



Disclosure Statement & Agreement for Services

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and complete the required sections. Be sure to ask your therapist any questions that you may have regarding its contents.

Information about Your Therapist

At an appropriate time, your therapist will discuss their professional background with you and provide you with information regarding experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience, and professional orientation.

Fees and Insurance

The fee for service is \$100 per 60-minute individual or family in person therapy session. No call no shows will be subject to a \$50 fee payable before a new appointment can be scheduled. Treatment summaries generated for personal or professional use are \$80 paid upon completion of the document and require two weeks' notice. These documents cannot be faxed, emailed, or mailed and must be picked up by the client in person. Fees are payable at the time services are rendered. Please speak with your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. These fees are for client's not utilizing insurance. If you choose to use insurance to pay for therapy your fee may differ depending on your insurance plan, deductible requirements and or rates negotiated between this provider and your insurance company.

Please inform Clark Counseling Services, LLC if you wish to utilize health insurance to pay for services. If your therapist is a contracted provider for your insurance company, they will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental health conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although Clark Counseling Services, LLC or a designated agent is happy to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide payment for the services provided to you. If at any time your insurance company denies reimbursement you will be responsible for any outstanding balance. Please discuss any questions or concerns that you may have about this with your therapist. Payments are accepted via PayPal, credit card, cash, check or money order and may be made in person or through www.clarkcounseling.com/forms-payments-insurance. There is a \$25 dollar returned check fee.

If for some reason, you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time. Any

unpaid therapy sessions after 90 days of non-payment and written attempts by this agency or an identified agent to the address we have on file will result in your bill being sent for collections. The client is responsible for all fees incurred by this agency during this process.

Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. When you participate in services, Clark Counseling Services, LLC will not disclose confidential information about your treatment unless you provide written authorization to release such information. If you participate in family, and/or marital/couples therapy, your therapist may use information obtained in an individual session that you may have had when working with other members of your family. If conserved of person or under the age of 18 your therapist is permitted to discuss course of treatment, diagnostic information, recommendations, and other clinical information with your guardian at their request. You will be informed by Clark Counseling Services, LLC when this type of release happens. If you are conserved of estate your therapist may need to communicate with your conservator for billing purposes.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a danger of physical violence to another person or when a client is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide federal and local law enforcement with books, records, papers and documents and other items and prohibits the therapist from disclosing to the client that these agencies obtained the items under this Act.

Minors and Confidentiality

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with the assigned therapist.

Privacy Policy

By signing below, you acknowledge receipt of Clark Counseling Services, LLC *Notice of Privacy Practices*. This document provides information about how Clark Counseling Services, LLC may disclose your private health information. Please read it carefully. This document is subject to change. If changed, you will receive a revised *Notice of Privacy Practices*. If you have left treatment, you may obtain the revised notice from Clark Counseling Services, LLC at 860-607-2325, by email at clarkcounseling@outlook.com or in person.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. To cancel or reschedule an appointment, you are expected to notify Clark Counseling Services, LLC at least 24 hours in advance of your

appointment. If you do not provide your therapist with at least 24-hour notice in advance except in case of sudden illness or family emergency, you may be charged the late cancelation fee. In case of inclement weather or other closings your Clark Counseling Services, LLC will post a notice on the homepage for the agencies website, www.clarkcounseling.com and post a message on the outgoing voicemail. You will not be charged for this type of cancelation.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on their confidential voicemail. If you wish for your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal business hours (Monday through Friday). If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail.

In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

You may also visit the resources page on www.clarkcounseling.org or dial **211** to obtain information on services available in your area.

Therapist Communications

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one or multiple of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means. We utilize a third party for appointment reminders and your contact information will be shared with them for this purpose. Please check forms of communication you would like to be contacted by.

- My therapist may call me at my home. My home phone number is: _____
- My therapist may call me on my cell phone. My cell phone number is: _____
- My therapist may call me at work. My work phone number is: _____
- My therapist may send mail to me at my home address. _____
- My therapist may send mail to me at my work address. _____
- My therapist may communicate with me by email. My email address is: _____
- My therapist may send a fax to me. My fax number is: _____

About the Therapy Process

It is your therapist's intention to provide services that will assist you in meeting your goals. Based upon the information that you provide to your therapist they will provide recommendations to you regarding treatment options. We believe that therapists and clients are partners in the therapeutic process. You have the right to

agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Due to the varying nature, severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. This agency will close your case after 90 days of non-contact and you will be notified by mail.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask your therapist to address any questions or concerns that you have about this information before you sign. By signing or typing your name below you acknowledge that this is a legal representation of your signature.

Client's Signature

Print Name

Guardian's Signature

Authorized Representative of Clark Counseling Services, LLC

Date