

Navigator Counseling, Inc.

3421 Hawthorne Avenue, Richmond, VA 23222

www.navigatorcounseling.com

Psychotherapy Services Agreement

Client Name: _____ **Date:** _____ **Age:** _____ **DOB:** _____

Phone Numbers: (Home) _____ **(Cell/Text Capable):** _____

Primary Email Address: _____

Billing Address: _____

Emergency Contact Person: _____ **Number:** _____

How did you hear about Navigator Counseling? _____

Credit/Debit Card #: _____ **Expiration: Month** _____ **Year** _____

CVV Code: _____ **Zip Code of Billing Address:** _____ **Type of Card:** _____

Welcome. This document contains important information about our professional services, business, and financial policies. It also contains information about our policies and practices to protect the privacy of your health information. Please read it carefully and discuss any questions you may have with me. When you sign this document, you will be stating that I provided you with this information and it will represent an agreement between us.

Psychotherapy Services: Psychotherapy varies depending on the therapist, the client and the client's particular situations and goals. There are many different methods I may use to deal with your particular situations and goals. In order for therapy to have the best outcome you will have to invest energy in the process and work actively on things we talk about both during and between our sessions.

Psychotherapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety or frustration when discussing aspects of your life. Psychotherapy has been shown to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your situation and needs and we will discuss goals you want to work towards. I will offer you some information so that you will have an idea of what our work together will be like if you decide to continue the therapy with me. During this time, we can both decide if I am the best person to provide the services you need. Psychotherapy can involve a significant investment of time, energy and money, so it is important that you select a therapist you are comfortable working with. If at any time you have questions about any aspect of our work together, please discuss them with me. If you decide that you do not want to continue in therapy with me, please tell me if you want me to help you try to find another therapist or other appropriate resources and I will do so.

Sessions: I schedule 45-minute sessions with clients usually once per week, and sometimes twice a week if needed, at a time we agree on. Sometimes we will meet less than once per week if that is consistent with a treatment plan we both agree to. If you arrive late for an appointment, we will only be able to meet for the remaining time of our scheduled 45 minutes. I end sessions at 15 minutes before the hour.

Contacting Me: Communication should be limited to scheduled session times, in order to insure proper boundaries and confidentiality. If there are business reasons for communication outside of scheduled sessions, fees apply for time spent with email, voicemail, correspondence, etc. I do not take calls while I am in session, so please leave a voice mail message, text message, or email, and I will make every effort to return your call/text/email as soon as possible (usually within a few hours and almost always within 24 hours). If you are difficult to reach, please leave times or method of communication which best suit you. At times when I will be unavailable for an extended period, I will provide you with the name of a colleague to contact if necessary. If you choose to use text or email communication, please do not include private information, as these methods of communication are not secure, and your privacy and the confidentiality of your information is paramount. If your reason for communication is clinical but non-emergency, I will spend time listening to provide support and assess your mental state, and then encourage you to schedule an additional appointment as soon as possible to address your needs in person/in session.

If you are in an emergency situation, immediately call 911 or call or go to the nearest hospital emergency room and tell them what is happening. If you call me, I will get back to you as soon as I possibly can in such situations, but I may not be able to get back to you immediately. Therefore, if you can't wait for me to return your call because of your situation, or if you do call me and follow my voicemail instructions for emergencies and you do not hear back from me within 5 to 10 minutes, you should immediately call 911, or go immediately to the nearest emergency room and tell them what is happening.

Professional Records: The laws and standards of my profession require that I keep treatment records. You are entitled to examine and/or receive a copy of your records if you request it in writing unless I believe that seeing them would be emotionally damaging, in which case I will send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to people who are not mental health professionals. Therefore, if you want to see your records, I recommend that you review them with me so we can discuss the contents. We reserve the right to charge you for the costs of copying and sending your records if you request them.

Confidentiality: In general, the law protects the privacy of all communication between a client and a therapist. I can only release information about your treatment to others if you sign a written authorization form. You can revoke any such authorizations at any time in writing. However, in the following situations your authorization is not required for me to release information:

- If I believe that a client is in imminent danger of attempting serious physical harm to herself/himself, I have an obligation to intervene, which may include pursuing hospitalization and/or contacting family members, friends or others who can help provide protection. If I believe that a client is likely to attempt serious physical harm to someone else, I have a duty to intervene, which may include contacting the police, warning the intended victim(s) and/or pursuing hospitalization.
- I am required to report any suspected physical or sexual abuse or neglect of a child under 18 to the Virginia Department of Children and Family Services as soon as it comes to my attention. Likewise, I am obligated to report any suspected elder abuse to the appropriate agency if the elderly person is not capable of reporting the abuse herself/himself. Once such reports are made, I may be required to provide additional information.

