

Client Services Agreement

Welcome to ACAS Counseling, LLC. This document contains important information about my professional services, business policies and it will represent an agreement between us.

Confidentiality:

- Information shared by you in session will be kept confidential. Information will not be released without your written consent, unless required by law. The court may subpoena counseling records.
- I am required by law to disclose information pertaining to suspected child abuse and threatened harm to oneself or others.
- It is understood that information regarding treatment and diagnosis may be provided to an insurance company.
- Minors: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. I will provide them only with general information about our work together, unless I feel there is a serious and high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

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.

Appointments:

- 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. I normally conduct an evaluation that may last from 1 to 3 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.
- 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. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.
- Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 50 minutes.
- Late cancellation (less than 24 hours before) and/or no-show appointments are billed to the client for the full



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amount. In the case of illness, please notify us no later than 9:00 a.m. the day of the appointment. Please leave a message if you get voice mail. If your appointment is cancelled or missed, contact the office for a new appointment time. Insurance companies will not pay for no-show charges or late cancellation charges or for telephone consultations.

Professional Fees:

- My hourly fee is \$105. Other services may include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. I consider these activities as part of your treatment and will not bill you for these unless they exceed 30 minutes and will correspond with the hourly rate. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding with a minimum of 3 hours.
- You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.
- 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 be stored in insurance company files.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- Any change in my financial situation or insurance coverage I will discuss with my therapist. In the event you find it necessary to change mental health providers and require records to be sent from ACAS Counseling, LLC your account will need to be paid in full.
- I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me if desired. I hereby authorize ACAS Counseling, LLC and my therapist to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign). I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I will bear the cost of collection and/or court costs and reasonable legal fees should this be required.

Contacting Me:

- I am sometimes not immediately available by telephone, in session or otherwise. I am usually available between 9 AM and 7 PM. When I am unavailable please leave a message with a call back number. I will make every effort to return your call on the same day you make it, 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 the nearest emergency room and ask for the psychologist [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.



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Rights and Risks:

- You may ask questions about any aspect of the counseling process.
- Therapy is most effective when you are open and can speak honestly about your emotions and experiences.
- Therapy may include talking about emotionally provoking subjects and scenarios.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

- I have been offered a copy of HIPPA forms and HIPPA has been reviewed with me.

***The therapeutic relationship is the most pertinent component in facilitating the successful resolution of a clients presenting problems. The therapeutic relationship simply defined is, the collaborative relationship between client and therapist, wholly focused on the client, to gain understanding of and effectively change the client in a manner that promotes their overall well-being.**

Client(s) Signature(s): _____ Date: _____

Therapist Signature: _____ Date: _____

