

Counseling Contract

Juanita M. Bartel, Licensed Professional Counselor

Thank you for giving me the opportunity to serve you in your counseling needs. I pledge to give you the best care that I can and will deliver to you the highest quality of service. In order to meet your needs the following information is provided for your consideration. Please read this carefully and ask any questions that you may have.

Credentials – I am a Licensed Professional Counselor in the state of Kansas, and have a Masters Degree in Counseling. I am not a physician and do not have authority to prescribe medication.

Confidentiality – It is my desire to protect your confidentiality rights as defined by law. You can be assured your records are being kept, handled, and monitored in the most professional way. No information from your records will be released to anyone without your prior written consent. However, there are certain situations in which I may be required by law to release information without your consent. These situations may include,

- Suspected child or elder abuse or neglect
- Duty to warn of homicidal intent
- Civil detention proceedings to prevent suicide
- Court ordered legal cases

In addition, there are times I will discuss your case with other mental health providers for professional consultation. Please feel free to discuss issues of confidentiality with me.

Scheduling of Appointments – I will make every effort to schedule your appointments at times most convenient for you. My sessions last approximately 50 minutes. It is your responsibility to arrive on time. If you are running late please call and let me know. **If you have not called and are not here by 15 minutes past the scheduled start time, I will cancel the appointment and bill you for the session. I must have 24 hours advance notice if you cannot attend your scheduled appointment.**

How to reach me – Should you need to reach me, please call 913-229-5762. If I do not answer, please leave a message. It may be difficult for me to return your calls if you use a call block device.

I may not immediately be able to speak with you when you try to contact me. I check my LifeLine voicemail several times daily Monday through Friday and at least once daily Saturday and Sunday. I will gladly return your call as soon as I am able. On occasion you may experience a time when speaking to me briefly outside a session would be helpful. As I receive notice of your need and am able to respond, I can provide at most two ten-minute phone crisis sessions per week without charge.

Children – Please do not bring your children unless they are a part of our session. I also ask that you do not leave children unattended in the waiting area. If you have any questions or concerns regarding children, please discuss those with me.

On occasion I may be asked to fax information regarding your treatment. This request could be made by an insurance company or another health care provider.

I **authorize** the fax transmission of information from my records. _____
Client initials

I **do not** authorize the fax transmission of information from my records. _____
Client initials

If I am away from my office, I may use a cell or cordless phone to communicate with you. These calls are not always guaranteed to be 100% secure. I need permission to talk with you on a cell or cordless phone.

I **authorize** phone calls via cell or cordless phone. _____
Client initials

I **do not** authorize phone calls via cell or cordless phone. _____
Client initials

Privacy Notice – Please read the Privacy Notice, which is mandated by federal law and the Health Insurance Portability and Accountability Act (HIPAA), and initial here _____. The notice explains HIPAA and how it applies to your personal health information. By initialing this agreement you are acknowledging the receipt of the privacy act.

Termination of Counseling – Counseling termination is permitted at any time. I do request that you talk with me before you terminate, and that you complete an exit session. The counseling agreement shall remain in effect until one or more of the following occurs:

1. You and I mutually agree that treatment goals have been met satisfactorily.
2. You leave counseling and do not return for three months.
3. You are no longer making progress in my professional opinion.
4. I reach the limits of my training, education, or experience. At this point I will refer you to other mental health professionals.
5. I am unable to counsel due to extended illness, incapacity, retirement, relocation, or job change.

Insurance Billing – I am a provider on some insurance panels, please be advised of the following:

1. Some, but not all, insurance companies will pay a portion of counseling fees. I cannot guarantee that your company will do such.
2. You are responsible for knowing your insurance benefits.
3. I will bill your insurance company in a timely manner and will expect payment in such. Most companies reimburse within 30 days of receiving a claim. If your insurance company delays payment, you may be asked to contact the company to expedite payment.
4. You are expected to make applicable co-payments at the time of each visit.
5. Your insurance company will not pay for any missed appointments. You are responsible for paying for these.

Fees – My fee per session is **\$140 for the first session and \$120 for all following sessions.** If you have concerns about my fee, please discuss them with me at the beginning of our first session. Counseling fees are due and payable at the end of each session. If you desire any other arrangement, please talk to me in advance. I accept cash, check, MasterCard and Visa. There is a \$15 charge for a returned check.

I have read the above mentioned policies and understand and agree to all of them. I agree to pay the agreed upon fee. I also agree to pay for missed appointments or for appointments I cancel without giving the required advance notice. I have also been given a copy of this contract. I agree to pay \$_____ for each session.

Client Signature _____ Date _____

_____ Date _____

Therapist Signature _____ Date _____

Juanita M. Bartel, LPC