

Counseling Contract

Christian Psychological Services KC, LLC ♦ 8575 West 110th Street, Suite #218 ♦ Overland Park, KS 66210
(phone) 785.330.5754 ♦ (reception) 913.345.0033 ♦ (fax) 913.345.0177 ♦ www.cpskc.net

Thank you for selecting me to meet your counseling needs. It is a privilege to work with you and I am committed to caring for you with excellence. The following information is provided to assist in standardizing expectations. Please examine it carefully and ask for clarification where needed.

Please initial all sections below to which you agree; sections left blank will be discussed prior to treatment.

____ **Therapy Process:** I use a variety of treatment approaches to help you reach your goals. Changes in thoughts, actions, behaviors and spiritual practices can all contribute to improved mental health. It is also important to realize that as one struggles to change, one may experience increased difficulties temporarily. Should this occur, it is very important you continue therapy until you have stabilized. It is also important you understand that change may occur slowly or quickly; in part, this depends on your willingness to complete “homework” agreed upon in sessions.

____ **Confidentiality:** I am dedicated to preserving my clients’ confidentiality and privacy. This section is to make you aware of exceptions mandated by state/federal law:

- ❖ I am under **supervision** during this period of my career; I may also consult with another professional for an objective point of view. In these instances *no identifying information* will be shared.
- ❖ If it is necessary for me to be out of town, I may release minimal information to another therapist who will serve in an “on call” capacity should an emergency arise. Should this be necessary, you will be notified in advance.
- ❖ If I suspect **abuse or neglect** of a child, elderly, or disabled person in your care I am required to report that information to a state agency.
- ❖ When I believe a client to be a **danger to themselves or others** (suicidal or homicidal).
- ❖ When a **court orders** my testimony of your records or if you bring a legal charge against me.

The laws and ethics of confidentiality are complicated. If you have special concerns, I recommend you consult an attorney for legal advice.

____ **HIPPA:** I acknowledge that I have received a copy of the HIPPA Notice of Privacy Practices.

____ **Treatment of Minors:** Persons under 18 years of age must have **permission from the custodial parent or legal guardian** to receive therapeutic services. Parents will be involved in treatment as I deem necessary while maintaining client confidentiality except in cases of dangerous drug use, suicidal ideation, or intent to run away. **In cases of divorce**, I will endeavor to involve both parents unless rights have been severed or it is otherwise not feasible to do so.

I will not serve as a witness in custody disputes nor will I provide records for this purpose. If you go to court you will need to request an evaluation from a psychologist. In some circumstances I may provide a summary; this service will be billed at \$80/hour of preparation time required and must be paid in advance of receipt.

If required to attend court proceedings the charge will be \$80/hour with one hour payable in advance, even if the event is cancelled; this charge may be avoided if cancellation is made one week prior to the date agreed upon.

____ **Subpoenas:** If **your records** are requested from me via subpoena, you will be notified in writing and provided with a copy of the subpoena. You must then provide me with a written objection to the subpoena or indicate that an objection will be filed with the court (with a copy to me). It is the client's responsibility to file this with the court within the time frame legally allowed.

____ **Appointments/Scheduling:** Counseling sessions are 45-50 minutes and include setting the next appointment and making payment. When you make an appointment with me, I set aside that time just for you, because you and your needs are important to me and I respect your time. If I must change your appointment day/time, I will give you as much notice as possible. I ask the same courtesy from you.

To avoid fees for missed/cancelled appointments, **24 hours notice** must be given (bad weather is the exception). You may be asked to keep a credit card on file to be used in this event. Missed appointments are charged at the following rate:

No show: Full fee

Same-day cancellation: ½ usual fee

I do have the ability to send appointment reminders via email if this is helpful. These reminders do not contain information beyond appointment times. I also have a dedicated phone number through which I can send/receive business texts. Please **initial if appointment information via these methods is acceptable** to you.

_____ Email reminders to _____ (account)

_____ Text reminders to _____ (number)

____ **Communication:** Sending information via text or email is not secure; there is no way of insuring the confidentiality of these platforms. I will therefore use these only for scheduling and/or reminding you of an appointment. Please use my secure **Google Voice account** to call and/or leave messages. **785.330.5754**

____ **Fees:** Standard fee per session is \$80. Should you be experiencing financial difficulty, an adjustment may be possible; this adjustment will be reviewed every six months. Please plan to pay at each session via cash, check or credit card (make checks payable to Kathy Nace).

____ **Insurance:** I do not accept insurance; however, if you belong to a plan that pays for out-of-network services, documentation may be provided so that you may request reimbursement.

____ **Consultation:** Should we determine you would benefit from a treatment I cannot provide, I will help you find a credentialed practitioner. You have a right to ask about these treatments, their risks, and benefits. I will fully discuss the reasons for any additional recommendations I have so you may decide what you would like to do.

My signature below indicates that I accept the terms and conditions of initialed policies above.

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date