

**CHRISTIAN PSYCHOLOGICAL SERVICES
INFORMED CONSENT AND PROFESSIONAL SERVICES CONTRACT**

General Guidelines: Counseling and psychotherapy require a great deal of participation and cooperation from you. Your effort will be important in determining how much benefit you will receive. Much of what occurs during a session is dialogue. You will be expected to relate not only problems and concerns, but successes as well. At times you may be given homework assignments such as reading, keeping a journal, monitoring your own behavior, practicing new behavior, etc. You may also be asked to complete some questionnaires and/or tests. If a need for medication to relieve emotional discomfort or psychological difficulties seems indicated, a consultation with your physician or a psychiatrist will be arranged. It is important that you regularly and promptly attend scheduled sessions. No guarantees are made as to the result of treatments, assessments, or consultations. If you have questions about your therapist's procedures, please discuss them as they arise.

Fees: I agree to pay at each session, or at some agreed time, the amount of \$130.00 per 45-50 minutes of service unless other arrangements are contracted. Longer sessions and phone calls in excess of 15 minutes are to be prorated on the basis of this amount. Unless otherwise stated, the initial session will be billed at 1.5 times the session rate. CPS reserves the right to terminate services for cause of unpaid balances.

If insurance is used your company will be charged the full rate of \$130.00 per session. Most insurance companies have a deductible and copayment (non negotiable) which the client is responsible to pay at the time services are rendered. Using insurance requires providing the insurance company with information relevant to the services rendered. This includes a clinical diagnosis and other protected health information. Insurance amounts which are not paid within 60 days of the initial filing are due by the client. I understand that I, not my insurance company, am ultimately responsible for payment of all fees.

Some services are not typically covered by health insurance and may be an out-of-pocket expense. Examples include report writing, consultations, psychological testing, test interpretations, preparation of records, treatment summaries, court appearances, and school visits. Fees and payment schedules for other professional services will be contracted as they are needed.

Legal proceedings that require your therapist's participation incur additional charges that are not typically covered by insurance. These include all professional time, including preparation and transportation costs, even if your therapist is called to testify by another party. Due to the difficulties of legal involvements, the charge for preparation and attendance at any legal proceeding is \$240.00 per hour.

Late Cancellation Fees: Once an appointment is scheduled I will be expected to pay for it unless I provide CPS with at least 24 hour notice. It is important to note that insurance companies do not provide reimbursement for late cancellation fees. Variance from this policy is at the therapist's discretion.

Phone Contact: Business office hours are 9:00 AM to 5:00 PM Monday through Thursday, and 9:00 AM to 3:00 PM on Friday, with the exception of major holidays. All clinical staff have confidential voice mail for non emergency situations i.e., cancellations, rescheduling, and clinical updates. Outside of business office hours a member of the professional staff is On Call for clinical emergencies only. If you have a life threatening emergency please call 911 or other appropriate authority, then contact the CPS on call service if additional support is needed. On Call services can be accessed by dialing 913-345-0033 and following the instructions.

Limits on Confidentiality: The laws governing confidentiality can be quite complex. In situations where specific advice is required, your therapist or CPS reserves the right to seek legal advice.

Consultations – Your therapist may occasionally find it helpful to consult other health and mental health professionals about your case. During a consultation your therapist will make every effort to avoid revealing your identity. Other professionals are legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless they believe that it is important to your work together. All consultations will be noted as Protected Health Information.

Business Practices – CPS is a group practice which includes mental health professionals and administrative staff. In most cases Protected Health Information is shared for both clinical and administrative purposes, such as billing and quality assurance. All professional and administrative staff are bound by the same rules of confidentiality. Any CPS Business Associate will be bound by contract to provide the same level of protection as required by HIPAA.

The following are situations where CPS is permitted or required to disclose information without either your consent or authorization:

Protection – First, your therapist is legally mandated to report to the state any suspected child and elder abuse and neglect. Second, according to the ethical standards of our profession, a therapist has a duty to warn any person of intended harm. Third, your therapist reserves the right to take any step necessary in the prevention of suicide.

Health Oversight Activities – We may disclose PHI to the Kansas Behavioral Sciences Regulatory Board If necessary for a proceeding before the Board.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Workers Compensation – CPS may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Lawsuits – If a client files a lawsuit against their therapist or CPS, we may disclose relevant information regarding that client in order to defend ourselves.

Professional Records: Professional records, including Protected Health Information and psychotherapy notes, are handled in accord with HIPAA requirements, as detailed in your HIPAA Notice.

Clients Rights: HIPAA provides you with several rights with regard to your professional records and disclosures of protected health information. These rights included amendments to records, restrictions on disclosures, requests for accounting, and registering complaints. The rights are detailed in the HIPAA Notice.

Revocation: Either party may revoke this contract at any time. Your revocation will be binding on CPS unless we have taken action in reliance on it; if there are obligations imposed on CPS by law, or by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligation you have incurred.

Client Name (printed)

Authorized Signature

Date

Client Name (printed)

Authorized Signature

Date

Addendum for Treatment of Children and Adolescents

1. Confidentiality in psychotherapy is often crucial to successful progress, therefore parents and guardians will be provided only general information about the child's treatment, results of formal assessments, and attendance at sessions.

2. The therapist may request written consent from parents or guardians to obtain information from other significant individuals (e.g., teachers, pediatricians) that might be useful in diagnosis and treatment.

3. Parents and guardians are asked to share with the therapist their concerns and observations of the child and participate in the child's treatment as requested by the therapist. Information brought to the therapist's attention by either parent regarding the child's welfare will not be regarded as confidential, and will be shared with the other parent. Information that is brought to the therapist's attention that is irrelevant to the child's welfare will be kept in confidence.

4. In cases of parental separation for divorce, all parents and guardians are requested to affirm to the child that the therapist is the child's helper, and is not allied with either parent.

5. The caregivers are requested to affirm to the child that the therapist has their permission to maintain confidentiality with regard to the child with limits in the following circumstances: a. The therapist's written records of all therapy contacts are confidential unless a judge requires (through court order) that the records be shared with attorneys or the court. b. Both parents understand that the therapist is legally and ethically obligated to protect the safety and health of all parties by describing any and all such concerns to relevant authorities. This obligation requires that the therapist has no discretion to discern the validity of the concern, and must report suspicion of abuse or potential abuse to social services. When ever possible, when this necessity arises, the therapist will advise all parties of the concern, and of his/her intention to notify only relevant authorities as mandated by state laws.

6. In cases of divorce or separation, the therapist will not provide recommendations regarding child custody. The therapist strongly recommends that issues of child custody be addressed in mediation, or through an objective custody evaluation conducted by other professionals.

Your signature below signifies that you have read the requisites described above, understand the importance of each, and agree to accept and abide by all points in order to enhance your child's psychotherapy.

Printed name of parent

Date

Printed name of parent

Date

Signature of parent

Date

Signature of parent

Date