ANCHOR OF HOPE

## WELCOME & INTRODUCTION

We are grateful you have chose Anchor of Hope Counseling to provide you and/or your family with counseling services. We consider it an honor and privilege to walk alongside of you in your journey. This document contains important information about the professional services offered and policies including information pertaining to HIPAA (Health Insurance Portability and Accountability Act). When you sign this document it will represent an agreement between us. We can discuss any questions you have regarding this form at any time throughout treatment.

## COUNSELING SERVICES

It is our understanding that engaging in counseling is not an easy step for many and takes great courage to begin and continue with services as it can be difficult work at times. We will aim to provide you with the most quality care and service and are hopeful you will find increased hope and better outcomes in your life as a result of the counseling provided. It is also important to know there are no guarantees in counseling and there is the chance symptoms will worsen before they improve. To get the most gain from counseling an active effort is required on your part. It is our policy that therapist do not add or engage with any clients through any source of social media in order to maintain the highest levels of confidentiality. We do not engage in court-related work. If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this disclosure statement, you agree not to subpoena me to court for testimony or for disclosure of any treatment information; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody.

## APPOINTMENTS

Appointments will typically be 50 minutes in length. If you need to cancel or re-schedule a session, we ask that you provide 24 hours' notice. If a session is missed without giving the therapist 24 hours notice the full session fee will be assessed. If you miss an appointment more than once the therapist has a right to terminate treatment. In addition, you are responsible for coming to your session on time; if you are late your appointment will still need to end at the scheduled time.

## PROFESSIONAL FEE'S

The standard fee for the initial intake is $175 and each subsequent session is each subsequent session is $150. You are responsible for payment at the time of your session unless prior arrangements have been made. We accept cash, check, or credit card for payment. If you are using insurance for payment you may be responsible for a copay or coinsurance and it is your responsibility to understand the fee's that apply with your insurance plan as well as if your plan covers behavioral health services before entering treatment. If your insurance payment does not cover the counseling fee you will be responsible for the remaining payment. In addition to weekly appointments, phone

calls longer than fifteen minutes as well as other professional or administrative services will be charged at a rate of $25 per fifteen minutes of time. If you refuse to pay your session or no show fee's within a month of services then we reserve the right to use an attorney or collection agency (Allied Collections) to secure payment.

## PROFESSIONAL RECORDS & INSURANCE

We are required to keep records of services provided and these records are all maintained and recorded electronically through a secure and HIPAA compliant software entitled Therapy Notes, LLC. If services are billed through insurance many insurance companies require we provide them with a clinical diagnosis and at times we also need to provide copies of treatment plans, summaries of treatment, or copies of the entire record (in rare cases).

## CONFIDENTIALITY

It is extremely important to us that your confidentiality is maintained at all times throughout treatment and following treatment. No information about your identity or what occurred in session is shared with anyone. Our office fully complies with all HIPAA standards. There are some exceptions to confidentiality that apply and it is important you understand them. Those include: if you are a harm to yourself or others, if there is a subpoena from a court, or if a therapist is asked to testify in a court case or release records for legal purposes. In the event of court involvement, your counselor will consult with other professionals and limit the release to only what is necessary by law. The only other individual who may have access to your protected health information is our office secretary for inputting payments, demographics data, and insurance information.

## PARENTS & MINORS

While it is our belief that privacy is crucial to successful progress, parenting involvement in counseling can also be essential. It is our policy to not provide treatment to a child under age 13 unless he/she agrees we can share whatever information is deemed necessary with the parent. For children ages 14 and older, we request an agreement between the client and the parents/guardians allowing the therapist to share general information about treatment progress and attendance. All other communication will require the child's agreement unless therapist feels there is a safety concern in which case the therapist will attempt to notify the child of the intention to disclose information.

## CONTACTING US

We are often not immediately available by telephone as we do not answer the phone when with clients or otherwise unavailable. At these times, you may leave a message on a confidential voice mail and your call will be returned as soon as possible. If you feel you are unable to keep yourself safe please call any one of the following emergency numbers: 1) 911 2) Community Mental Health Holland emergency line at 616.396.4357 3) Community Mental Health Grand Haven emergency line at 616.342.4357. 4) Go to your local hospital emergency room. This therapist is also available through email at matt@anchorofhopeholland.com and will aim to respond to your email in a timely manner.

**Print Client Name:** _____

**Client/Guardian Signature:** _____ **Date:** _____

**Therapist Signature:** _____ **Date:** _____