

Michelle Rogers Counseling

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[www.michellerogerscounseling.com](http://www.michellerogerscounseling.com)

hope.heal.grow.

**COUNSELING AGREEMENT AND STATEMENT OF CLIENT RIGHTS**

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Please read the following information and ask any questions you might have at our next meeting. When you sign this document, it will represent an agreement between us. Michelle Rogers Counseling and any associated affiliates are herein considered “we” or referred to as MRC.

**Training and Degrees:** I hold a master’s degree in Mental Health as well as a master’s in Marriage and Family Therapy from Gordon Conwell Theological Seminary. I regularly consult with other professionals regarding clients with whom I am working. These consultations are obtained in such a way that confidentiality is maintained. I also attend continuing education trainings to ensure that my skills remain up to date.

**Past Experience:** I have over 20 years of experience working with women and couples and have a bachelor’s degree in Exercise Science with a minor in Psychology from the University of Southern California. In my capacity as a counseling intern, I worked with students with mental health concerns including suicide ideation, physical abuse, post-traumatic stress, acculturation, drug and alcohol use, sexual promiscuity, depression and anxiety. During my internship, I also gained valuable experience in counseling families of youth, as well as career/college counseling. I spent nine years working with women on college campuses across the United States. I have interests specifically in the areas of depression, relational issues, trauma, spiritual direction, anxiety, body image, and adjustment.

**The Therapy Process:** Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Change will sometimes be easy and swift, but more often it will be slow and potentially frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. You will always be free to move at your own pace, and talk with MRC about any of these kinds of things that you may experience. It is also important for you to understand that MRC cannot offer any promise about the results you will experience. It is also possible that unanticipated changes may occur for the therapist, that are beyond his or her control. The therapist will do his or her best to verbalize these changes to you and discuss them in a timely manner.

MRC’s approach to counseling is wholistic in that we engage both the study of theology and psychology. Although we are guided by a Christian worldview, we will be sensitive to your religious/cultural differences and perspectives. Based on your counseling needs, you may be advised to take appropriate tests/inventories or seek medical treatment to facilitate your counseling process. MRC adheres to the Code of Ethics prescribed by the American Christian Counseling Association. To view our code of ethics, go to [www.aacc.net](http://www.aacc.net).

**Notice of Policies and Practices to Protect the Privacy of Your Health Information**

You have the right to a confidential relationship with MRC. Within certain legal limits (see #3 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission. MRC participates in regular peer supervision. During this supervision your personal identity will be concealed. The purpose of supervision is to ensure quality of care received at MRC.

1. You have the right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of their content.
2. If you ask , MRC can release any part of your records on file to any person you specify. MRC will tell you when you make your request whether or not MRC thinks releasing that information to that agency or person might be harmful to you.
3. Under certain legally-defined situations, MRC has the duty to reveal information to you during the course of therapy to other persons without your written consent. MRC is not required to inform you of my actions if this occurs. These legally-defined situations include:
4. Revealing to MRC active child abuse or neglect. If an alleged perpetrator is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors. Active physical or sexual abuse of a dependent adult or elder is taking place.
5. If you seriously threaten harm or death to another person, MRC is required to warn the intended victim and notify the appropriate law enforcement agencies.
6. If you are in therapy or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.
7. If a court of law issues a legitimate subpoena, MRC is required by law to provide the information specifically described in that subpoena.
8. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.
9. In the event of a medical emergency, emergency personnel or services may be given necessary information.
10. If the client brings a complaint against me with the state of Massachusetts Department of Health, client information will be released.
11. In the event of the client’s death or disability, information may be released if the client’s personal representative or the beneficiary of an insurance policy on the client’s life signs a release authorizing disclosure.
12. You have the right to ask questions about any of the procedures used in the course of your therapy.
13. Should you choose not to enter therapy with MRC, names of other qualified professionals whose services you might prefer will be provided.
14. You have the right to terminate therapy with MRC at any time without any financial, legal, or moral obligations other than those you have already incurred. MRC has the right to terminate therapy with you under the following conditions:
    1. When MRC believes that therapy is not longer beneficial to you.
    2. When MRC believes that another professional will better serve you better.
    3. When you have not paid for the last two sessions, unless special arrangements have been made with MRC.
    4. When you have failed to show up for your last two therapy sessions without a 24-hour notice.
    5. If MRC determines during the first three sessions that we cannot help you, we will assist you in finding someone qualified. If we have written consent, we will provide that professional with information they request.
    6. When you fail to cooperate with the proposed treatment.

If any of these situations apply, MRC will send you a letter to your address on record to inform you of my decision and we will give you the names of several therapists for your future counseling needs.

As life can bring unexpected circumstances, should MRC be unable to continue your therapy, one of our trusted colleagues will contact you to discuss what would be best for you at that time.

