

HYGEIA COUNSELING SERVICESSM

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INDIVIDUAL THERAPY AGREEMENT (Regular Version)

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

This agreement is between James Michael Reeder (DBA “Hygeia Counseling Services”) and the person signing the bottom of this document, hereafter referred to as the Client. The use of the terms “I” or “Counselor” in this document refer to James Michael Reeder / Hygeia Counseling Services.

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 at Counselor discretion. After that, for the next six months, appointments missed or canceled within 24 hours of the appointment time will be billed at a \$50 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, Client 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 or email when running late. Arrival more than 15 minutes late may result in cancellation of the appointment. Sessions may be 40-45 minutes or 53-60 minutes long. If Client is 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, Client should expect to make a commitment to the process that will entail a strong level of participation and investment. Client’s growth can be most fully facilitated if Client commitment includes:

- **Consistency:** regular attendance is critical to the process. Missed sessions interrupt the rhythm of therapy.
- **Honesty:** The therapy experience should provide Client with a safe environment where Client can explore any thoughts and feelings. Issues that are not talked about can not be resolved.
- **Courage:** Often the process will uncover uncomfortable or painful feelings and anxiety.
- **Homework:** Client is expected to keep up with 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.

Counselor 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 adhere to the American Counseling Association (ACA) ethical standards which can be found at <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- **Goals:** We will periodically set, revise, and review jointly set goals in order to make sure the most is made of Client’s 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

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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. Client may be asked to meet with other professionals at certain points in order to deal with specific issues.

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 Counselor voice-mail (such as if Client is about to harm self). Please do call and let Counselor know when Client is feeling very badly or where Client is 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 Client has agreed to and has received an electronic copy of the “Hygeia Counseling Services Notice of Privacy Practices” available at the bottom of the forms download page at <http://www.hygeiacounseling.com/about/forms/>. Client agrees to future updates of the “Hygeia Counseling Services Notice of Privacy Practices” as may occur from time to time, unless the Counselor is informed of Client’s agreement withdrawal in writing. Clients may request a paper copy of the current policy at any time and/or have it explained. Client understands that Counselor must break confidentiality when there is substantial risk of imminent & serious injury to the Client or others, and in most cases of elder and child abuse. 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. I may utilize outside contractors for billing, fax, email, receptionist services, data storage, and scheduling. Clients hereby acknowledge that information may be shared with these organizations as necessary for Counselor business operations. In keeping with standard professional practice, I may arrange consultations or supervision with other respected mental health professionals. I may participate in group case conferences or classes in order to assist me in providing the most beneficial treatment possible. Permission is hereby granted to share non-identifying anonymous information with professional colleagues for the purpose of case consultation.

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, but Client 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 Counselor value is that I am an outside independent observer rather than part of Client’s social world. I will decline or ignore connection and friendship requests to Counselor 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 Client confidentiality as other users may guess we know each other.

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Counselor Role -- I am a professional counselor seeing Client for the purposes of mental health treatment and/or attainment of counseling goals. I do not generally participate in disability determination, medical leave, or legal matter documentation and testimony except as required by law -- I will usually not voluntarily participate in these functions. Clients acknowledge that they are seeking services primarily for treatment of conditions and attainment of therapy goals, and that such additional duties are not assumed to be part of Counselor service offering.

Legal and Court Fees – When legally permissible, I charge \$200/hour plus expenses for involvement in all legal and court matters including, but not limited to, conversations with attorneys, probation officers, CPS workers, physicians, and mediators; preparation time; document preparation; depositions; and court appearances. I reserve the right to collect retainer fees in advance. In the case of subpoenas to attend or be on-call for court proceedings, I will charge a retainer of \$1600 payable in advance of each scheduled court day. Time spent with court – including travel time to and from court – will be billed in 4-hour blocks with the first 4-hour block (\$800) per day non-refundable even if court is cancelled or rescheduled or I don't actually end up appearing or testifying. Incidental expenses I may incur such as parking, tolls, travel costs and mileage, hotels, etc. are additional.

Disability, Medical Leave, and Other Custom Paperwork – I will frequently refuse to do this paperwork. I will often refer Clients to their physician, who is often the professional whose opinion is required anyway. If I make exceptions, I may require scheduled Client sessions during which I complete such work. Insurance may or may not cover these services. When I agree or am required to fill out forms, letters, assessments, or other paperwork outside of session, Counselor rate for such is \$25 per 15-minute time period spent as allowable by law.

Medicare Eligible Clients -- I am not a Medicare provider. If Client is Medicare eligible, the Client is 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. Clients may not submit a bill from Counselor for reimbursement from Medicare although Client is free to receive other Medicare-covered services from other clinicians.

In-Network Insurance Use -- I am an in-network provider for several insurers currently including Hopkins Employee Health Plan (EHP), Hopkins US Family Health Program (USFHP), Cigna, CareFirst BCBS, and Beacon Health / Value Options commercial plans. Client must inform Counselor prior to service and present health insurance card in order to utilize these plans. Client will not submit for reimbursement through insurance or require Counselor to do so for dates of service prior to Counselor being made aware of Client participation. Client will be unable to utilize any of these insurance plans if they are Client's secondary insurance plan and I am not a provider with Client's primary insurer as these plans will not reimburse Counselor for services without Counselor also being in-network with primary insurance plans. In the event that any of these plans are Client's secondary insurance, and Client elects to continue services with Counselor, the Client will be responsible for the full bill.

Insurance Information Release and Coordination – If Client chooses to utilize in-network or out-of-network insurance benefits, Client hereby authorize James Michael Reeder/Hygeia Counseling Services to release all medical information necessary to process billing claims and inquiries with Client's insurance company. Client also authorizes Client's insurance company to share any information with James Michael Reeder/Hygeia Counseling Services necessary to the servicing or resolution of payment claims and inquiries. Insurance companies have the

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right to review all Client records for their members, to ask questions about treatment, and to store and utilize Client information.

Out-Of-Network Insurance -- Counselor's 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 Client may submit for reimbursement. I will often as a courtesy choose to submit claims on Client's behalf, in which case Client agrees to assignment of monies to Counselor if Client has not already paid for services. Client remains responsible for fees regardless of any mistakes I may make in navigating Client's insurance or inaccurate information Client's insurer supplies Counselor with. 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 Client reimbursement claims to be denied. Payment for services remains Client responsibility.

License Status – I am a Licensed Clinical Professional Counselor (LCPC) in Maryland, license #LC3624.

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

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

Fees & Payment:

- **Time of Service:** Payment is required service time unless other arrangements have been made in writing.
- **Fee:** Counselor standard therapeutic rate 40-45 minutes \$150, 53-60 minutes \$200, and new evaluation or intake \$300. 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
Version 04-05-20

Date

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