



WINGS OF CHANGE COUNSELING, LLC

Change can be beautiful.

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CONTRACT, OFFICE PROCEDURES, and FINANCIAL AGREEMENT for Psychotherapy Services

Welcome to Wings of Change Counseling, LLC. This document contains important information about Wings of Change Counseling's professional services and business policies. We are governed by various laws and regulations and by the code of ethics of our profession. The ethics code requires that we make you aware of specific office policies and how these procedures may affect you. Therefore, we are providing this information in writing.

We encourage you to take the time to read through this agreement carefully and thoroughly and make note of any questions or concerns you might have so that you can discuss them with your therapist. When you sign this document, it will represent an agreement between you and Wings of Change Counseling, LLC.

WINGS OF CHANGE COUNSELING, LLC ("Wings of Change Counseling") is a private agency providing mental health counseling to individuals, couples, and families.

TELEPHONE & EMERGENCY PROCEDURES:

- ❖ You may contact your therapist at (484) 863-1010. If you reach the company voice mail, please leave a message, and your therapist will get back to you as soon as possible. Your counselor may be on the phone, in a therapy session, or out of the office.
- ❖ ***In a crisis***, if your therapist cannot be reached and you are ***in imminent danger***, call the police (911) or go immediately to your local emergency room.
- ❖ If you need to contact Wings of Change Counseling between sessions, for an emergency, please indicate it clearly in your message. Telephone calls are monitored during the day as time allows, and, therefore, we cannot guarantee immediate return calls. Wings of Change Counseling counselors are not responsible for your behaviors or decisions occurring outside the counseling office, whether before or after a telephone call or session.
- ❖ If there is an emergency whereby a Wings of Change Counseling therapist becomes concerned about your personal safety, the possibility of your injuring someone else, or about you receiving proper psychiatric care, the therapist will do whatever he/she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, the therapist may also contact the person whose name you have provided as an Emergency Contact.

Initial here: _____

INFORMED CONSENT FOR TELEPHONE, ELECTRONIC, & MAIL CONTACT: Ordinary privacy precautions such as voice scrambler, pin codes, voice mail boxes, and locked fax, mail, and computer rooms are by no means foolproof, so that your confidentiality is always compromised when communicating by electronic devices or mail. Nor is deleting or shredding of private material a totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with Wings of Change Counseling constitutes implied consent for reciprocal use of electronic and mail communication as well. By signing this contract, you agree to and understand the following:

1. Many people feel comfortable communicating via e-mail, because they have installed programs designed to detect spy ware, viruses, or other dangerous software. However, there is no guarantee that such programs will work 100%

of the time.

2. Sent and received e-mails are stored on both Wings of Change Counseling's and your device until deleted. Wings of Change Counseling may or may not delete such e-mails. Any saved e-mails will be kept in a password-protected account that only Wings of Change Counseling has access to.
3. In addition, whenever you send an e-mail, it is stored in cyberspace. It is possible for authorities and/or hackers to locate and read such e-mails under various circumstances. This is not a policy of Wings of Change Counseling, but is due to the nature in which e-mail is transmitted using the internet and other services or networks. For more information on this, please contact your Internet Service Provider or e-mail service provider.
4. By initialing below, I agree that I understand the disclosures listed above regarding communicating with Wings of Change Counseling using e-mail. I also agree that, if I send an e-mail to a Wings of Change Counseling therapist and request a response via e-mail, I am willing to accept the above-stated risks. I also agree that I will not use e-mail for emergency situations.

