# **Counseling Services Agreement**

# Jordan Psychological Assessment Center Brieanna Claassen, MA, LPC, NCC

Welcome! The following information is provided to clarify the nature and limitations of the counseling services offered by Brieanna Claassen, MA, LPC, NCC. Ms. Claassen is a Licensed Professional Counselor in the state of Kansas as well as a National Certified Counselor. She has a Master of Arts in Marriage, Couple, and Family Counseling from MidAmerica Nazarene University. She is a member of the American Counseling Association and the Association for Play Therapy and abides by the ethical codes delineated by these professional associations. Ms. Claassen is currently working toward her post-graduate certification in play therapy at MidAmerica Nazarene University (expected July, 2016). Ms. Claassen conducts individual and family counseling utilizing an attachment theory and family systems-based approach, and her preferred modality of treatment is Emotion-Focused Therapy for adult individuals and couples and Child-Centered Play Therapy for children; however, techniques from other theoretical perspectives may be integrated where necessary and appropriate according to the needs of each individual client. If you or Ms. Claassen find that your needs are not being met by her services, she may refer you to another mental health professional.

Ms. Claassen is currently under supervision, a process required in the state of Kansas in order to obtain clinical licensure. Her supervisors are Dr. Todd M. Frye, PhD, LCPC, LCMFT, SATP-S (913-626-1387) for adult counseling and Dr. Mary Fry, PhD, LCPC, RPT-S (913-971-3737) for play therapy. Supervision ensures you receive the highest quality of care.

#### **Fees and Cancellation Policy**

The Jordan Psychological Assessment Center is a fee-for-service clinic and payment is due at the time of service.

Fees are as follows:

First appointment \$150 per hour initial assessment (1 to 1 ½ hours)

Individual therapy (adult or child) \$100 50-minute session Family therapy (couple or family) \$120 50-minute session

Parent consultation \$100 per hour

Because your appointments are held especially for you, we request 24 hours advance notice to cancel. You must give 24 hours notice if you wish to cancel an appointment or you will be charged for the appointment. In addition, all no-show appointments are charged.

Actual incurred fees for each session will be collected at the time of each session. Any remaining balance due, if any, will be billed to you per the Payment Policy. All balances are due within 30 days of receipt of invoice.

In unusual circumstances, you may become involved in litigation, which may require your clinician's participation. You will be expected to pay for the professional time required even if Ms. Claassen is compelled to testify by another party. Because of the complexity and difficulty of legal involvement, the charge will be \$200 per hour for preparation for, and attendance at, any legal proceeding.

#### **Insurance**

You are wholly responsible for payment of the bill. Ms. Claassen is not a contracted provider for any insurance companies and will not bill insurance companies; however, you may wish to submit your bill to your insurance company for reimbursement if all or part of our services are covered under your plan. The information you will require for insurance billing will appear on the bill we will provide you at each session.

#### **Confidentiality**

The code of ethics for psychologists (APA) and counselors (ACA), federal laws and state laws regulating the practice of counseling regard personal information you discuss to be confidential. A record of the health care services we provide you is kept in a locked file, and unauthorized access to this file is prohibited. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

#### Exceptions:

- 1) Information may be disclosed in supervision to ensure you receive the highest quality of care.
- 2) If the clinician becomes aware that a child under 18, a developmentally disabled person, or an elderly person is or has been abused, a report must be made to the appropriate authorities.
- 3) If a client threatens another person, the clinician must protect the other person(s) by warning the person(s) at risk and reporting the danger to the appropriate authorities.
- 4) If a client poses a danger to self or others or is unable to take care of basic needs, the clinician will take appropriate action to protect the client's safety.
- 5) If a client chooses to submit reimbursement claims to an insurance provider, the insurance provider has the right to some limited information about the client's treatment.
- 6) If a subpoena is received for the client's records.
- 7) If the client requests that information be released to a third party such as a physician or a school, the client and Ms. Claassen will fill out a release of information form at that time.

### **Confidentiality and Use of Computers**

For convenience, you may choose to communicate with Ms. Claassen via email (brie@claassencounseling.com). You must be aware, however, that email is not entirely confidential and secure. In addition, to ensure confidentiality as well as the safety of both client and counselor, you must not follow or friend Ms. Claassen's personal social media pages at any time. Furthermore, you must take precautions when following her professional Licensed Professional Counselor Facebook page or commenting on her professional website (http://claassencounseling.com).

#### **Statement of Informed Consent**

I have read and fully understand the preceding description and conditions of Ms. Claassen's counseling services. I understand that I can withdraw from the counseling process at any time.

## **Acknowledging Receipt of the Notice of Privacy Practices**

Ms. Claassen and the Jordan Psychological Assessment Center are required by law to protect the privacy of your information, provide the Notice of Privacy Practices, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact Ms. Claassen at (913) 647-7990. Note: we may change our policies at any time but with any significant policy change the new notice will be changed and posted. A copy of the Notice is attached. You may request a copy of the Notice at any future time from our reception desk, from the Clinic Manager, or from Ms. Claassen.

Print Client Name	Client Signature (if over 18)	Date
Signature of Parent or Guardian if cli	ent is a minor (under 18 years of age)	:
Parent/Guardian Signature	Printed Name	Date
Counselor Signature		
Brieanna Claassen, MA, LPC, NCC	Date	