

## Service Information and Consent to Treat

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This document contains information about our professional services and business policies. This consent form will provide a clear framework for our work together and will facilitate our therapeutic relationship.

Accompanying this agreement is a Notice of Privacy Practices, explaining the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of Protected Health Information (PHI) used for treatment, payment, and health care operations. The law requires that we obtain your signature acknowledging that we have provided you with this information.

When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. Any questions or concerns regarding the contents of this agreement should be discussed with your therapist prior to signing.

### THERAPUTIC SERVICES

Defining You therapists provide individual therapy for adults, adolescents, and children. We also provide family therapy, group therapy, and parental training for clients in need of these services. Clinicians at Defining You are Licensed Professional Counselors in the State of Michigan, with Master's degrees in Counseling.

Successful therapy requires an active effort on the part of the client, where work outside of the office is required to make change. Since therapy often involves discussing unpleasant aspects of life, clients may experience uncomfortable feelings, such as sadness, anger, or fear, during the therapeutic process. Many clients find that they feel worse before they feel better. Conversely, participating in therapy often leads to reduced stress, improved relationships, solutions to specific problems, and increased self-esteem. However, there is no guarantee that therapy will yield any, or all, of the benefits listed above. Personal growth and change may be easy and swift at times but may also be slow and frustrating. Please address any concerns you have regarding your progress with your therapist.

Our first few sessions will involve discussing the reasons you are pursuing therapy. After evaluating your needs, we will be able to offer you first impressions of what our work will include, keeping your goals for therapy in mind, as well as develop a treatment plan. Therapy involves a commitment of time, money, and energy. If you have doubts about the therapeutic process, please communicate these with your therapist. If your doubts persist, we will be happy to refer you to another mental health professional for a second opinion.

### THERAPY SESSIONS

The first session normally lasts 90 minutes, with the structure varying depending on the age and needs of the client:

- When working with children, we ask that the parents or guardians come alone to the first session in order to provide information about the background of the child and for parents to have their questions answered. Parents come without children because there can be content during this session that may not be appropriate for your child to hear. During the first session

with the child, the therapist will acknowledge that that their parents have previously met with them and have given their approval for the child to attend sessions at Defining You.

- At the first session for an adolescent, we ask that parents or guardians do attend with their child. It is typical for an adolescent to mistrust adults in general, therefore, it is very important that the adolescent client be given the respect of being included in the first session, even if they are reluctant and resistant to the idea of engaging in psychotherapy. In this session we will discuss concerns, identify the goals and frequency of therapy, and review the confidentiality policy, setting the groundwork for a trusting relationship between the client and therapist.
- For adult clients, in our first session you will be invited to share your story and we will begin to identify why you are seeking help at this time, as well as to establish your goals for therapy. During this time, your therapist will work to understand your history and any other contributing factors related to your therapy goals. We will then decide how often we will meet and what issues we will work on together.

During this time, both the client and therapist can decide if your therapist is the best person to provide the services to meet the treatment goals.

After the intake appointment, we will usually schedule one session per week at an agreed upon time and day. These sessions normally last 50 minutes. If a session starts late, it is at the discretion of the therapist if the session will end at the scheduled time.

## **PROFESSIONAL FEES AND PAYMENTS**

Our posted fee is \$175 for an initial assessment and \$125 for subsequent sessions. If you have insurance, these fees will be reduced to the rates we have agreed to as a contracted provider to your insurance company. If you have questions about your coverage, you should contact your insurance company.

In addition to weekly appointments, we charge \$125 per hour for other professional services you may need (report writing, telephone conversations 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 us). If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party.

Payment, including any insurance copays or deductibles, are due at the time of your scheduled session. We accept Debit and Credit card payments at the time of service or you can enroll in AutoPay in our Client Portal. You are responsible for all fees incurred if insurance or other vendor does not pay for any reason. In circumstances of unusual financial hardship, we may be willing to negotiate a payment installment plan.

If there have been no payments to your account for more than 45 days and arrangements for payment have not 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 which will require us to disclose otherwise confidential information.

## **INSURANCE REIMBURSEMENT**

Most health insurance policies will provide some coverage for mental health treatment. We provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you are responsible for payment of any deductible, co-payment and co-insurances as determined by your policy. 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. Defining You assumes no liability for any benefit information that is misquoted by your insurance carrier. It is your ultimate responsibility to be aware of your insurance coverage, limitation, and terms and conditions of your policy.

You should be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide. We are required to provide a clinical diagnosis to bill for services and are occasionally required to provide additional clinical information. By signing this Agreement, you agree that we can provide requested information to your carrier. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above (unless prohibited by contract), and we will provide a statement which you can submit to your insurance company for reimbursement.