**Fee Policy and Billing:** Full payment is due at time of service. Two unpaid sessions will result in an inability to schedule a subsequent session until session’s fees are paid. A sliding scale fee structure is available for those with a qualifying income level. Sliding scale fees are subject to change. Cash, check or credit card are accepted forms of payment (checks made payable to “Michelle Rogers Counseling”). **\*\*\*Please note that we are unable to accept insurance.\*\*\***

Intake (First) Session (Initial Assessment) (60 min): $160

Individual Session (50 min): $125

Couple Session (50 min) $150

Career Counseling/Life Coaching (50 min): $100

**Counseling Agreement**

**Payment for Service:** You are expected to pay for services at the time they are rendered unless other arrangements have been made. Please notify MRC if any problem arises regarding your ability to make timely payments. Checks returned NSF will be charged $20.00.

If you get behind two sessions and your bill remains unpaid, MRC will stop therapy with you until the balance is paid. A late fee of $25.00 each month will be added to your unpaid balance. Fees that continue unpaid after 90 days may be turned over to small-claims court or a collection service. If you have an unpaid bill, MRC may withhold your records until your bill is paid in full.

Charges for other services, such as hospital visits, consultations with other therapists, and home visits are charged at MRC’s regular fee; this includes travel time. Because of the increased amount of work involved in providing court-related services (such as consultations with lawyers, depositions, or attendance of courtroom proceedings), MRC’s fee for these services is double my usual hourly fee. Some services, such as depositions, may require payment in advance.

**Insurance Reimbursement:**  Clients who carry insurance will bill their own insurance. MRC will provide you with the appropriate billing information, which you will send in for possible reimbursement. MRC does not bill insurance companies nor do they accept payment from them.

**Cancellations/No-shows:** MRC requests that you notify us at least **48 hours** before your scheduled appointment time if you need to cancel a session**. Failure to do so will result in charges for the missed appointment.** This charge should be paid before or at the time of your next appointment to continue in the counseling relationship. Exceptions are for sudden illnesses and emergencies only..

**Telephone Time:** Sometimes telephone consultations may be suitable or even needed at times in our therapy. I will charge you my regular fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. There is not charge for brief calls (less than 10 minutes) or calls about appointments or similar business.

**Contacting Your Counselor:** Please note that MRC is usually not immediately available by telephone. MRC’s telephone is answered via voice mail that is monitored daily. MRC will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform MRC of some times when you will be available. In emergencies, please call 911 or go to the nearest emergency room and then have the doctor there notify me of your outcome. If MRC is unavailable for an extended time, they will make coverage plans with you, if necessary.

**Special Considerations for Couples and Family Therapy Clients:** When treating a couple or a family, the counselor considers that couple or family (the treatment unit) to be the patient. If there is a request for the treatment records, the counselor and administrative staff will seek the authorization of all members of the treatment unit before releasing information to the requester. If you, the client, feel it necessary to talk about matters that you want shared with absolutely no one, you may want to consult with an individual therapist who can treat you individually.

**No Secrets Policy:** The counselor may work with a smaller part of the treatment unit for one or more sessions. These sessions should be seen as a part of the work that the counselor is doing with the family or the couple, unless otherwise indicated.

**Social Media and Email Correspondence Policy:** Social networking requests (Facebook, LinkedIn, Skype, Twitter) will be denied in an effort to maintain professional boundaries and client confidentiality. By choosing to communicate by email, you assume risks to confidentiality. Also, please do not reply on email for emergency notification as MRC may not check email on a daily basis.

**Mediation and Arbitration:** All disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the therapist and client. The cost of such mediation, if any, shall be split equally.



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**Consent Form: Counseling Agreement/ Privacy Notice**

**This form must be signed and dated in order to begin counseling**

**Counseling Agreement** (the Agreement)

Information in the Agreement can help you become fully informed about the counseling you will receive.

**Notice of Policies and Practices to Protect the Privacy of Your Health Information** (the Notice)

The Notice describes how psychological and medical information about you may be used and disclosed, and how you can gain access to this information.

**For Couples**

By our signatures below, we, the members of the couple or other unit being seen, acknowledge by our individual signatures below, that each of us has read the No Secrets Policy as described in the Agreement, that we understand it, that we have had an opportunity to discuss its contents with our counselor, and that we enter couple therapy in agreement with this policy.

By signing and dating this form, I certify I read the entire Agreement from MRC and that all the guidelines and policies in the Agreement are acceptable to me.

By signing and dating this form, I certify I read the Notice that I received from MRC that describes policies and practices that protect the privacy of my health information.

**Client Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Treatment.** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,authorize and request that MRC, carry out psychological examinations, diagnostic procedures, and/or treatment which now or during the course of my care as a patient are advisable.

I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I have read and fully understood this Consent for Treatment form.

**Client Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_