Initial here: _____

CONSENT TO TREATMENT & CONFIDENTIALITY STATEMENT:

I, (print name of responsible party) _____, consent for treatment to be rendered by a therapist of Wings of Change Counseling. I authorize the therapist to perform those procedures and treatments, which may include professional consultation or emergency telephone responses, necessary for my condition that are generally used in this and similar settings. I understand that information or opinions will be given to others only with my written consent.

| | | |
|---------------------------------------|------------|------|
| Signature of Client/Responsible Party | Print Name | Date |
|---------------------------------------|------------|------|

APPOINTMENTS: All office visits are by appointment and may be scheduled directly with your therapist. Because consistency is an important part of the counseling process, the appointment time you schedule is reserved for you and is not available for anyone else. Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 45-50 minutes. If you are unable to keep a scheduled appointment, you must notify Wings of Change Counseling at least 24 hours in advance to avoid having to pay for the canceled or missed appointment. Please leave a message if you get the office voice mail. If you miss or cancel your appointment, you will need to contact the office for a new appointment time.

Cancellation Policy/No-Show Policy: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for canceling or rescheduling an appointment. Without this required notification, you will be responsible for an \$80 cancellation fee. The \$80 fee will also be charged if you do not show up for a scheduled appointment. Cancellation and no-show fees are required to be paid prior to rescheduling a new appointment.

Please note: Most insurance companies do not reimburse for missed appointments.

Initial here: _____

PAYMENT & INSURANCE REIMBURSEMENT:

- ❖ Wings of Change Counseling's out of pocket fee for an individual psychotherapy session is \$130 per 45-minute session. The fee for the initial (intake) appointment and couples or family counseling is \$150 per 45-minute session.
- ❖ Clients paying on a cash basis, and not billing any insurance company, are expected to **pay in full at the time of service.**
- ❖ Most group policies, and some individual policies, cover outpatient psychotherapy. We will verify your coverage and any applicable co-payments or deductible amounts with your insurance company. If your policy requires preauthorization to receive services, it is your responsibility to obtain this prior to your first visit.
- ❖ Our office will bill your insurance company for services provided. This office cannot accept responsibility for collecting or negotiating any denied or disputed insurance claims. You are responsible for payment of any applicable deductible and all claims denied or rejected by your insurance company within thirty (30) days of notification.
- ❖ **Insured clients are expected to pay their portion of fees (co-pay) at the time services are rendered. Co-pays are NOT negotiable.** *Failure to pay your portion of fees may jeopardize your benefits.*
- ❖ **Insured clients are expected to understand their particular insurance policies.** On a rare occasion, we are misquoted information when we call to verify a client's benefits. If we erroneously pass along information to clients about their deductible and/or co-pay, it does not annul client's responsibility once the explanation of benefits is received. Clients are responsible to pay in full the amount that their insurance company does not pay.
- ❖ **Additional fees** are charged for lengthy (over 5 minutes), court attendance, and report/letter writing. Insurance

does not cover these services. Fees for reports or letters must be paid in advance of receipt of requested documents.

- ❖ **There is a \$30 service fee** for checks returned for non-sufficient funds, and the client will be required to pay for all future sessions in cash. Before any future appointments may be scheduled, the client or responsible party must pay **in cash** the service charge plus the value of the returned check.
- ❖ **If client's account is moved to collections**, client is responsible for paying court filing fees incurred by Wings of Change Counseling in addition to their outstanding balance.
- ❖ If, at any time during treatment, the client should become ineligible for insurance coverage, the client and/or responsible party agrees to notify Wings of Change Counseling and will be responsible for 100% of the bill.
- ❖ If the client's insurance carrier or coverage changes at any time during their treatment, the client is responsible for **IMMEDIATELY** notifying Wings of Change Counseling with updated policy information.

Initial here: _____

Consent to Treatment and Fee: By signing this contract, you agree that, if you have not obtained the necessary authorizations from your insurance, or are not eligible at the time services are rendered, you are responsible for payment, even if the determination is made after the services are rendered. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. We bill your insurance company as a courtesy to you.

I hereby agree to full responsibility for all expenses incurred by or because of this client and hereby assign to Wings of Change Counseling all insurance benefits due to me to the full extent of my financial obligation to Wings of Change Counseling. I understand that my insurance coverage is a relationship between my insurance company and myself, and I agree to accept financial responsibility for payment of charges incurred.

