Wholeistic You, PLLC THERAPIST-CLIENT SERVICE AGREEMENT

This document contains important information about our professional services and business policies. You will have the opportunity to review information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care options. The law requires that we obtain your signature acknowledging that I have provided you with this information at the first session. When you sign this document, it will represent an agreement between you and Wholistic You. Please carefully review the following information and feel free to ask any questions you may have.

Psychotherapeutic Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the mental health professional and the client, as well as the particular problems that you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is a collaborative effort between the therapist and client. In order for therapy to be successful, it will call for a very active effort on you part.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue therapy. You should evaluate this information along with your own opinions of whether you feel comfortable engaging in this process. Therapy often involves a large commitment of time, money, and energy, so, you should be careful about choosing a therapist. If you have any questions about our procedures, they can be discussed whenever they arise. If, for whatever reason, we do not feel like a good "fit" for you, your therapist will be happy to provide you with referrals to another mental health professional.

Sessions

Therapy sessions are generally 50 minutes in length.

Cancellations

We would greatly appreciate notification of the need to cancel a scheduled session as early as possible. Once an appointment is scheduled, you will be expected to pay for it unless you have provided a minimum of 24 hours advance notice of cancellation. It is important to note

that insurance companies do not provide reimbursement for cancelled sessions; therefore, you will be charged for the full session fee, not just the amount of your co-payments. Please be aware that frequent cancellations may result in your therapist's inability to hold a set appointment time slot for evening appointments.

Professional Fees

The standard fee for an Individual 50 minute session is \$110.

Payments for services are required at the time they are provided. We accept payments in the forms of cash, checks, and charges (Visa/MC). You will be responsible for all bank fees if a check is returned from the bank. You will receive a statement with each payment that will provide all information that is necessary for you to file for any benefits for which you may be eligible.

Insurance

You are responsible for knowing your individual benefits/coverage. It is crucial that you find out if pre-certification is required for services and any exclusions of services.

Contact Procedures

Our clinicians are not immediately available by phone, but a message can be left on a confidential voicemail at any time of the day. Every effort will be made to return your call within 24-48 hours with the exception of weekends or holidays. Please let the therapist know if there are any special instructions regarding leaving messages on your device or with family members or co-workers.

This office <u>does not</u> provide emergency services. In the event of an emergency, please contact the appropriate service (police, fire, hospital) or all 911. Your therapist will you assist in the development of a detailed crisis plan as needed.

Confidentiality

Your therapist is ethically bound to keep all shared information confidential. However, there are circumstances when the law requires our therapist to disclose information. These include: actual or suspected child abuse or elder abuse, protection from self-harm or harm to others, and legal situations when records or information are being requested.

Professional Services and Policies Agreement and Consent

l,	, understand and agree to the following:
Review of HIPPA Privacy Notice	Initials
Receipt of Psychotherapy-Client Service	Agreement Initials
Fee Policies Unless otherwise arranged, I will provide payme be made with cash, check or credit cards. In the will be responsible for reimbursement of the chapplicable service charges. Standard sessions a	e event of a returned check, I understand that I neck/charge amount plus payments of any
all services rendered. I authorize this therapist rendered. I authorize this therapist to submit to any clinical information about my diagnosis and services and/or to process these insurance clair knowing my own insurance coverage and limitation.	o my insurance company or their representative If treatment that is necessary to authorize ms. I understand that I am responsible for ations and when precertification is required. I see of payment and that I am responsible for the
Missed Sessions I am responsible for the full cost of any schedul minimum of 24 hours advanced notice. These	Initialsed appointment that I cancel or miss without a charges are not covered by insurance plans.
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Client Signature	 Date	
Therapist Signature	Date	