



## **Agreement for Psychological Services & Informed Consent**

Welcome to Crossroads to Pathways Counseling. This document contains important information about my professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between you and Crossroads to Pathways Counseling, its affiliate companies and Independent Contractors.

### **ABOUT YOUR THERAPIST**

Our therapists have extensive training in their areas of expertise. They know what the latest research says about the most successful approaches to your challenges. We pride ourselves on being readily available to you while you are in therapy, but we want to create a relationship that lasts longer than simply making your symptoms go away. We want to help you navigate toward a greater quality of life. We don't want to "fix" then "free you" – we want to remain a resource to you in the future as well. It is important for us to give you the right therapist to fit your therapeutic needs. We want to make it as comfortable and easy as possible to engage in therapy. Your therapist will thoroughly review your intake form with you in order to get the most complete picture of 'what it is like to be you.' If additional info is needed, they may recommend some diagnostic testing and will be happy to give you a referral. We want to build a warm, trusting, and collaborative relationship with each of our clients. We appreciate and value your uniqueness, so we design a treatment plan with your stated goals in mind.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and Client, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to actively work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we 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. 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, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

## **MEETINGS**

We normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if we are the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one 55-minute session (one appointment hour of 55 minutes duration) per week at a time we agree on. Once an appointment hour is scheduled, **you will be expected to pay a \$100 no show fee unless you provide 48 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control.** If it is possible, we will try to find another time to reschedule the appointment. In the event that we need to reschedule and cannot make contact within a 24 hour time period, we will make every effort to reschedule within a reasonable time frame.

## **PROFESSIONAL FEES**

Crossroads to Pathways Counseling's hourly fee is **\$100.00-\$150.00 unless you are on a sliding fee scale.** In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, 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. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$150 per hour for preparation and attendance at any legal proceeding.

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a **fee adjustment or payment installment plan.**

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through a small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. It is my legal right to disclose this information in the event that we need to collect overdue payment.

We deeply value our relationship with you! To best provide services for you and our community, Crossroads to Pathways Counseling recognizes the following patient payment agreement. As we get started, please read each item below to ensure your understanding. For further clarification, please call our office @ 256-393-0705 or email us at [info@crossroadstopathwaysllc.com](mailto:info@crossroadstopathwaysllc.com)

- A credit/debit card is required to be on file to secure payment for services. For your protection and peace of mind your credit or debit card information will be secured in our encrypted system. You may update your credit card information through your client portal at any time, or feel free to call our office and we will do it for you.

- Copayment, Coinsurance, Deductible, and Self-Pay Client Fees can be paid by cash, check or credit card. If paying by cash or check (made to “BATT”), please give that to our front office at the beginning of each session. If paying by credit card, your fee will be processed to your card.
- Missed Appointment fees will be automatically charged to your credit/debit card in accordance with the BATT Cancellation and Missed Appointment Policy.
- We appreciate your commitment to stay current on your account while we focus on serving YOU! If you run a balance greater than \$250, services will be suspended until the balance is paid in full or a payment plan is put into place. Please note: There will be a \$35 service charge for all returned checks.

**Agreement to Pay:** By signing this agreement, you accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.3%), attorney fees and/or court costs, if such be necessary. You agree, in order for us to service your account or to collect monies you may owe, Crossroads to Pathways Counseling and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which may result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment. **You are responsible for any portion of the fees not covered by your insurance company.** The general process is as follows: You pay your copay at time of session, your services are submitted to your insurance company, and you are then billed by Crossroads to Pathways Counseling for any costs not covered by your insurance company. Please remember that insurance is considered a method of reimbursing the patient for the fee paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. Testing services are not always reimbursed. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance. Please remember that we try to work with insurance companies as a courtesy to you.

In many instances, we are able to look up your eligibility and benefits on websites provided by the insurance companies. However, the insurance companies clearly state that the information on the website is not a contractual agreement and that the information is subject to change without notice. Therefore, while we can give you a good idea of eligibility and benefits, we cannot be held accountable for differences between what we quote to you as your eligibility and benefits (based on the website information) and what the insurance companies actually pay on your behalf. YOU are responsible for reviewing your insurance policy statements and Explanation of Benefits.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions, you should call your plan and inquire. The number for this inquiry is usually noted on the back of your insurance card at the bottom. Of course, we will provide you with whatever information we can, based on our experience and will be happy to try to assist you in deciphering the information you receive from your carrier.

