

Scott Psychological Services, PLLC

Informed Consent

Client-Counselor Service Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the [Health Insurance Portability and Accountability Act](#) (HIPAA), a federal law that provides privacy protections and [patient rights](#) about the use and disclosure of your [Protected Health Information](#) (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your counselor, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Goals of Counseling

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Counseling

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

Appointments

Intake appointments are typically 90 minutes in length. Individual appointments are typically 45-60 minutes in duration. Couples appointments will ordinarily be 60 to 90 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. Clients using insurance or EAP sessions may have the duration of sessions set by your insurance company. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you inform me by 1PM the day before your scheduled appointment. If you miss a session without canceling, or cancel late, you may be required to pay for the session unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible the cancelation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Cancellation fees:

I require that clients keep a current credit card on file. If you cannot attend your appointment, I ask that you cancel by 1PM the day before your scheduled session.

If you no-show or cancel late your credit card will be charged the following amounts:

For sessions of 60 minutes or less: \$75

For sessions more than 60 minutes: \$125

Please initial here to indicate you have reviewed my appointment policy: _____

Confidentiality

I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to [confidentiality](#) to which you need to be aware. I may consult with a supervisor, consultant or other mental health professional in order to give you the best service. Counselors are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If your counselor receives a [court order](#) or subpoena, she may be required to release some information. In such a case, your counselor will consult with other professionals and limit the release to only what is necessary by law.

Confidentiality and Technology

I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in

counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions. Should a client have concerns about the safety of their email, I will arrange to only communicate via a secure patient portal.

Record Keeping

I will keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information, which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on a HIPPA compliant server or in a paper file and stored in a locked cabinet in my office.

In the unlikely event that I die or become incapacitated, Celina Low-Scott, Certified School Counselor, will take control of my records and will be available for record requests. She can be reached at 832-779-1586.

Professional Fees

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by credit card or cash. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

Fees are subject to change at counselor's discretion.

Fee Schedule

- Intake/Initial Visit (90 minutes) 225
- Individual or Couples Visit (60 minute) \$150
- Individual or Couples Visit (45 minute) \$125
- Individual or Couples Visit (30 minute) \$75

Payment is expected at the day of service unless otherwise negotiated in advance. Insurance fees (e.g. copays, deductible fees) need to be paid on the date of service per my contractual obligations and this is not negotiable.

Time spent in other professional services such as telephone calls, consulting with other professionals, and time spent performing any other services you may request of. \$2/minute

Copy fee

My fee for a copy of your records is \$25 for the first 20 pages and 50 cents for each additional page after. I will also charge any reasonable fees for the cost of mailing, shipping, etc.

Legal proceedings

I am not a specialist in forensic psychology and I do not have an interest in testifying or participating in court proceedings. If you become involved in legal proceedings that require 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. You will also be responsible for my legal representation fees. I charge \$400 per hour for my involvement in legal proceedings. If I go to court to testify you agree to pay 24 hours in advance either \$1600 for half a day 8AM-12PM or \$3200 for an entire day. After six months fees may increase. This fee is not covered by insurance.

Reduced Fee Scale for University of Houston Students

I provide services at a discounted rate to currently enrolled and recently graduated University of Houston students. My fee is \$112.50 for a 90 minute intake, \$75 for a 60 minute visit, and \$66.25 for a 45 minute visit for currently enrolled students and those who have graduated within the last year.

Insurance

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If I am on your insurance panel I will file your insurance claim for you, otherwise I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement as an out of network provider. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. If you did not obtain authorization and it is required, you will be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit by check or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket

amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. I recommend that clients check with their insurance company to regarding their coverage for my services before our first meeting.

Copayments: The law and my contractual obligations necessitate that I collect copayments at the time services are rendered.

EAP (Employee Assistance Program) Sessions

I belong to several EAP panels. EAP sessions are a great option for clients who need to meet a deductible before their insurance begins to pay for their sessions.

All clients need to bring a printed copy of their EAP authorization to their first session and notify me 24 hours in advance that they plan on using EAP sessions.

Contacting Me

I am often not immediately available by telephone at 832-779-1586. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911. For non-urgent requests or inquiries you may contact me via email at drchristopherscott@gmail.com.

Email

I will request your email address as part of gathering standard contact information however you have the right to refuse to divulge your email address. I may use email addresses to periodically check in with clients who have ended therapy suddenly. I may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques.

If you would like to opt out of email correspondence, please check here and leave your email blank on all my paperwork asking for your email information _____ .

Disclaimer Regarding the Gottman Institute

While I have taken training in the Gottman Method of couples therapy and have become a Certified Gottman Therapist, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

Consent to Counseling

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature _____ Date _____