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Client Contract

This document contains important information about my professional services and business policies. This is information you have a right to know and consider before making a decision about using or continuing to use my services. Please read this document carefully and discuss any questions or concerns you may have before signing it. When you sign this document, it will represent an agreement between us.

1. **Counseling Relationship**: It is my intention to create a safe and trusting atmosphere in which clients can begin to examine patterns of behavior, thoughts, or emotions that may be interfering with areas of their life. My goal is to assist clients to set goals for themselves and work together to reach them. In order to achieve this, I will first collect information such as medical and emotional history, present issues, prior problems with relationships, and physical and mental health.

2. **Office Expectations:** Please help ensure a comfortable environment by remaining quiet in the waiting area or bathroom area. Remember, other sessions are in progress. Put your cell phone on silent or vibrate, and take phone calls quietly or step outside. Disruptive persons will be asked to exit the building in order to maintain a serene, confidential environment.

3. **Parent/Guardian Expectations:** An important aspect of working with children and adolescents is cooperation from parent(s) to implement behavior plans and strategies to help improve behavior through consistent rules, rewards, and consequences. If the parent(s) are unwilling to follow through with implementation and therapy is ineffective, a referral may be made to a more appropriate therapist or agency.

   It is the expectation that the true legal guardian is the person listed on the intake form.

4. **Security:** A security camera is installed in the waiting area of our office to ensure the safest environment for the staff and clients. If you have any questions or concerns regarding confidentiality due to the camera, please let me know.

5. **Session Fees:** The initial intake appointment fee is $120.00. Individual session fees are $90.00 per 50 minute session, $45.00 per 25 minute session, and $120.00 per 75 minute session. A typical session is 50 minutes. I accept the following insurance, including all of the Blue Cross Blue Shield, Life Synch, MHPNet/Coventry, CompCare, ComPsych and Medicare, . Payment is expected at the time of the appointment. I accept cash and checks. A $25.00 fee will be applied for NSF checks.

6. **Substance Use Policy:** If a client arrives to session under the influence of alcohol or drugs, he/she will be asked to leave and will be billed for the session. If a person is unsafe to drive or walk from the appointment, appropriate authorities will be notified for assistance.

If during treatment, it becomes concerning that substance abuse may be interfering in an individual's mental health, he/she may be required to comply with drug testing, at the client's expense, in order to proceed with treatment. I can provide referrals for drug testing, if needed. Should he/she refuse to comply with screens, an appropriate mental health referral may be made.

7. **Privileged Communication/Confidentiality:** Confidentiality and privileged communication remain a right of all people involved in counseling, according to the State of Louisiana. As I participate in any supervision, peer, or student contact, I may share general, non-descriptive information (no names, etc.) for your child's best treatment.

Please note: some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being or against themselves, it is the counselor's responsibility to warn appropriate individuals of such intentions. Additionally, any suspicion of child abuse in any form MUST be reported immediately to appropriate authorities.

If the client uses a third party for payment (insurance), client information may be released for billing or auditing purposes. Client information will be released in order to collect past due fees, when necessary.

By signing this document, you are aware that you are authorizing the release of information to and from your child's primary care physician, any other appropriate health care professional, or school personnel, as needed.

8. **Correspondence:** At times, information will need to be exchanged with another professional and it may be necessary to charge an additional fee if such correspondence is detailed and time consuming. While my office fax machine is confidential, it is accessible by all staff in the office. Texting and email is only advised for appointment scheduling. Privacy is not guaranteed when using email, internet, or texts.

I have a confidential voice messaging system available 24 hours per day at . I am often not immediately available by phone. When I am with a client, I will not answer the phone. Please leave a voice message each time you call and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays.

9. **Court Issues:** I am not a legal service and do not involve myself in legal issues. I feel that the confidential relationship between my clients and myself is the foundation of treatment and do not intend to jeopardize the relationship. In the event that I must become involved in a court issue, even if by a third party, you will be required to pay all legal costs incurred on my behalf as well as my professional time. Because of the difficulty of legal involvement, my hourly rate for court matters is $180.00, plus the cost of travel time, expenses, phone consultation, letter compilation, communication with attorneys, record(s) review, and testifying in court, all of which will be included in total cost. Half day court appearance = $720.00 (plus any legal fees I incur, plus previously mentioned expenses); Full day court appearance = $1,400.00 (plus any legal fees I incur, plus previously mentioned expenses). Insurance and/or Medicaid will not reimburse for court expenses, therefore, you will be responsible for any costs.

10. **Cancellations:** Once an appointment is scheduled, you will be expected to pay for it unless you cancel 24 hours in advance. A 24-hour answering machine is available at (225)372-5501 ; please leave a voice message if you do not reach me. If you miss an appointment without calling to cancel or speaking with me directly about the missed appointment, you will need to reschedule any future appointments you may have scheduled in advance, regardless of whether you still receive a computer generated confirmation of a future appointment. After a 2nd missed appointment, a referral may be made to another therapist or agency. If you are more than 20 minutes late for your appointment and have not called to notify me, I may not be available to see you, as I may move appointments up or leave for the day. In the event that you arrive late and are able to be seen, your appointment will still end at the scheduled time and you will be billed for the entire session.

11. **Emergency Situations:** My office phone, email, nor text messaging represent an emergency access point. Should you require immediate attention or find yourself in crisis, please call your physician, the crisis hotline (1-800-TALK), 911, or report to your nearest emergency room.

Please sign and date below for the most efficient handling of your child's care.

I have read and understand the above information. I hereby sign in agreement.

_____ Date _____

Signature of client or signature of legal guardian if client is a minor