



INTOWN

COUNSELING & WELLNESS

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Therapeutic Contract

Welcome to Intown Counseling & Wellness (ICW); we look forward to working with you. This document contains important information about our professional services and business policies at ICW. Also, you will be expected to read and sign our Health Insurance Portability and Accountability Act (HIPAA) form. HIPAA is a federal law that provides privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. Law also requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. Please note any questions you might have so that we can discuss them.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements as it varies depending on the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit as 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 our sessions and at home. Since therapy often involves discussing unpleasant aspects of your life, you may experience some uncomfortable feelings. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. If you have questions about our procedures, we 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.

APPOINTMENTS

We usually schedule one appointment hour of 50 minutes duration per week at a time we agree on; although, sessions may be more or less frequent depending on your needs. In order to limit missed appointments, we have implemented a “**No-Show Appointment Fee**” of **\$75.00**. We realize that emergencies are inevitable; therefore, late cancellations due to severe illness or family emergencies are excluded from this policy. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. _____

PROFESSIONAL FEES

The standard hourly fee for therapy at ICW is \$125-135/ hr. In addition to appointments, we charge this amount for other professional services you may need; although, we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone calls lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of your provider. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time, including preparation and transportation costs. _____

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 coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Intown Counseling & Wellness has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require us to disclose otherwise confidential information. In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included. _____

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, it will usually provide some coverage for mental health treatment. 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 are ultimately the party responsible for full payment. It is very important that you find out exactly what mental health services your insurance policy covers. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can. If necessary, we will be willing to call the company on your behalf. You should also be aware that your contract with your health insurance company often requires that your therapist provide them with information relevant to the services that you receive at Intown Counseling & Wellness. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. By signing this Agreement, you agree that we can provide requested information to your carrier. Once we have all of the information about your insurance 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 your sessions. It is important to remember that you have the right to pay for services yourself to avoid the problems described above. _____

CONTACTING YOUR THERAPIST at ICW

Due to our work schedule, your provider may not be immediately available by telephone. Our voicemail system is checked for messages regularly during normal business hours. Messages left on weekends or holidays will be returned the following business day. Occasionally, messages get lost or are not received, so if you have not received an expected return call, you will need to call again. If you are difficult to reach, please inform me of some times when you will be available. Please see the section entitled 'Telemental Health Policies' in regards to using phone and email to communicate.

EMERGENCIES

The practice of private outpatient psychotherapy makes the assumption that clients are functioning, self-responsible individuals with legitimate pain and legitimate needs. Private outpatient psychotherapy cannot, by its structure, assume responsibility for day-to-day functioning of its clients in the same way agencies and institutions can. With this philosophy in mind, we attempt to operate our practice in a way

that is responsible to your needs, encouraging of your autonomy, and respectful of our limits. During weekdays, we will make every effort to return phone calls within 24 hours, and weekend calls will be returned by Monday or the first business day after a holiday weekend, barring personal emergency, or planned out-of-town absences. If you feel that you cannot wait for your provider to return your call, please contact your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. If your therapist is expected to be unavailable for an extended period of time, we will let you know in advance and will, if requested, provide you with the name of a trusted colleague whom you can contact during their absence.

INCLEMENT WEATHER PLAN

In the case of severe weather or a local natural disaster please, call our office for additional information. Updates regarding the status of all appointments will be left on the office voicemail. If the local phone service is not available, it can be assumed that your appointment will need to be rescheduled at a later time. Also, check out our **FaceBook page (IntownCounselingWellness)** for updates. _____

CONFIDENTIALITY

With the exception of specific exceptions described in our HIPAA form, you have the absolute right to the confidentiality of your counseling. In general, the law and ethics of the counseling profession protects the confidentiality of all communications between a client and his/her counselor, and the counselor may only release information about the sessions to others with your written permission. We take your confidentiality very seriously and work hard to insure that information is shared only with your consent and awareness. You should know, however, that information might sometimes be shared with other professionals in our agency (supervisors, clinical review team). This is done only when necessary and relevant to your clinical needs. All persons involved in the supervision of interns are fully licensed and bound by the same laws and ethics of confidentiality that your counselor adheres to.

TELEMENTAL HEALTH POLICIES

Per Georgia Composite Board Rule 135-11-.01, therapists must inform clients of the risks and benefits of using technology (phone, email, fax, synchronous video conferencing) to communicate. When using technology there is always the risk of security issues, however technology allows us to connect with people who may otherwise not be able to access services. In order to protect your confidentiality and to facilitate the security of your information as much as possible, the staff at ICW will use technology sparingly. In regards to communication with you, emails and phone calls will be limited to scheduling, providing resources, and supplying necessary insurance information. Should you require phone or video conferencing sessions this will be discussed with your personal therapist to determine how best to protect you. Should you send personal information via email, phone, or fax, you do so at your own risk. Unless otherwise discussed, ICW staff will not supply therapeutic services outside of those listed above. If you'd like us to connect with other professionals, we will supply ROIs electronically and connect with them via phone. Internally, our staff uses an electronic calendar that provides first names and last name initials. Additionally, we communicate via email and phone to relay messages, as well as verify and submit insurance information. We are happy to discuss this more with you at any time. _____

Signature of Patient (or Legal Guardian)

Date