### COMPREHENSELF COUNSELING

**3919 Blenheim Blvd, Ste 83C, Fairfax VA 22030**

Welcome to Comprehenself Counseling. This document contains important information about our professional services and business practices. Please read it carefully and feel free to ask questions.

* **Client Data Form:**  Please complete the **Client** **Data Form** as this information is necessary in order to communicate.
* **Notice of Privacy Practices:** Please read the **HIPAA** agreement carefully, sign it, and return the same to me. We **must** have a copy of this form on file.
* **Financial Agreement:**
  + Individuals: **Our fee is $175.00 per 50-minute session, $225 for the initial intake, and $350.00 for a double session of 100 minutes.** **Payment is due at the time services are rendered**.
  + Couples: **Our fee is $200.00 per 50-minute session, $250 for the initial intake, and $400.00 for a double session of 100 minutes.** **Payment is due at the time services are rendered**.
* **Payment Details:** If your copay is under $20.00, payment needs to be paid by cash, check, or Venmo. If you prefer to use your credit card, or if the credit card needs to be run for any reason, **a 5% credit card fee** will be added to the amount. **Initial Here:**\_\_\_\_\_\_
* **Session Length:** Unless otherwise agreed upon**, sessions are 50 minutes long.**  Critical issues that come up at the end of the session will have to wait until our next session.
* **Missed Sessions:** **You will be charged $100 for any cancellations made less than 24 hours in advance.** Please cancel sessions **48 hours in advance** **or earlier when possible**. More notice is greatly appreciated as it allows us to make adjustments to our schedules. Sessions cancelled less than 24 hours due to inclement weather or illness will be dealt with on a case by case basis. **Initial Here:** \_\_\_\_\_
* **You will be charged your full contracted rate (per insurance) if you are a no show or cancel within an hour of the scheduled start of session. Initial Here:**\_\_\_\_\_\_
* **Phone calls:** Some of our therapist will accept phone calls between sessions, but they are not meant to take the place of sessions. You will be charged for calls that exceed 10 minutes at the rate of $25.00 per 10 minutes or any part thereof after the initial 10 minutes.
* **Communication:** The most expedient way to reach your therapist is by phone or text. Please use text and e-mail for scheduling issues or if you would like them to call you. Texting and e-mail are not confidential and potentially violate HIPAA. **If you do not hear from them within 24 hours, they did not get your message whether it is via phone, text or e-mail.**
* **Forensic and Litigate Services:**  We do not participate in lawsuits of any type on a plaintiff’s behalf unless compelled to do so by subpoena or court order. Due to the complexity of legal involvement, if you become involved in legal proceedings that require our participation, deposition, telephone time, transportation costs, court appearances, report writing, consultation, and supervision, even if we are called to testify by another party you will be charged $350.00 per hour for preparation and attendance at any legal proceeding.
* **Confidentiality:** You have the right to confidentiality regarding any records, communications, or other information pertaining to your treatment or evaluation. Information may only be shared if you sign a release of information that specifies who is to receive the information and the nature of the information to be shared.
* If you need a copy of your records it will be at the cost of $1.00 per page.
* We reserve the right to consult with professional colleagues regarding treatment and evaluation. Such discussions do not include the use of names or any identifying information. Exceptions to confidentiality do exist in order to protect yourself and others. A list of such exceptions is given on my “Confidentiality of Protection Health Information.” However, below is a brief summary of exceptions.

***Exceptions to confidentiality:***

* **Danger to Self or Others:** The law requires that mental health professionals report information that indicates that an individual is in imminent danger of hurting himself or another person. If your therapist believea that a client is a threat to himself/herself, they are obligated by law to take protective action. This action may include seeking hospitalization or contacting family members or others who can assist in providing protection. This action may include notifying the potential victim, contacting the police, or seeking hospitalization. Your therapist will make every effort to fully discuss this with you before taking any action.
* **Abuse of Children and/or Adults:** The law requires that all mental health providers report information believed or reasonably suspected to constitute the abuse or neglect of children. The law also requires the report of suspected abuse of persons 65 or older or of other adults who may be in need of protective services due to disability.
* **Orders or The Court:** Certain records (which differ by jurisdiction) can be subpoenaed by legal process. This possibility also applies to reports and testimony. In addition, you may give up your confidentiality if you choose to make your mental status an issue as part of a court proceeding.
* **Social Service Referrals:** If you are referred for evaluation or treatment by a Social Service Agency as part of an evaluation or intervention, there may be a requirement to share information regarding attendance, findings, recommendations and/or progress in treatment. The details of the information to be shared in such instances will be discussed with you prior to my discussion with representative of such agencies.
* **Delinquent Accounts:** Collection agencies or attorneys may be given identifying information only in order to pursue delinquent accounts. If your bill is sent for collection you will be responsible for any fees incurred.

**Consent for Treatment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name of client or guardian as applicable), agree and consent to the policies, procedures, fees, and payment arrangements as described above.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Client Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Client Signature Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian or Legal Representative Date Signed

I have read, understood, and agree to the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_