ARAVEN COUNSELING

CLIENT / THERAPIST AGREEMENT

Communication is key to a successful therapeutic relationship. The intent of this agreement is to ensure expectations between the CLIENT and THERAPIST are upfront and clear. If you have any questions, please do not hesitate to contact me.

Confidentiality: This is one of the most important concerns in therapy. Information discussed in our work together will be kept confidential. This means that, with some very limited exceptions (some noted below), I cannot reveal information about you to anyone else or send out information about you without your permission. If you ever want me to share information with someone else, I will require you to sign an authorization form.

Exceptions to Confidentiality. There are rare situations that will require an exception to confidentiality. 1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies. 2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm. 3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency. 4. If a court of law orders me to release information, I am required to provide that specific information to the court. 5. If you have been referred to me by a court of law for therapy or testing, the results of the treatment or tests ordered may have to be revealed to the court. 6. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court. 7. If you see me in group therapy, I cannot guarantee that other group members will keep this agreement.

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, please seek legal assistance to protect your interests.

Special Situations: Separation, Divorce, and/or Custody Disputes. If we are working together in therapy and you are involved in a divorce or custody dispute, I will not provide testimony in court on any subject other than your therapy. You must hire a different mental health professional for any evaluations you require. This position is based on the following: (1) My statements may be seen as biased in your favor because we have a therapy relationship; (2) most, or even all, of the information I have about you has been provided by you and I do not have independent information about parenting or custody; and (3) my testimony might affect our therapy relationship, and I must put this relationship first. I encourage you to ask any questions you have about what you have read in this agreement.

Telehealth: There are benefits and risks to virtual/video and telephone sessions. Your sessions are granted the same privacy from me as in-person. The risks are a loss of connection from either participant, and, in phone sessions, a loss of non-verbal communication.

Messages: Your messages are picked up on my confidential voicemail. I check my messages periodically throughout the day and return calls at my earliest convenience. In an immediate crisis, call 211 or 911.

Email My communications to you via email nancy@aravencounseling.com will generally be for scheduling and billing only, and not protected health information. This email address is part of GSuite security. Google has sought and received security certifications such as ISO 27001 certification and SOC 2 and SOC 3 Type II audits.

Payment Information A typical session usually lasts 55-60 minutes and payment is due at the time of treatment. Acceptable payment methods are listed on the website, and are current as of the time of initial booking. If no payment is provided, the credit card number provided on the intake form will be charged. If payment is made by check and a check is returned, the owed amount will be charged to the credit card plus a $20 returned check fee.

Information on which insurance plans are accepted are listed on the website. Clients are responsible to ensure that, if applicable, any deductibles have been met in order for insurance to cover services provided. **Clients are responsible to pay any applicable co-pays or amounts due to meet a deductible in accordance with their insurance plan.**

Good Faith Estimate You are entitled to receive a "Good Faith Estimate" of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, below is an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.
You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means $400 or more beyond the estimated charges).
For questions or more information about your right to a Good Faith Estimate or the dispute process, visit https://www.cms.gov/nosurprises/consumers or call 1- 800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

The fee for a 50-60 minute psychotherapy visit (in-person or via telehealth) is $100.00.. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs. Based upon a fee of $100.00 per visit, if you attend one psychotherapy visit per week, your estimated charge would be $400.00 for four visits provided over the course of one month; $800.00 for eight visits over two months; or $1200.00 for 12 visits over three months. If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

Cancellation / No Show Information As a boutique private practice, last minute appointment cancellations and/or no-shows cannot always be rebooked, and therefore cause financial loss. Clients who do not arrive (in person or virtually depending on which type of appointment was booked) within 20 minutes of their scheduled start time will be considered a no-show for their appointment.

Clients can cancel or reschedule an appointment without a charge, as long as they provide a minimum of 24 hours notice. If clients cancel an appointment with less than 24 hours notice, or fail to show up for a scheduled appointment, a cancellation/no-show fee equal to a self-pay session rate will be charged.

Appointments can be rescheduled within 24-hours, provided the new appointment is scheduled within one week of the original appointment. Appointments that are rescheduled, and subsequently canceled, will be charged a cancellation fee, regardless of when the 2nd appointment is canceled.

Insurance companies do not pay for cancellations or no-shows. Clients who use insurance that cancel within 24 hours, or no-show for their appointment (as described above) will be subject to a fee equal to a self-pay session rate.

Termination of Counseling Services I reserve the right to terminate services at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside of the my scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate counseling at their discretion. Upon either party's decision to terminate counseling, The client may participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done.

Agreement Please ask any questions or concerns that you have about this information before you confirm you have read this document and agree to all that is stated.Your confirmation on the Intake Form indicates that you have read this agreement for services carefully, understand its contents and agree to its terms.