

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 Wholeistic 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 your 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 does not provide emergency services. In the event of an emergency, please contact the appropriate service (police, fire, hospital) or call 911. Your therapist will 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

I, _____, understand and agree to the following:

Review of HIPPA Privacy Notice

Initials_____

Receipt of Psychotherapy-Client Service Agreement

Initials_____

Fee Policies

Initials_____

Unless otherwise arranged, I will provide payment in full at the time of service. Payment may be made with cash, check or credit cards. In the event of a returned check, I understand that I will be responsible for reimbursement of the check/charge amount plus payments of any applicable service charges. Standard sessions are **\$110** for a 50 minute session.

Insurance

Initials_____

I authorize payment of medial benefits from my insurance company to Wholeistic You, PLLC for all services rendered. I authorize this therapist to file insurance claims for the cost of services rendered. I authorize this therapist to submit to my insurance company or their representative any clinical information about my diagnosis and treatment that is necessary to authorize services and/or to process these insurance claims. I understand that I am responsible for knowing my own insurance coverage and limitations and when precertification is required. I understand that said benefits are not a guarantee of payment and that I am responsible for the entire bill including any deductibles or expenses the insurance does not cover.

Missed Sessions

Initials_____

I am responsible for the full cost of any scheduled appointment that I cancel or miss **without a minimum of 24 hours** advanced notice. These charges are not covered by insurance plans.

Emergencies

Initials_____

I understand that this office does not provide emergency services. In the event of an emergency, I know to contact the appropriate emergency service (police, fire, hospital). This office can assist in the development of a detailed crisis plan as needed. My emergency contact will be contacted as well. **IN A MEDICAL EMERGENCY, DO NOT EMAIL OR TEXT. CALL 911 OR GO TO YOUR LOCAL EMERGENCY ROOM.**

Client Signature

Date

Therapist Signature

Date