

HYGEIA COUNSELING SERVICESSM

a d u l t p s y c h o t h e r a p y



INDIVIDUAL THERAPY AGREEMENT (Regular Version)

The purpose of this therapy agreement is to specify expectations and goals related to the treatment process.

Consent for Treatment -- Signature of this document specifies consent for treatment.

Attendance Policy – Appointments can be canceled without charge with 24 hours notice. A one-time grace for missed appointments or late cancellations may be extended once every six months. After that, for the next six months, appointments missed or canceled within 24 hours of the appointment time will be billed at full fee regardless of the reasons for the missed session. In most cases an authorized credit card agreement will be required and the credit card charged. A pattern of missed and late appointments may result in termination and referral to another clinician. If I need to cancel an appointment because of emergency or illness, you will be notified as soon as possible. The session will be rescheduled at the next convenient time for both parties.

Session Length & Punctuality – Please call when running late. Arrival more than 15 minutes late may result in cancellation of the appointment. Sessions are generally 45-50 minutes long – a standard “therapeutic hour”. If you are late, the therapy session must be shortened in order to maintain the agreed upon schedule. In most cases it’s not possible to extend the length of the session to compensate for late arrival.

Commitment to the Process – In order to realize the full benefits of therapy, you should expect to make a commitment to the process that will entail a strong level of participation and investment. Your growth can be most fully facilitated if your commitment includes:

- **Consistency:** regular attendance is critical to the process. Missed sessions interrupt the rhythm of therapy.
- **Honesty:** The therapy experience should provide you with a safe environment where you can explore any of the thoughts and feelings that you have. Issues that are not talked about can not be resolved.
- **Courage:** Often the process will uncover uncomfortable or painful feelings and anxiety.
- **Homework:** You are expected to keep up with your own growth between sessions. Specific assignments may include, but are not limited to, behavioral changes, journaling, dream work, meditation, and reading. Generally homework assignments are jointly agreed upon.

My Ethical Approaches -- I adhere to professional counselor standards of conduct:

- **Equality:** I respect the gender, race, culture, ethnicity, religion, creed, & sexual orientation of all clients.
- **ACA Ethical Standards:** I belong to the American Counseling Association (ACA) and adhere to their ethical standards which can be found at <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>
- **Goals:** We will periodically set, revise, and review jointly set goals in order to make sure the most is made of your therapy experience.
- **Approach:** I take a holistic approach that incorporates mind, body, and spirit. I believe it's important to integrate life meaning into counseling. I respect all faith backgrounds (including none), and work within personal belief frameworks. I view therapy as a collaboration. I emphasize unconditional positive regard, respect, a safe and caring therapeutic relationship, individual strengths, and taking control over choices.

Testing – Psychological or medical testing may be suggested or required as a part of the treatment process. You may be asked to meet with other professionals at certain points in order to deal with specific issues.

_____ **Client Initials (read and agreed)**

MT. WASHINGTON VILLAGE / BALTIMORE OFFICE LOCATION

Voicemail: 877-823-3439 : Fax: 443-524-9610 : <http://www.hygeiacounseling.com> : michael@hygeiacounseling.com

Mailing Address: 6400 Baltimore National Pike #205, Catonsville, MD 21228

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Consultation -- Consultation with and records from past service providers may be required.

Compliance – Compliance with medical prescriptions, such as reliably taking psychiatric medications, is required as a condition of treatment. Compliance with mutually agreed upon contracts, such as safety contracts, is required.

Emergencies – I am not generally available on an emergency basis. Please go to the emergency room or take other immediate action rather than to only leave messages on my voice-mail (such as if you are about to harm yourself). Please do call and let me know when you are feeling very badly or where you are if something important has happened (such as checking into a psychiatric or rehabilitation hospital).

Confidentiality – As a general rule, the material that is revealed in therapy is kept strictly confidential. The limits on confidentiality and information on HIPAA are further detailed on a separate form. In the event that I am asked by the client to provide any information to an insurance company, employee assistance program, flexible health spending account, or similar program (I usually only provide such information directly to the client) the client hereby acknowledges and consents that all such disclosure is authorized. In addition, most insurance companies have contracts with their clients that allow them to audit provider files. If you use your out-of-network insurance benefits there is a slim chance your insurance company might demand to see your file.

Social Networking -- I usually ignore or pretend not to know clients that I meet on the street and at social gatherings. Please feel free to say hello or indicate you know me, but you will need to make the first move as many clients want to keep our affiliation private from their friends and family. I usually avoid more than quick surface conversation for a variety of reasons including that a big part of my value is that I am an outside independent observer rather than part of your social world. I will decline or ignore connection and friendship requests to my private accounts on Facebook, LinkedIn, and the like. In the event I have separate business pages on these services please feel free to post, "like" the page and articles, link, etc. but be aware that choosing to do so may partially compromise your confidentiality as other users may guess we know each other.

Medicare Eligible Clients -- I am not a Medicare provider and I am listed as a clinician who has "opted out" of this program from January 3, 2011 to January 3, 2013. If you are Medicare eligible, you or your legal representative are responsible in full for payment of fees. Medicare payment limits do not apply to services I provide nor will they pay for treatment I conduct. Medigap plans will not and other supplemental plans may elect not to make payments for services Medicare will not pay for. As my client, you may not submit a bill from me for reimbursement from Medicare although you are free to receive other Medicare-covered services from clinicians who have not opted out of the program.

Out-Of-Network Insurance -- My services are often partially or wholly reimbursable through out-of-network insurance benefits, flexible health spending accounts, and other plans. I will gladly provide a monthly statement of account ("superbill") upon request which you may submit for reimbursement payable directly to yourself. I will not submit claims for you. Insurance companies rarely but occasionally demand additional information from out-of-network providers such as registration, treatment plans, surveys, specialized online billing systems, and the like. I will typically refuse to participate with these and this may cause your reimbursement claims to be denied. Payment for services remains your responsibility.

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License Status – I am a Licensed Clinical Professional Counselor (LCPC) in Maryland, license #LC3624, expiration date 01/31/2012.

Referral – You will be referred to other counselors at any time you request it, or in the event that I feel you would be better served by others.

Termination – Either you or I may terminate the relationship at any time. The termination process normally requires a few sessions. You are understood to no longer be in active treatment with me if it has been more than one (1) month since our last kept appointment (although scheduling further appointments may be possible at my discretion.)

Fees & Payment:

- **Time of Service:** Full payment is required at the time of service unless other arrangements have been made in writing.
- **Fee:** My standard therapeutic hourly rate (45-50 min.) rate is \$140. Fees subject to change with written notice.
- **Collection Efforts:** If payment is not made at time of service or in accordance with other mutually agreed upon written arrangements, reasonable collection effort and/or attorney fees may be assessed in addition to the original service charges. Unless otherwise agreed in writing, any charges billed for after time of service are due in full 30 days from the time of service.

Clauses Are Separately Enforceable -- If any portion of this agreement is rendered void for any reason, the other portions of the contract shall remain in force.

Client

Date

Counselor

Date

Version 02/08/11

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