Many healthcare plans require advance authorization before they will provide reimbursement for mental health services, and will not reimburse for any services received before the date of the authorization form. While we are happy to help in any way possible it is your responsibility to retain the authorization form. These plans are often oriented towards a short term treatment approach, designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In our experience, while quite a lot can be accomplished in short term therapy, many patients feel that more services are necessary after insurance benefits expire.

You should also be aware that insurance agreements may require you to authorize us to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, we have no control over what they do with it. In some cases they may share the information with a national medical information data bank.

Once we have all of the information about your insurance coverage, you and your therapist can discuss what you can expect to accomplish with the benefits that are available and what will happen if the insurance benefits run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for your services yourself and avoid the complexities that are described above. Please note: Insurance rarely covers forensic psychology services.

### **CONTACTING YOUR COUNSELOR**

We are often not immediately available by telephone and we probably will not answer the phone when we are with a Client. We do not have specified call-in hours. When we are unavailable, you may leave me a message on my confidential voicemail, which we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays, unless you specify that it's an emergency. 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 or psychiatrist on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that we keep treatment records. You are entitled to receive a copy of your records, or we 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, we recommend that you review them in my presence so that we can discuss the contents. All minor records will only be released by court ordered subpoena. Patients will be charged a fee for any professional time spent in responding to information requests and/or completing documentation requests.

## **MINORS**

Any minor who is 14 years of age or older, or has graduated from high school, or is married, or having been married is divorced, or is pregnant, may give effective consent to any legally authorized medical, dental, health, or mental health services for himself or herself (Code of Alabama, Section 22-8-4). b. 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. Upon request, we will provide them **only** with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concerns. Before giving them any information, we will discuss the matter with you, if possible, and do my best to handle any objections you may have with what we are prepared to discuss.

## **Custody & Joint-Custody of Minor/Court Involvement**

The guardian initiating counseling services when there is a custody agreement or divorce decree present must bring this document to their first meeting and a copy must be left on file. Custody related assessments and determinations are not provided by our office. If you are interested in obtaining a custody determination letter or court appearance, please contact HOUSE Counseling at (256) 342-6107.

## **CANCELLATIONS AND MISSED APPOINTMENTS**

We never purposely double-book our therapy schedules. Instead, we reserve a specific time for you to receive services. Because this time has been reserved specifically for you, we expect you to provide at least 48 hours' notice if you need to cancel or reschedule the session. Sessions without 48 hours' notice will be charged a \$100 no-show fee. If you miss 2 consecutive sessions without giving us 48 hours' notice or responding to your therapist phone calls or text, we will assume that you no longer wish to receive any services. Your regular standing appointment may be given to someone else at that time. The \$100 reservation fee is not charged if you show up for the first session. Counseling sessions will be canceled after 15 minutes but this is left to the independent counselor's discretion.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a therapist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused, we must file a report with the appropriate state agency.

If we believe that a Client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the Client. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

We usually find it helpful to consult other professionals about a case. During a consultation, we will make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information

confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys, please contact a licensed attorney for legal advice regarding confidentiality.

If at any time during the course of your treatment we determine we cannot continue, we will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved. Additional conditions of termination include: You have the right to stop treatment at any time. If you make this choice, referrals to other therapists will be provided and you will be asked to attend a final 'termination' session.

Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. If you are meeting with another therapist, you must first terminate treatment with that therapist before we can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, we are ethically required to terminate your treatment. Other legal or ethical circumstances may arise and compel me to terminate treatment. In these cases appropriate referral(s) will be offered. Also, we do not diagnose, treat, or advise on problems outside the recognized boundaries of the counselor's competencies.

Other situations that warrant termination include: regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; both parents not agreeing to the treatment of a minor child under the age of 19, seeking evaluations and letters for support animals, disability determinations or arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions.

Your signature below indicates that you have read the information in the Informed Consent document and agree to abide by its terms during our professional relationship. You need only print this last page together with the other requested forms.

Client's Name \_\_\_\_\_

Patient(Guardian) Signature \_\_\_\_\_

Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_

Date \_\_\_\_\_