## **CANCELLATION POLICY**

By signing this document, you agree that when setting an appointment with Defining You, LLC, you are entering into a contract for professional time and services. By entering this contract, you are specifically contracting for services to prepare for your session in advance. In the event that you are unable to keep an appointment, you must notify your therapist at least 24-hours in advance to be released from the contract for Defining You, LLC and your therapist's time and services of preparation for your session. If you fail to cancel your appointment within the 24-hour minimum time-period prior to your session, you will be charged the full fee for the missed session. Please note that insurance companies do not reimburse for missed sessions.

## **APPOINTMENT REMINDERS**

You can choose to receive automated appointment reminders via text and/or email prior to your scheduled appointment time. This is a service provided by Simple Practice, our practice management system. Please do not to rely solely on these automated reminders, as cancelling your appointment within the 24-hour window remains your responsibility. Standard text fees may apply. Please communicate with your therapist if you would like to have text and/or email reminders activated in your account.

## **COMMUNICATIONS POLICY**

It is important that to be able to communicate and keep the confidential space that is vital to therapy. Please speak with your therapist about any concerns you have regarding the communication policy and methods outlined below.

Below are the most effective ways to contact your therapist:

- By phone (248-805-1312) You may leave messages on the voicemail, which is confidential.
- By the secure contact page on the website ([www.definingyoucounseling.com/contact](http://www.definingyoucounseling.com/contact)).
- If you wish to communicate with your therapist by email or text message, please inquire about the potential confidentiality risks of doing so. Although Defining You, LLC's email and text messaging software is HIPAA compliant, the software you use to contact your therapist is likely not.

Please refrain from contacting your therapist using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and your therapist does not monitor them closely for important messages from clients. It is our policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. as it may compromise your confidentiality. Defining You has a business account page for Facebook, Instagram, and Pinterest that you are welcome to follow. However, please do so only if you are comfortable with the general public being aware of your name attached to Defining You Counseling and Consulting.

### **Response Time**

Your therapist may not be able to respond to your messages and calls immediately. When unavailable, our calls will be routed to a monitored voicemail. We will make every effort to return your call within 24 business hours. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town.

### **Emergency Contact**

If you are ever experiencing an emergency, including a mental health crisis, please call 911 or the Common Ground helpline at 1-800-231-1127.

If you need to contact your therapist about an emergency, the best method is:

- By phone (248-805-1312)
- If you cannot reach your therapist by phone, please leave a voicemail and then follow up with a secure text message.  
Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. So, please refrain from using SMS as your sole method of communicating with me in emergencies.

### **Disclosure Regarding Third-Party Access to Communications**

Please know that electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications.

If you use your work email to communicate with your therapist, your employer may access those email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages exchanged with your therapist.

## LIMITS OF CONFIDENTIALITY

All communication and records with your therapist is confidential and will not be released to any third party without written authorization from you, except in accordance with state law. Exceptions to confidentiality include, but are not limited to:

- When the client signs a written release of information
- Situations where the client expresses a threat of serious harm to themselves or someone else
- There is reasonable suspicion of child, elder, or dependent adult abuse
- To acquire payment for services or billing purposes, including health insurers or to collect overdue fees
- Cases in which the therapist is court-ordered to testify or produce records
- Consultations or supervision with health and mental health professionals about a case.
  - During a consultation, we make every effort to avoid revealing the identity of the our client. The other professionals are also legally bound to keep the information confidential.
- Or as outlined in the “Notice of Privacy Practices”

## PROFESSIONAL RECORDS

Defining You uses Simple Practice, LLC as my practice management software for scheduling, case management, and therapy notes. Simple Practice, LLC uses a HIPAA compliant software, so your information will be securely kept. Except in unusual circumstances, you may examine and/or receive a copy of your Clinical Record if you request it in writing.

## MINORS AND PARENTS

Clients under 18 years of age and their parents should be aware that the law may allow parents to examine their child’s treatment records. They should also be aware that patients over 14 years of age can consent to, and control access to information about, their own treatment up to 12 sessions or 4 months. While privacy in psychotherapy is very important, parental involvement is also essential to successful treatment. Therefore, it is usually our policy to request an agreement from any client between 14 and 18 and his/her parents allowing us to share general information with parents about the progress of treatment and the child’s attendance at scheduled sessions. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

## AGREEMENT TO ENTER INTO A THERAPEUTIC RELATIONSHIP

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, acknowledge receipt of the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, and you agree to the policies specified herein.

### Adult Clients:

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

### Minor Clients

This section must be completed by the parent(s) or legal guardian(s) of each child who attends session. It is the policy of Defining You to require the signatures of both parents for treatment in any divorce situation.

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

The signature of the therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date