Welcome to my practice! You are taking a valuable step towards mental health healing. Please take a few moments to read and complete this document, which describes my professional therapeutic services and business policies. It will serve as your agreement for personal treatment (or, if appropriate, treatment for your child or ward), so please ask any questions you may have.

**Therapeutic Services**

I am a licensed professional counselor and have worked for the past 12 years in residential and private practice. I provide individual and group counseling for children, adolescents and adults with issues ranging from mood and anxiety disorders to stress management. I also specialize in working with young children and their parents.

My approach to therapy is goal-directed, which means your counseling sessions will be designed to help you overcome your current challenges and reach your goals. I may use many different methods to treat the problems that you hope to address, including cognitive-behavioral strategies, play and mindfulness training. However, psychotherapy is not like a medical doctor visit. It calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Discussing any unpleasant aspects of your life may lead to uncomfortable feelings such as guilt, anger and sadness. However, the benefits of reaching your goals can lead to improved relationships, solved problems and stable mental health.

Our first few sessions will involve an evaluation of your needs. By the end of this period, I will be able to offer you some first impressions and should you choose to continue with therapy we will develop a treatment plan together. Successful therapy involves time and money commitments, so you should be very careful about the therapist you select. Whenever you have questions or concerns we will discuss them. If you have persistent doubts, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Most therapy relationships end when the client’s goals are achieved. However, there could be circumstances in which you or I will end the relationship regardless of the other’s preferences. You are free to end therapy at any time for any reason. I hope you would tell me your plan rather than just not return. If your plan is to end before meeting your goals, a final session can be scheduled to review your progress and discuss any referrals that might be beneficial to you. I reserve the right to end our therapeutic relationship if any policies and procedures stated in this agreement are not abided by.
Meetings

Once psychotherapy has begun we will initially meet weekly for a 45-50 minute session, although sometimes sessions will be longer or more frequent. Once an appointment time has been agreed upon and scheduled, you will be expected to attend and pay for it unless you cancel with at least 24hrs notice. Please use the office phone line or e-mail to cancel sessions. If you are late for your appointment, you will still be charged for the entire time allotted for the meeting.

If I believe you are under the influence of drugs or alcohol at the time of an appointment, I may not begin or I may end the session and ask you to find a safe method of transportation home. In such case, you will still be charged for the session.

Children may not attend counseling sessions unless they are the client of the session. Children, under five, may not be left unattended in the reception area. If necessary, feel free to bring another adult with you to watch your children when you are in session.

Contact between Sessions

Please feel free to reach me through phone or e-mail during my business hours (M, W, TH: 11am-8pm, T, F: 10am-7pm). On weekends messages will be returned if urgent. Although I am often not immediately available by telephone, I frequently check messages and will return your calls according to the instructions on the answering service. If you are unable to reach me, and feel you are experiencing a true emergency please go to your local emergency room and ask for the mental health clinician or psychiatrist on call. If I am unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Professional Fees and Payments

My hourly fee is $130, and is based on the time I commit to work with you following a usual and customary schedule. I often break down this charge into 10 minute increments, so for example a 50-minute session would cost $110, rounded to the nearest dollar. In addition to weekly appointments, I charge this amount for other professional services you may need. Other services can include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings and any other service you may request of me. If you need my participation in any legal proceedings, including testifying for a third party, my hourly rate will double. If your clinical records are subpoenaed or I am subpoenaed, you will be liable for fees generated from any associated time, i.e. testimony, travel, and postage. Periodically my fee rate is reassessed. If the fee should change, you will be informed no less than one month prior to a fee increase.

You will be expected to pay your assessed charge for each service at the time it is provided, unless you have insurance coverage for which I am a contracted provider. In proven circumstances of extreme financial hardship, I may be willing to negotiate a fee adjustment or create a payment installment plan. Should any part of your account become 60 days past due, you will also be liable for a late charge of $25. There will be a $30 charge for checks returned for insufficient funds. After the first returned check, you may no longer be allowed to pay by check.
Insurance Agreement Statement

If you have a health insurance policy, it will usually pay for some percentage of your treatment. If I am a contracted provider with your insurance company, I will fill out forms and bill the company for assignment of the benefits to which you are entitled. However, you are responsible for the full payment if your health insurance company does not provide payment. You will always be responsible for any co-payments or co-insurance money. In the event you have an insurance plan I do not accept, I will furnish you with all the information required for you to submit your own claims. Please be advised that insurance companies do not reimburse for missed sessions. In this case you will be responsible for paying your assessed charge, not just your usual insurance co-pay.

You should be aware that your insurance company may require you to authorize me to provide the company a clinical diagnosis. Sometimes I will have to provide additional clinical information such as treatment plans or summaries. This information will become part of the insurance company’s files. Though your insurance company may promise to keep such information confidential, I have no control over what it does with the information once it leaves my hands.

Primary Insurance Information: Name of Carrier ________________________________

Client Name: _____________________________ Insured Name: (if different) _____________________________

Insured social security number: _____________________________ Client Birthdate: _____________________________

Member ID number: _____________________________ Group number: _____________________________

By signing this contract you are authorizing Diana Furrow, LPC to apply on your behalf for payment for services rendered. You are requesting payment be made from _____________________________ (insurance carrier) to Diana Furrow, LPC. You are certifying that any information you provided concerning your insurance company is correct. You further authorize the release of any necessary information, including medical, to the above insurance carrier in order to determine the benefits to which you may be entitled.

You are also being made aware that any deductibles on your plan must be met before insurance will cover the charges for services rendered. If your insurance company fails to make payment within 90 days of services rendered, you are responsible for immediate payment of the remaining balance, in full.

Confidentiality

Confidentiality is maintained as a part of the counseling process in accordance with the ethical standards set forth by my profession and applicable law. Parents, regardless or custody, may access their child’s records. Your written authorization is required for the release of any information or records to sources outside of my office (i.e.: doctors, school personnel). Exceptions are made to this policy, as mandated by law, in the event of the threat of danger to the client or to another party, including reports of child or elderly abuse, or in the event of a court order. These situations have rarely occurred in my practice. If one does, I will make every effort to fully discuss it with you before taking any action. Another exception is that I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together.
Your signature below indicates that you have read this document and that any questions you had about it or the therapy process have been answered to your satisfaction. You hereby agree enter into a professional therapeutic relationship with me and abide by the terms of this document during that professional relationship.

__________________________________________________________
Print Client Name

__________________________________________________________
Client or Parent (Guardian) Signature

__________________________________________________________
Date