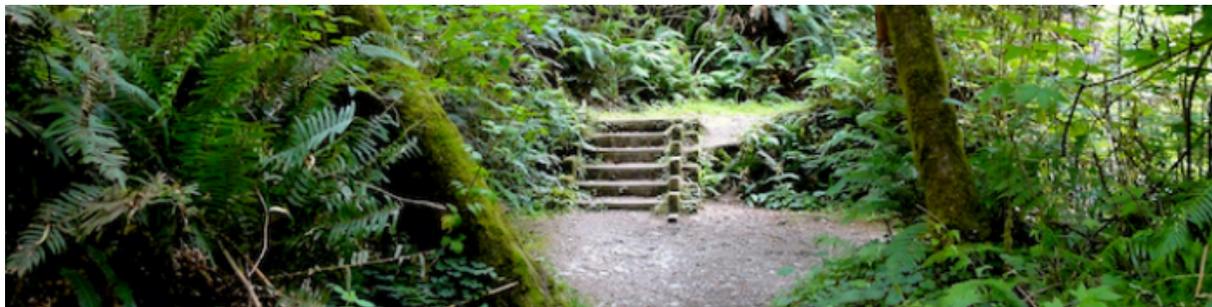


Informed Consent Service Agreement



CONSENT FOR SERVICES with Kathryn Harper, M.A., LPC, LPCC CA #11016 / TX #17714

Welcome to therapy with Kathryn Harper, M.A., LPC, LPCC. 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. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future.

I. PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client in psychotherapy, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. As your therapist, I have responsibilities to you, as well. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen.

Psychotherapy 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.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer some initial impressions of what our work

might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

II. APPOINTMENTS and ATTENDANCE

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

Consistent attendance in a private environment and personal commitment to therapy are crucial for success. Therapy is most effective when done face-to-face in person or by video, so I offer my services this way, although I will also hold session by phone. It is my responsibility to protect confidentiality, so if you arrive to a tele-health session in a public location (e.g., store, car with occupants, public transportation) I will not proceed with the session. If you are a private-pay client, you will still be billed for the session.

If you need to cancel or reschedule a session, I ask that you provide 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hours notice, my policy is to collect \$120 (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 for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment.

You're also responsible for coming to your session on time; if you are late, your appointment still needs to end on time.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request.

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 even if another party compels me to testify.

You have the right to terminate therapy at any time, although I may recommend that you continue. Therapy is sometimes a painful process and can result in changes which

may be unsettling. If you have concerns about the outcome of your therapy, please feel free to discuss them with me. I promise my feelings will not be hurt.

III. PROFESSIONAL FEES

The standard fee for the initial intake is \$120 and each subsequent session is \$120. I require payment prior to or at the beginning of each session. Preferred payment is credit cards, PayPal, cash, or checks.

Any checks returned to my office are subject to an additional fee of up to \$50 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

IV. Insurance

While I am not currently on any insurance panels, some insurance companies will provide partial reimbursement of out-of-network providers. It is best to check with your insurance company directly for details about your coverage. Many insurance companies require a 'qualifying diagnosis' and some clients prefer to get counseling by private pay or on a sliding scale to maintain confidentiality and avoid diagnostic labels.

V. PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me or have them forwarded to another mental health professional to discuss the contents.

If I refuse your request for access to your records, you have the right to have my decision reviewed by another mental health professional. We can discuss upon your request. You also have the right to request that a copy of your file be made available to other health care providers.

VI. CONFIDENTIALITY My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices provided to you. Please remember that you may reopen the conversation at any time during our work together.

Interactions with your therapist are confidential and will not be released without your permission. For the vast majority of clients, no exceptions to confidentiality are made.

However, the law requires therapists to make exceptions in the following circumstances:

- You may request, in writing, that information be released to persons you designate.
- If there is evidence that you pose a clear and imminent danger of harm to self and/or others, a counselor is legally required to report this information to the proper authorities and notify potential victims.
- State law requires that anyone who learns of, or has strong suspicions of, abuse or neglect of any person under 18 years of age or of an elderly or disabled adult must report this information to proper authorities.
- A court-ordered subpoena can require a therapist to release information contained in records or require a counselor to testify in a court hearing.

VIII. CONTACTING ME

The best way to contact me is by messaging me through the client portal.

I am often not immediately available by telephone. 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 voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters.

If, for unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital Emergency Room or call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

IX. OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients.

X. CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

This copy is provided for your personal records.