Signature of Client/Responsible Party

Print Name

Date

THE PROCESS OF THERAPY: By signing this agreement, you are authorizing and requesting that Wings of Change Counseling carry out counseling treatment and/or diagnostic procedures that now, or during the course of your care as a client, are advisable. Participation in therapy can result in a number of benefits, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy.

Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behaviors. Wings of Change Counseling will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes, more than one approach can be helpful in dealing with a certain situation. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Wings of Change Counseling may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes, another family member views a decision that is positive for one family quite negatively. Change will sometimes be easy and swift, but, more often, it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Wings of Change Counseling is likely to draw on various psychological approaches, according, in part, to the problem that is being treated and an assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, existential, system/family, person-centered, developmental (adult, child, family), or psycho-educational.

- ❖ I understand that, if I am concerned about slow progress or lack of progress, I have the right to speak about my concerns.
- ❖ I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality.
- ❖ I understand that there are some occasions when confidentiality can/must be breached. These are outlined on the Limits of Confidentiality form that I have read and signed.
- ❖ I understand that counseling can improve, as well as upset, the equilibrium in any person or family.
- ❖ I understand that Wings of Change Counseling therapists are not psychiatrists. They are licensed professional counselors/social workers and, as such, cannot recommend or prescribe medications, but can refer clients to a licensed psychiatrist for a medical evaluation.

Initial here: _____

Rights and Risks:

- ❖ Please feel free to ask questions about any aspect of the counseling process. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the Wings of Change Counseling therapist's expertise in employing them, or about the treatment plan, please ask and your question or concern will be answered or addressed promptly and thoroughly.
- ❖ If you have been referred by a court or state agency, you have the right to divulge only the information that you want to be included in a report.
- ❖ You need to be willing to discuss what troubles you and be open to change.
- ❖ You may remember unpleasant events, arouse intense emotions, and/or alter close relationships.
- ❖ You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment(s) that Wings of Change Counseling does not provide, the therapist has an ethical obligation to assist you in obtaining those treatments.

Initial here: _____

PROFESSIONAL RECORDS: The laws and standards of our profession require that Wings of Change Counseling keep treatment records. You are entitled to view a copy of your records, or your therapist can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your therapist so that he/she can discuss the contents.

Initial here: _____

TERMINATION:

- ❖ An orderly end of therapy has positive effects for clients. It is suggested that you discuss openly with your therapist your desire to end therapy at least three (3) sessions before your last session. A final closure session has proved to be very important for clients. Closure sessions help you acknowledge and summarize what you have accomplished and discuss any unfinished concerns you may have. While not required, these sessions are strongly recommended.
- ❖ You have the right to terminate therapy at any time, for any reason. If you choose to do so, Wings of Change Counseling will be happy to provide you with names of other qualified professionals whose services you might prefer. Please ask for referrals if you wish to receive them.
- ❖ If at any point during psychotherapy, a Wings of Change Counseling therapist assesses that he/she is not effective in helping you reach your therapeutic goals, they are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, the therapist would give you a number of referrals that may be of help to you. If you request it, and authorize it in writing, The Wings of Change Counseling therapist is available to talk to the psychotherapist of your choice in order to help with the transition if you would find this to be beneficial, and if you have signed a consent for this communication.
- ❖ Wings of Change Counseling therapists have the right to terminate any client who they feel poses a threat to their physical and/or psychological safety.
- ❖ If a client does not show up for three consecutive scheduled appointments, treatment will be considered canceled and terminated, and client will be financially responsible for the fees of the missed sessions. A letter will be sent to you acknowledging the termination along with a closing bill for any unpaid balance.

Initial here: _____

I have read the above Contract, Office Policies, and Financial Agreement carefully. I understand this document and agree to comply with the policies and terms stated herein:

I have discussed these policies with a Wings of Change Counseling therapist, if desired, and all questions are answered to my satisfaction. I have been offered a copy of these policies to take with me, if I desire.

Signature of Client/Legal Representative

Date

Print Name

Additional Client Signature (spouse/partner, family member)

Date

Print Name