Whole Health Counseling LLC

Angela Tennis LPC

*I*nformed Consent

CLIENT SERVICE AGREEMENT

Welcome to Whole Health Counseling, LLC. 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 SERVICES and COUNSELOR

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 therapy, 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.

Counseling 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 therapy often requires discussing the unpleasant aspects of your life. However, therapy 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. Therapy 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 few sessions will involve an evaluation of your needs. Together we will create treatment goals and a plan. Throughout therapy these goals may change as your needs change. At Whole Health Counseling, I utilize Cognitive Behavioral Therapy concepts, mindfulness, Motivational Interviewing techniques, and nutrition and exercise for the treatment of anxiety, depression, substance dependence and abuse, relationship issues, and other life and mental health concerns. My goal is to meet you where you are and help move you to where you want to be in all aspects of your life. This is done through talk therapy, setting goals, finding your core values, establishing self-esteem, challenging irrational self-defeating talk, establishing healthy coping skills, finding balance in your life, but foremost giving you a safe space to express yourself. Taking a holistic approach we will look at your environment, relationships, health, spirituality, career/education, and leisure activities to address your needs and goals. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my counseling procedures, we can discuss them whenever they arise.

I am Licensed Professional Counselor and a Certified Health Coach. I received my masters degree in Community Counseling from The George Washington University in January 2008 and my Virginia LPC in December 2010. I became certified as a health coach in May 2015. I began working in private practice in October 2012 at Potomac Health Services. Prior to my work in private practice, I worked as the Mental Health Supervisor for over two years at Phoenix Houses of the Mid-Atlantic where I was also previously employed as the Program Director for the adolescent programs and as a Primary Counselor for the adult male program. I continue to seek certifications in nutrition and exercise and continue education in mental health to further develop my skills and speciality in the importance of nutrition and exercise (health) along with addressing all areas of one's (whole) life in counseling.

APPOINTMENTS

Appointments will ordinarily be 50 minutes in duration, once per week or bi-weekly at a time we agree on, although some sessions may be more or less frequent as needed. If you need to cancel or reschedule a session, you must provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is a $50 fee. 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. 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.

PROFESSIONAL FEES

The fee for the initial intake is $150.00 and each subsequent session is $125.00. You are responsible for paying at the time of your session. Payment must be made by check, cash or credit card. Any checks returned to my office are subject to an additional fee of up to $25.00 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.

INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care insurance, benefits have become increasingly more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services.

You should also be aware that insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-IV). Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record; 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 therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the client. Either amount is to be paid at the time of the visit by check, cash or credit card. 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. This will typically mean that you will be responsible to pay for

initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, please contact your insurance for a list of providers.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the services that I provide. Your records are maintained through a secure records database. 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 a right to have my decision reviewed by another mental health professional , which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

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. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under the age of 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other

communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

My Office Manager can be reached at 703-801-0361. I do not answer my phone as I am with clients or otherwise unavailable. You may leave a message with her or on the confidential voice mail and your call will be returned as soon as possible; however, it may take a day or two for non-urgent matters. You can also reach me via email at angela@wholehealthcounseling.com. If it is an emergency and/or you feel unable to keep yourself safe contact; Alexandria 24-hour Emergency Mental Health Services at 703-746-3401, 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.

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 based on 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.

CONSENT TO COUNSELING

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

_____ _____

Signature of Client Printed Name

_____

Date