



ZION RESTORATION COUNSELING SERVICES
ZION RESTORATION COUNSELING SERVICES
Hope, Healing & Transformation

INFORMED CONSENT

Welcome to my private practice. This document contains important information about our professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them at our intake session. When you sign this document, it will represent an agreement between us.

CLIENTS RIGHTS

You are entitled to receive information about methods of therapy, the techniques used, the duration of therapy if known, and the fee. You may seek a second opinion from another therapist and may terminate therapy at any time.

CONFIDENTIALITY

The information provided by you during therapy is legally confidential except as required by law. There are exceptions to the rule of confidentiality. In general, these exceptions include:

1. The law requires reporting cases in which:
 - The client may present a danger to self or others,
 - There is indication of child abuse or neglect or elderly abuse or neglect.
2. Therapist(s) and/or records may be subpoenaed in Court proceedings including but not limited to child custody, criminal, and delinquency cases. If exceptions arise regarding confidentiality, they will be discussed with you.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular challenges you bring forward. There are many different methods I may use to approach the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will be required to actively work on things we talk about, both during our sessions and outside of sessions. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I 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 with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise.

SESSIONS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If you decide to continue psychotherapy, I will schedule one 50-minute session (one appointment hour of 50 minutes duration) per week, unless it is determined that you need to be seen more frequently.

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **48- hours** advance notice of cancellation. If less than **48- hour** notice is given you will be required to pay **\$80.00** for the missed appointment, which must be paid before the next scheduled session. **Both Monday and Tuesday appointments must be cancelled by the previous Friday.** _____ (initials required)

* Please note that even if you are not intending to pay by credit card, I ask that you fill out the credit card authorization. This authorization remains on file if you no-show for your scheduled appointment, do not give a 48-hour cancellation notice or if a session is conducted by phone. _____ (initials required)

Regarding cancellation due to weather, Zion Restoration Counseling Services policy is as follows: If Fairfax Public Schools is closed, you **will not be charged** for a missed session if you are unable to make it. If Fairfax Public Schools is open, we are open and the cancellation policy is enforced. _____ (initials required)

BETWEEN-SESSION-CONTACT

Boundaries are very important in the therapeutic relationship. Part of our job as therapists is to help our clients recognize the importance of boundaries and help them learn to adhere to and/or maintain good, healthy boundaries. Our role is to help you in session, so that you can go out into the world and practice the things you've learned. It is for this reason that Zion Restoration Counseling Services has a strict between-session contact policy. Phone calls and emails that are kept to 10 minutes are allowed between sessions, when necessary. Any emails or phone calls over 10 minutes will be charged at a rate of \$50/hr (or the hourly rate predetermined by you and your therapist). Texting is to be used for scheduling purposes ONLY. **Texting** is not to be used to update your therapist throughout the week. If you are a parent and your child is in therapy; you will be expected to attend the first 5-10 minutes of each session to update the therapist on your child's progress and/or to address any concerns. Phone calls or emails will not be answered between the hours of 6pm and 8am. All phone calls will be returned within 48 hours. If you are experiencing an emergency please visit the nearest emergency room.

PROFESSIONAL FEES

My hourly intake fee is \$ 160 and \$130 (each session thereafter). In addition to weekly appointments, I charge for other professional services you may need, that are not covered by your insurance provider. I will break down the hourly cost if I work for periods of less than one hour.

Other Services Include:

- Report Writing: \$150.00/hr
- Telephone conversations lasting longer than 10 minutes: \$50.00/hr
- Attendance at meetings with other professionals you have authorized: \$250.00/hr
- Preparation of records or treatment summaries \$250.00/hr

Court/Legal Fees:

Clients are discouraged from having their therapist subpoenaed or having to provide records for the purpose of litigation. Even though you are responsible for the testimony fee, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional opinion. Furthermore, if I see both a husband and wife separately or a child and parent separately, there is an obvious conflict of interest. I would rather not damage the trust I have built in the counseling relationship with each client, especially if I am still seeing that person for therapy.

If I am subpoenaed, then the attorney or office staff will need to call my office and set up a time for the subpoena to be served during office hours. I request a minimum of 72 hours notice of any court appearance, in order to re-schedule my clients within a reasonable time frame.

Please note: If a subpoena or notice to meet attorney(s) is received without a minimum of 72 hour notice there will be an additional \$300.00 “express charge.”

When it comes to court action, the following fees are in effect:

- Preparation Time (including submission of records): \$250/hr (billable in 15 minute increments)
 - Phone calls: \$250/hr (billable in 15 minute increments)
- Depositions: \$375/hour
- Time required in giving Testimony: \$375/hour
- Mileage: .40/mile
- Time away from Office due to Depositions or Testimony: \$350.00/hour
- All attorney fees and costs that are incurred by the therapist as a result of the legal action.
- Filing document with the court: \$100
- Minimum charge for a 4-hour court appearance: \$1500 whether or not I testify in the court case. Anything longer than 4 hours will be billed at the rate of 375.00 an hour. **Payment is expected upon receipt.**

A prepayment of \$2000 will be required prior to any contact with your attorney or other collaborative in your custody/court case.

All fees listed above double if the therapist is scheduled to be out of town.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment for other professional services must be paid in advance. If your account has not been paid for more than 60 days by you or your insurance company, and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the

claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. It is my legal right to disclose this information in the event that I need to collect overdue payments. Only cash or credit card is accepted for payment.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers and what the reimbursement procedure entails. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes, I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

CONTACTING ME

I am often not immediately available by telephone and I probably will not answer the phone when I am with a patient. I do not have specific call-in hours. When I am unavailable, you may leave me a message on my confidential voice mail, which I monitor frequently. I will make every effort to return your call within 48 hours with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or go to nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

TERMINATION

It is always best to have a closing session when finishing therapy. If for some reason you chose to forgo this session, and do not inform your therapist of your decision to discharge, s/he will reach out to you over the course of 30 days to discuss scheduling a termination. If we do not hear from you, Zion Restoration Counseling Services will close your file after the end of the 30 days, and you will no longer be considered a client. You are always welcome to contact us when you wish to resume therapy services.

Patient Name _____

Patient Signature _____ Date _____

Parent Signature _____ Date _____

(If patient is a minor)

Therapist Signature _____ Date _____