



Therapist / Client Service Agreement

This document contains important information about FAMILY CIRCLE COUNSELING professional services and business policies. It also contains Client Rights and summary information about the Health Insurance Portability and Accountability Act (HIPPA) in the Notice of Privacy Practices.

We are required by law to obtain your signature acknowledging that we have provided you with this information at the first session.

Please read this document carefully and ask your therapist any questions you may have. When you sign the consent to treatment form, it will represent an agreement between us. It will include understanding of this document and your agreement to its content.

Client Rights

1. You have the right to request information about your therapist's qualifications, credentials, experience, specialization and education.
2. You have the right to obtain from another therapist a second opinion regarding the assessment and treatment plan developed to assist with your presenting problem.
3. You have the right to ask for an alternative referral at any time.
4. You have the right to inquire about fees for therapy, billing practices, insurance reimbursement, and other methods of payment.
5. You have the right to terminate therapy when you have reached your goals or believe therapy is no longer necessary.
6. You have the right to refuse the suggested intervention or treatment strategy indicated by your therapist.
7. The frequency and duration of therapy depends on many factors. It is your right to be part of determining jointly with your therapist how long and how often you will receive therapy.
8. You have the right to renegotiate therapy as often as needed.
9. You have the right to receive complete and accurate information regarding your diagnosis, treatment, risks and prognosis.
10. While exploring personal issues and making life changes you might experience emotional pain, discomfort and anxiety. You have the right to decide what to talk about and work on in and out of therapy. Nevertheless, your active participation will have the greatest positive effect on the outcome of therapy.



11. You have the right to confidentiality, unless you report to be in danger to yourself or others (therapists must report to appropriate agencies if you are suicidal or homicidal). Limits also include misconduct of other mental health professionals, suspected abuse of children and vulnerable adults, prenatal exposure to controlled substances, court ordered reports, potential use of a collection agency, and insurance agencies. In these situations, there are limits to confidentiality
12. If you are a minor, you have the right to request that data about you be kept from your parents. This request must be in writing. The request must include reasons for withholding information from parents.
13. If you are parent of a minor child, you have the right to access information unless a written request has been made by your child to deny access to information.
14. You have a right to see your file.
15. If you are denied coverage by your insurance company, you may either continue treatment on a fee-for-service basis or terminate therapy with a referral.

In addition, HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that the therapist amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an account of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures.

Professional Fees

1. One (1) hour (50-60 minutes) of family, couples or individual therapy: \$150 (\$175 effective 2/1/2020). Intake: \$200 (\$250 effective 2/1/2020).
2. Additional \$25 fee may pertain for some sessions based on individual needs (examples may be for play therapy, crisis intervention etc). Your therapist will discuss this in more detail if this fee will be charged.
3. Clients utilizing insurance are responsible for their co-pay and deductible at the time of service.
4. If the client is not utilizing insurance, full fee is expected at the time of service.
5. Cancellations made with less than 24 hours notice and failure to show for an appointment may be subject to a full charge of \$175.00.
6. It is the client's responsibility to be aware of insurance coverage. Any changes not covered by insurance become the liability of the client.



Contacting your therapist

To schedule an appointment please contact your therapist directly. Since we are often seeing other clients you may reach our voicemail. Please leave a message with your phone number and a good time to reach you. When we are in the office, we check our messages throughout the day. On days that we are not there, we usually check at least once during the day. The exceptions to this are on weekends, holidays, or when a therapist is sick or on vacation. Therapist's voicemail message will be updated periodically as needed. In an emergency, you will be directed to contact your physician, an emergency room, 911 or to call Ramsey County Adult Crisis Line at (651) 266-7900 or Children's Crisis Response at (651) 266-7878.

Limits on Confidentiality

- In most situations, we can only release information about you to others if you sign a written Authorization Form that meets certain legal requirements. Other situations require only that you provide written, advance consent. Your signature on the Consent to Treatment Form provides consent for the following activities:
- Consultation with other health and mental health professionals during which we make every effort to avoid revealing the identity of clients. The other professionals are also legally bound to keep the information confidential.
- We also may have contracts with secretarial services, billing services or accounting services. As required by HIPAA, we have a formal business associate contract with these businesses in which they are required to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law.
- Disclosures required by health insurers.

There are other situations in which we are legally obligated to take actions such as in cases of possible child abuse, neglect or self harm. These limits and uses are detailed further in the Notice of Privacy Practices.

Your consent to this agreement is reflected in your signature of the Informed Consent to Treatment form that you sign during your intake session with your therapist.