



Shenandoah Valley Counseling Center, LLC

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Client - Therapist Contract

Welcome to my practice at *Shenandoah Valley Counseling Center, LLC (SVCC)*. Throughout this document the initials SVCC will be used when identifying this practice, and I or me will identify the therapist. This document contains important information about my professional services and business policies.

The therapeutic process begins with informing the client of confidentiality requirements by the therapist. According to Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that the therapist provides you with a Notice of Privacy practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations.

Therapy Process:

Integrity of the process is considered the primary of importance in order for the therapist to provide an emotionally safe environment for open and honest discussions. The client will be provided a positive atmosphere to target the client's concerns with goal oriented strategies. Developing with the client, a treatment plan in order to initiate goals and maintain accountability of emotional growth.

Fees:

My basic fee for the initial assessment therapy session is \$ 85.00 per hour session, and there after the fee is \$65.00 per hour session. A sliding scale fee is offered for clients according to client's last full years' income and current income status. The therapist will be able to provide detailed information upon initial contact. Payment can be made by cash or check or credit card at the time services are rendered. Payments received via credit card is directly debited the card through a secure electronic payment device. No credit card numbers are kept on premises. Periodically my fees increase due to inflation and cost of living increases. Additional services requested that are provided outside of regularly scheduled appointments such as report writing, preparation of records or treatment summaries, extended phone consultations, and the time spent performing any other service you may request of me are prorated. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement I charge a separate legal fee.

Insurance Reimbursement:

Behavioral Health Insurances: SVCC is currently accepting Anthem BC/BS, Healthkeepers, Aetna, Magellan - Virginia Medicaid, Optima Health, Virginia Premier, and United Behavioral Health - Optum, health insurances.

In order for realistic treatment goals and priorities to begin, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. It is your responsibility to find out exactly what mental health services are covered for you by your insurance policy, and whether treatment needs to be pre-authorized. If you have questions about the coverage, call your plan administrator.

In order to file for insurance reimbursement, the information from your therapy sessions will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, SVCC or the therapist has no control over the outcome once it is sent to the insurance company.

Please note that the insurance contract is between you and your insurance company and the responsibility for your fees is yours. Consequently, disputes concerning coverage must be resolved by you with your insurance carrier. Further, even though payment may be sent from the insurance company directly to me, it is your responsibility for any balance not covered by your insurance. Unpaid bills may be turned over to a collection agency and/or an attorney and, if so, you will also be responsible for collection and/or legal costs.

Missed or Canceled Appointments:

Please notify SVCC in at least 24 hours in advance if you need to cancel or reschedule your appointment. Insurance companies cannot be billed, and will not pay, for missed or late-cancelled appointments.

Unless you contact SVCC 24-hours notice, and without exception, missed or canceled appointments will incur the usual charge of \$65.00. Emergencies and inclement weather conditions tend to be the only examples for short notice cancellation. **No show** appointments will be considered as your decision to end therapy process, unless you contact the therapist via phone, text or email within 24 hours of the missed appointment.

Phone Voice mail messages:

Your messages are recorded on my confidential voice mail. Messages periodically are retrieved throughout the day within my hours of service (excluding weekends and holidays) and I return calls at my earliest convenience. When leaving a message, please state the date, time and your phone number.

Emergency / Important Calls:

If your call is emergency in nature, the voice message recording will instruct you to call 911 and/or immediately go to the local medical emergency department. If your situation is not an emergency, but important, please make that clear on your message recording, and I will return your call as soon as possible. When I am away and unable to receive calls within my typical hours of service, I arrange for a licensed therapist to cover my calls, as needed.

Email: (mcampbell@svcc.us.com)

Unfortunately I have no way to ensure confidentiality over the Internet so, if you choose to contact me by email, you are assuming all risks regarding the confidentiality of any information you send by email. My communications to you via email will be for scheduling and billing only. Please let me know any concerns regarding this issue.

Confidentiality:

Your therapy will include discussing in-depth very private topics. To some extent my ability to help you will depend on how open you can be about yourself – your ideas, feelings, and actions. So that you can feel free to talk openly with a therapist and so that your right to privacy is protected, the law makes it a therapist's duty to keep client information confidential. This means that, with some very limited exceptions (some noted below), I cannot reveal information about you to anyone else or electronically send out information about you without your permission. If we become involved in family or couple's therapy (where there is more than one client), and you want to have my records of this therapy sent to someone, all of the adults present will have to sign a release. If sharing information with someone else (for example, your physician) is desired, an Exchange of Information Authorization form will need to be completed which meets certain legal requirements imposed by HIPAA.

Minors:

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. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. However, before giving them any information, I will, if possible, discuss the matter with you.

Exceptions to Confidentiality:

There are **exceptions** to confidentiality that you should know about. Please note that while most of these situations are rare, they are important for you to understand. Exceptions to confidentiality include, but are not limited to, the following:

1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies.
2. If you threaten to cause harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.
4. If a court of law orders me to release information, I am required to provide that specific information to the court.
5. If you have been referred to me by a court of law for therapy or testing, the results of the treatment or tests ordered may have to be revealed to the court.
6. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court.
7. If you see me in couples, group, or family therapy, I ask that each member of the therapy promise to keep whatever happens in treatment confidential. However, I cannot guarantee that others will keep this agreement.

8. In order to provide you the best treatment possible, there will be times when I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any of your questions or concerns as soon as possible. The laws and rules on confidentiality are complicated. I am not able to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, I strongly suggest that you talk to an attorney to protect your interests.

Client-Therapist Contract

Your signature below indicates that you have read, understood and accepted the Client-Therapist Contract:

Client signature _____ Date: _____

Client name: _____ Date of Birth: _____

Parent Signature of person responsible for payment: _____ Date: _____

Person responsible for payment (if not yourself): _____ Date: _____