advance. It is your responsibility to inform Headway if your credit card information changes (account number, expiration date, etc.).

If the credit card is no longer valid, and arrangements for payment have not been agreed upon, legal means may be used to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the cost incurred will be included in the claim.

**\_\_\_\_\_ Insurance Reimbursement**

In order to provide the best service to you, and to afford you as much privacy as possible, your counselor does not work for or directly with any insurance companies. All insurance will be handled through Headway. If you would like to take advantage of a Health Savings Account, Flexible Spending Account, or medical insurance you may have, or other resources, you will be responsible for updating Headway with this information. Your counselor does not respond to insurance company requests unless compelled to do so by law.

You should be aware that there is no guarantee that your insurance company will cover your counseling services. It is your responsibility to determine what your insurance company, or other resource, will pay for. Insurance companies only reimburse for services that include a diagnosis. If a diagnosis exists, please ask your counselor to note the diagnosis code if you plan to submit the form to your insurance company. If no diagnosis exists, your counselor will not be able to provide you with a code, and your insurance will not likely reimburse you.

**\_\_\_\_\_ Contacting Your Counselor**

Your counselor’s phone number is (346) 777-3550. Your counselor is often not immediately available by phone. When unavailable, your call will be answered by voicemail. Texting is also acceptable. Please note that this in not a HIPAA compliant form of communication. Your counselor will do everything she can to keep your information private and secure. If needed, you may e-mail her at SarahJKLooney@gmail.com

Your counselor will make every effort to return your call on the same day you make it; messages left aft hours or on weekends or holidays will sometimes not be returned until the next business day. If you do not think that your issue can wait until the next business day, please see the Emergencies section below. If you are difficult to reach, please inform your counselor of some times when you will be available when you leave a message; however, due to scheduling conflicts, no guarantees can be made that the times will be honored.

**\_\_\_\_\_ Emergencies**

Your counselor will make every effort to answer after-hour emergency calls. In some instances, you might need immediate help at a time when your counselor is not in the office or cannot return your call. These emergencies may involve suicide thoughts, thoughts of wanting to hurt yourself or someone else, or thoughts of committing dangerous acts. If you are unable to reach your counselor and feel that you cannot wait for your call to be returned, contact your family physician, go to the nearest emergency room, call 988, or call 911. If your counselor will be unavailable for an extended time, she will provide you with the name of a colleague to contact, if necessary.

**\_\_\_\_\_ Professional Records**

The laws and standards of the counseling profession require that your counselor keep treatment records. Because these records contain information that can be misunderstood by someone who is not a mental health profession, it is our general policy that patients may not review them; however, at your request, your counselor will provide a treatment summary unless your counselor believes that to do so would be emotionally damaging. If that is the case, your counselor will be happy to send the summary to a mental health professional who is working for you. You should be aware that there will be an additional charge for this service ($5 per page).

**\_\_\_\_\_ Confidentiality**

The law protects the privacy of all communications between a client and a counselor. In most situations, your counselor can only release information about your treatment to others if you sign a written authorization form.

There are some situations where your counselor is permitted or required to disclose information either with or without your consent or authorization:

* If you are involved in a court proceeding and a request is made for information concerning your treatment, such information cannot be provided without your (or your legal representative’s) 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 your counselor to disclose information.
* If a government agency is requesting the information for health oversight activities, your counselor may be required to provide it to them.
* If a client files a complaint or lawsuit against a counselor, your counselor may disclose relevant information regarding that client in order to defend the counselor.

There are some situations in which the counselor is legally obligated to take action which she believes are necessary to attempt to protect others from harm, and a counselor may have to reveal some information about a client’s treatment. If such a situation arises, your counselor will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.

* If your counselor has reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency.
* If the counselor believes you present a clear and substantial danger of harm to yourself or another/others, he or she will take protective actions. These may include contacting family members, seeing hospitalization for you, notifying any potential victim(s), and notifying the police.

While this summary is designed to provide an overview of confidentiality and its limits, it is important that you read our Notice of Privacy Practices for more detailed explanation and discuss any questions or concerns you may have with your counselor. Your counselor will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quire complex, and your counselor is not an attorney.

**\_\_\_\_\_ Referrals**

If you request or are given a referral for any reason, you understand that you are responsible for evaluation the compatibility or fit with that referral’s practices, policies, procedures, fees, or any other feature of their business. Your counselor does not accept responsibility for any damage, harm, or loss that may occur as the result of your choice to accept services from another source, even if it is a referral.

**\_\_\_\_\_ Termination of Services**

You may choose to terminate counseling services at any time. Please notify your counselor so that your file can be properly closed. Files of adults over the age of 18 will be held for 7 years.

Your counselor has an ethical responsibility to terminate your treatment services under various situations. Some reasons your counselor may determine that it is necessary to terminate care may include (but not limited to):

* Determination that you are no longer in need of services
* Determination that you are no longer benefiting from the services your counselor provides
* Non-compliance with treatment plans provided by your counselor, your psychiatrist, or other mental health care providers
* Determination that you have not disclosed that you are receiving mental health services from another provider (outpatient or inpatient)

Additionally, your counselor is highly collaborative provider. That means that you counselor’s policy is to be part of your overall mental health treatment team (treatment team may include a psychologist, psychiatrist, inpatient (or mental health facility) team, intensive outpatient (IOP) team, or anyone else, including primary care physician who provides psychiatric medication or services). You may refuse to sign an Authorization of Release for Confidential Information (“Authorization”) which would prevent your counselor from speaking to other treatment providers. If you choose not to sign the Authorization, your counselor may determine that a collaborative environment is not possible and will refer you to another counselor.

When it is necessary for your counselor to terminate services, you will be given referrals to other providers. Your counselor will provide transition services where practical, which may include:

* Referral to inpatient treatment
* Referral to other therapists
* Communication with any professional you choose to provide them with a status of your current treatment, and for whom your counselor has an Authorization on file to speak to.

**\_\_\_\_\_ Other**

You understand that every effort has been made to provide truthful and correct information in this document. Any omissions or errors are unintended. If an omission or error is discovered, your counselor will do his/her best to clarify the information and provide you with an updated copy of this document. It is understood that not every possible situation that may arise in the therapeutic relationship can possibly be covered in this document. The counselor has the final determination on all fees, practices, policies, and procedures.

You may not modify this document. If you do not agree to every point in the document, please do not sign this document and notify your counselor immediately. You will respectfully receive a referral to another counselor without hesitation.

Additionally, you understand that this document does not establish a counselor/client relationship until the signed agreement is received and accepted by Sarah J. Looney, LPC.

**Acknowledgment of**

**Client Services Policies and Informed Consent for Treatment**

I have received the Client Services Contract and Informed Consent Document provided to me by Sarah J. Looney, MEd, LPC. My signature below indicates that I have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date