



Service Agreement/Informed Consent/Office Policies

Welcome to *Burke and Unger LifeWorks Counseling LLC* and thank you for choosing us for your counseling needs. Counseling and Psychotherapy help clients address thoughts, behaviors and feelings that may be causing problems. Our first goal is to help to promote permanent positive changes in behaviors and lifestyles. Our second goal is to help each client to experience the benefits of therapy utilizing strength based, evidence based and cognitive behavioral therapy. You are expected to treat your counseling commitment as a high priority in your life. Your appointment is a special period of time that has been set aside for you. This document (the agreement) includes important information about our services, policies and expectations. Please read it carefully.

Fees and Payment: Fees may vary depending on what services you choose to utilize. Our fee for an initial consultation is \$200. Our fee for a 45-50 minute psychotherapy session is \$150. If you would like a full list of fees not indicated here, you may ask for this at any time.

We currently participate with a number of different insurance companies. Prior to your appointment, please check with your insurance company to see if your therapist is a network provider. You will also need to verify your copayment and any deductibles with your insurance company. For those companies with which we participate, we will bill the insurance company directly and have agreed to accept their allowance as payment in full. Their allowance consists of their payment to us plus your copayment or deductible for which you are responsible to pay at the time of service. If we do not participate with your insurance, we will be happy to provide you with the necessary documentation that you may submit to your insurance company for the company to reimburse you for our services.

As of _____ you have agreed to in office psychotherapy at the rate of \$ _____ 1st session and \$ _____ thereafter/45-50 minutes, phone counseling at the rate of \$ _____/45-50 minutes, co-pay \$ _____, co-insurance \$ _____.

Payment is expected at or before the time of the session. Cash or check is accepted. Checks should be made payable to: Burke and Unger LifeWorks Counseling LLC. Adjustments in fees and payment schedules can be negotiated for reasons of financial need. There will be a \$35 fee for returned checks, plus any resulting charge to our bank account.

Referrals: You are responsible for obtaining a referral or authorization, if required by your insurance, from your primary care physician prior to us providing services to you. If such authorization or referral is not obtained, you will be responsible for payment in full at the time of service.

Cancellations: All appointments must be cancelled with a minimum of 24 hours' notice. If this does not happen, you will be expected to pay a \$50 cancellation fee. This is not billable to your insurance company, and is payable at your next appointment. Exceptions may be made for emergencies and sudden illness.

Confidentiality: All communications between client and therapist are considered confidential. I may not reveal any information about you or your treatment without your written permission. There are exceptions, however. The law requires us to take protective actions if we believe that you are threatening imminent serious bodily harm to someone else. Such protective actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you. If you threaten to harm yourself, we are also obligated to seek hospitalization for you or to contact family members or others who can help provide protection. We are also legally obligated to take action to protect others from harm, even if that requires us to reveal some information about a patient's treatment. For example, if we believe that a child is being abused or neglected or if an institutionalized elderly or disabled person is being abused, we must file a report with the appropriate state agency. In most legal proceedings, your written authorization is needed to release treatment records or for a therapist to give testimony, however, without a signed authorization, we can only release information if presented by an order of the court signed by a judge. We may also need to provide your insurance company with, your diagnosis and dates and types of services performed. Managed care companies may require considerable additional information to authorize visits beyond those initially approved. We will be happy to explain the extent of this information if you wish. If you would prefer not to use your insurance, please ask me about your option to pay privately.

In the case of a couple, family or joint counseling, all members of the family 14 years of age and older must sign this agreement. In order to disclose information obtained during couples or family counseling sessions, all family members attending the sessions 14 years of age and older will be required to sign an authorization allowing us to release that information. We may occasionally find it helpful to consult with other licensed professionals. We make every effort to avoid revealing the identity of our clients. The consultant is also legally bound to keep the information confidential.

If you are under eighteen years of age, the law gives your parents the right to examine your treatment records. On the other hand, it specifically prohibits parents from seeing records related to sexually transmitted diseases, termination of pregnancy, substance abuse, or any other information that your therapist feels would adversely affect your health or welfare.

Treatment Objectives, “Non-Covered Services” and Insurance: Clients come to therapy with varying levels of distress and seek to feel better and make changes in their lives. Their initial distress and accompanying symptoms usually qualifies as “medically necessary”, and is therefore reimbursable by insurance as a “covered service”. When clients begin to feel better and symptoms improve, it does not mean that therapy should be considered completed; sometimes more in-depth understanding or behavioral changes are required for greater or more lasting change. After the initial reduction in symptoms, however, insurance companies may view continued therapy as useful but no longer necessary and therefore will no longer pay for continued treatment. This has caused considerable confusion for clients particularly in managed care plans. While some plans will initially approve “up to 20 sessions,”, this number of sessions is not necessarily guaranteed. Approval is determined by the insurer’s guidelines and criteria for what is considered a “covered service.” Many clients elect to continue therapy beyond the limits of their insurance, and some choose not to use their insurance at all. We will be happy to discuss all of your options for payment as part of defining your treatment plan.

Phone Calls: There is no fee for phone calls that last 10 minutes or less; however should a phone call go significantly beyond 10 minutes, we do charge, and the clock starts at the beginning of the call. The fee will be assigned according to the duration of the call, and the hourly rate that we have agreed to for regular sessions. If we do not answer our phone immediately, and you leave a message, we will do our best to return your call within a short period of time. We do not do crisis therapy, and recommend that if you need immediate support that you call 911 immediately or go to the nearest hospital.

Social Networking: We do not accept friend requests from current or former clients on social networking sites due to the fact that these sites can compromise client confidentiality and privacy.

Chance Meeting in Public: Everyone has their own feelings regarding meeting in public, therefore if I see you in public, I will not acknowledge or approach you. If you choose to approach me, this is fine. I will not talk about any issues from therapy in public, and our conversation will be short. If a chance meeting brings up any concerns for you we will discuss it thoroughly in our next meeting.

I have read, understood, and agree to these policies:

Client

Signature _____
(14 years of age or older) **Date**

Parent Signature: _____
(If client is under 18 years old) **Date**

Therapist Signature: _____
Date