



Clinician-Individual Contract

Individual Name: _____

Clinical Services Contract

Welcome to Integrative Counseling Services, PC ("ICS"). 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 we can discuss them. When you sign this document, it will represent a legally binding agreement between us.

Psychological Services

Clinical support is not easily described in general statements. It varies depending on the service being rendered, personalities of the clinician and the individual and particular problems you bring forward. There are many different methods your clinician may use to deal with the goals that you hope to address. Clinical support is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the clinical support to be most successful, you will have to work on things we talk about both during our sessions, meetings, and at home.

Clinical intervention can have benefits and risks. Since clinical intervention 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, clinical intervention has also shown to have benefits for people who go through the process. Clinical intervention often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress and identified behaviors. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan and interventions to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with your clinician. If you have questions about your clinician's procedures, you should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Telebehavioral Health Services

Telebehavioral health means the remote delivering of health care services via technology-assisted media. ICS utilizes Simple Practice's secure telehealth platform. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to video, internet, a smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery.

Limitations of Telebehavioral Health Therapy Services

While Telebehavioral health offers several advantages such as convenience and flexibility. It is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see various details such as facial expressions. Or, if audio quality is lacking, I might not hear differences in your tone of voice that I could easily pick up if

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you were in my office. Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the therapist, I will take every precaution to insure a technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private quiet location where the sessions may be conducted. Consider using a "do not disturb" sign/note on the door. If you start receiving telebehavioral health services and don't feel that meet your needs please speak with your therapist.

Individual Rights

ICS wants to ensure that all individuals to be aware they have freedom of choice in selecting available providers within the agency. As an individual receiving treatment we also want you to know you have the right to choose your treatment options and who participates in that treatment with you. If ICS is not able to meet your treatment needs, please let your clinician know immediately.

Meetings

We normally conduct an evaluation that will last for several sessions, based on the need of each person being supported. If clinical intervention is to begin, we will usually schedule appointments as you request. Frequency will be based on the need of the individual and availability of the individual and clinician. Once an appointment is scheduled you will be expected to pay for it unless you provide **24 hours advanced notice of the cancellation** (unless we both agree that you were unable to attend due to circumstances beyond your control), excluding behavior support. If possible, we will try to find another time to reschedule the appointment as soon as possible. As that regular attendance is crucial in the therapeutic process, if three (3) appointments are missed in any six (6) month period ICS reserves the right to terminate the relationship with the individual. **Please note insurance companies will not pay for missed sessions.**

You are expected to treat all ICS staff with respect and dignity, whether in the clinic or on the phone, and to comply with your treatment plan(s) and recommendation(s), or the like. Failure to do so may result in termination of services at ICS, upon your therapist's or administration's discretion.

Professional Fees

The hourly fee for clinical services is determined by the annual fee schedule and is available upon request. In addition to scheduled appointments, we charge for other professional services you may need. We will break down the hourly cost (into quarter hour increments) if we work for periods of less than one (1) hour. Other services include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of your clinician (you will be billed a minimum of 15 minutes). If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time up front, even if we are called to testify by another party (not covered by insurance). Please request a copy of the current fee schedule for more details.

Billing and Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance or waiver coverage that requires another arrangement. Payment schedules for other professional services will be evaluated when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

Failure to pay for services rendered can result in a suspension of or termination of services at the discretion of ICS management. ICS can accept cash, check, money order, spending account, or credit card to satisfy accounts.

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

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Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy or waiver support, it will usually provide some or full coverage for clinical support. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, **you (not your insurance company) are responsible for full payment of our fees.** It is very important that you find out exactly what services your insurance policy or waiver covers. The information that we are able to provide you from your insurance website is not a guarantee of the benefits they ultimately provide.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with this information. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit if you request it.

Once we have all of the information about your insurance or waiver coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for our services to avoid the problems described above (unless prohibited by contract).

By signing this agreement you are providing consent for Integrative Counseling Services, PC to submit claims for services rendered to the appropriate insurance company or waiver provider.

Contacting Us

We are not often immediately available by telephone. While we are in the office, we will probably not answer the phone while meeting with other individuals. When your therapist or our administrative support are unavailable, our telephone is answered by a confidential (password protected) answering machine that is monitored regularly. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays or days where weather prevents us from being in the office. If you are difficult to reach, please inform us of times when you will be available and the best way to reach you (phone, email, text). If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the clinician/psychiatrist/psychologist/crisis worker on call. If we are unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary. A confidential email address will be available for all of our clinicians, and we welcome you to use this mode of communication for non-emergent needs. **If you have an emergency please immediately contact the local crisis number or 911, DO NOT CONTACT YOUR THERAPIST.**

Professional Records

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them with us so we can discuss the contents. Individuals will be charged an appropriate fee, outlined on the fee schedule, for any professional time spent in responding to information requests.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parent that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of these concerns. We will also provide them with a summary of your treatment when it is complete, upon request. Before

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giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have about what we have prepared to discuss.

By signing this document on behalf of a minor child you are representing that you have the legal authority to authorize ICS to provide treatment to that minor child. In the event that the parents of the minor child are separated and only one parent presents at the time of completion of this paperwork, this does not imply that the other parent will be denied access to the records for the identified minor child unless legal rights have been restricted or modified by the court to limit legal custody.

Confidentiality

In general, the law protects the privacy of all communication between an individual and a clinician, and we can release information about our work to others only with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he or she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child, elderly person, disabled person, etc is being abused, we may be required to file a report with the appropriate state agency (Children and Youth, Area Agency on Aging, Office of Developmental Programs police, etc).

If we believe that a client is threatening serious bodily harm to another, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself or herself, we may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.

These situations rarely occur in this practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action. We may occasionally find it helpful to consult with other professionals about a case. During a consultation, we make every effort to avoid revealing any identifying information. The consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that is important to our work together.

While a written summary of exceptions to confidentiality prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at any of our meetings. We 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 quite complex.

Family Court Handbook

It is the responsibility of the parent/legal guardian to notify ICS of any court involvement at intake or immediately upon change of status at any time during treatment. If you and/or your minor child(ren) are involved in Family Court in any local jurisdiction, the undersigned individual acknowledges receiving a copy of ICS' Family Court Handbook ("Handbook"). All terms and provisions set forth in the Handbook, except to the extent expressly modified herein, are hereby incorporated by reference with the same force and effect as though fully set forth therein. The undersigned individual has read and understood the terms of the Handbook and by signing this Agreement also agrees to be bound by the terms outlined in the Handbook.

Integrative Counseling Services, PC Individual Contract Acknowledgment Form

Your signature below indicates that you have read and understand the terms of ICS' Clinician-Individual Contract, have signed this agreement voluntarily and agree to abide by its terms during our professional relationship. I understand that I may lose my right to treatment in this office if I fail to abide by the terms of this agreement. I acknowledge that I have been provided with the contract for my records and have been provided with the opportunity to ask any questions related to the content of the contract.

Signature: _____

Printed Name: _____

Relationship to Patient: _____

Date: _____

Therapist Signature: _____

Date: _____