For the situations described above regarding potential harm to self or others and suspected child or elder abuse or neglect, I will try to discuss it with you whenever possible before I take action and I will limit my disclosure to what is necessary.

- If you become involved in a court proceeding, in most cases you have the right to prevent me from providing any information about your treatment. However in some proceedings such as those involving child custody or those in which your emotional condition is an important issue, a judge may order my testimony with a court order if she/he determines that the issues require it.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- I occasionally find it helpful to consult with other professionals about a case. In these consultations I make every effort to avoid revealing the identity of the client and the consultant is legally bound to keep any information discussed 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. I will note all consultations in your record.
- In our practice, I may need to share protected health information with my business partner, Katie Hill, MS, CIR for both clinical and administrative purposes, such as billing, scheduling and quality assurance. Katie Hill, MS, CIR is bound by the same rules of confidentiality as I am.
- Our practice may have some contracts with businesses such as a practice management software company. As required by federal law, we have formal business associate contracts with any such businesses in which they promise to maintain the confidentiality of all data. If you wish, I can provide you with the names of any businesses we contract with and a blank copy of such a contract.

While I am not an attorney, please discuss any questions or concerns you have about confidentiality with me at any time. If you have specific legal questions about the laws regarding confidentiality, the exceptions, and how it may relate to your situation, please seek formal legal advice from an attorney.

Other Client Rights: If you would like, I will discuss with you more details about any of the following:

- You have the right to request and receive from me confidential communication of your protected health information by alternate means or at alternative locations.

- You have the right to request that I change information in your record. I require such requests in writing along with your reasons for your requested changes. I may deny your request.
- You generally have the right to receive an accounting of any disclosures I have made of your protected health information, which did not require your authorization.
- If you are concerned that I have violated your privacy rights or you disagree with a decision I made about access to your records, I would like you to inform me as soon as possible so we can try to resolve your concerns.

Dual Relationships: For the purpose of professionalism and relational clarity, it is our policy to not accept gifts in excess of \$10 value from the client. As a matter of policy, if we see each other in a public setting, the counselor will not acknowledge the client unless the client does so first. In addition the counselor does not engage in social relationships with client or accept invitations to attend client's social functions.

Social Media: For the purpose of maintaining professional boundaries and client confidentiality, I do not connect with clients over social media.

Professional Fees & Payments: You will be expected to pay the full fee for the session at the time of service. We accept payments by check, cash, or credit card. If you make a payment by check and your check does not clear due to insufficient funds or any other reason, you will be expected to reimburse us in full for any related bank fees that we are charged as a result. If you do not have a method of payment at the time of service, the credit card number you have left on file may be charged at your request. Fees for communications and paperwork outside of sessions will be charged remotely using on-file credit card information.

\$ _____ for each 45-minute individual session

\$ _____ for each 45-minute couple session

\$ _____ for every 10 minutes after 45 minutes

\$ _____ for every 0-15 minute spent processing and/or replying to text, email, or voice mail (excluding scheduling)

\$ _____ for every 0-15 minute spent processing invoicing, correspondence, and medical records

Cancellation Policy: If you need to cancel a scheduled therapy session, please do so at least **24 hours** in advance. *If you do not cancel a scheduled appointment with at least 24 hours notice, or if you fail to attend a scheduled session, you will be charged the full fee for that session remotely/automatically using the credit card on file by the close of business that day.* Your ongoing scheduled appointment time for the next week will remain scheduled unless you cancel that one as well. The time slot for your session will be held for the next week only, so please communicate clearly and confirm your appointment time.

Payment Authorization: By my signature below, I certify that I understand the payment policy of Navigator Counseling, Inc. and authorize this office to charge outstanding fees as they occur (in accordance with the payment policies described herein) to the credit or debit card provided by me above in this document. I certify that the information I have provided herein is accurate and complete. Further, I agree to provide a second credit or debit card or other form of payment and give my permission to Navigator Counseling and Psychotherapy, Inc to charge my outstanding fees/balance to that second or subsequent card in the event that the listed card expires or otherwise becomes invalid. I agree to provide the new card or payment option information within 5 days of the deactivation or expiration of the form of payment listed on this form.

Conclusion and Signatures: We reserve the right to change our policies, practices and procedures described in this document. We will notify you in writing of any significant changes. By signing below you are indicating that you have received and read the information in this document, you have discussed the contents with me to your satisfaction, and you agree to abide by its terms during the course of our professional relationship. If you would like a copy of this document, please ask me for one.

Client 1 - Print Name

Signature

Date

Client 2 - Print Name

Signature

Date

Brian Hill, LCSW

Signature

Date