

Alysa Koeneman, M.A., LPC, NCC
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Professional Services Agreement

Prior to beginning treatment, it is important for you to understand my approach to psychotherapy and agree to some rules about confidentiality during the course of treatment. I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

TRAINING, EXPERIENCE & CREDENTIALS

I am a licensed professional counselor in the State of Kansas (3099). I earned my Masters degree in counseling from MidAmerica Nazarene University in Olathe, KS. I am not authorized to practice medicine and surgery and I am not authorized to prescribe medications. Certain mental disorders can have medical or biological origins; in such cases you should consult with a physician.

CANCELLATIONS:

Since scheduling an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions. All messages, including cancellations, may be left on my voicemail: 913.956.8889.

PAYMENTS & INSURANCE REIMBURSEMENT

I operate as a fee-for-service therapist, meaning that my services are paid for directly by the client without anyone arranging the fee or service but you (the patient) and me (the therapist). This arrangement is more conducive to the type of psychotherapy services provided by this therapist and it allows the work to be more solely between the two of us. (This will be addressed more in the section regarding insurance.)

Unless a different arrangement is made between us, I expect payment at the time of service. Payment can be made by cash, check or credit card.

Fees are as follows:

<u>Service</u>	<u>Amount</u>
Psychotherapy per session	\$90.00
If paying with credit card	\$95.00
Telephone Consultation (beyond 10 mins)	\$90.00, prorated

Unless agreed upon differently, I will provide you with a copy of your receipt, which you can then submit to your insurance company for reimbursement if you so choose. Not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

If you desire to submit for reimbursement from your insurance company, you should also be aware that most insurance companies require that I provide them with a clinical diagnosis. At times, I might have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be

stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report submitted, if you request it.

Legal proceedings that require this therapist's participation, incur additional charges. These include all professional time, including preparation and transportation costs, even if this therapist is called to testify by another party. Due to the difficulties of legal involvement, the charge for preparation and attendance for any legal proceeding is \$240.00 per hour.

CONFIDENTIALITY

Information disclosed in sessions is considered confidential and will not be revealed to anyone outside the consulting room without your written permission. In all but a few situations, state law and rules of my profession protect your confidentiality. The following are the legally permissible exceptions to confidentiality:

1. When there is reasonable suspicion of child, elder or dependent adult abuse or neglect;
2. When the client presents a clear and immediate danger to herself or himself. The therapist reserves the right to take any step necessary in prevention of suicide.
3. When the client presents a clear and immediate danger to another person or persons. The therapist has a duty to warn any person of intended harm.
4. Pursuant to a lawfully issued subpoena.
5. When a client brings charges against the psychologist

I might talk about part of your case with another mental health professional. I ask now for your understanding and agree to let me do so in these limited situations:

1. When I am away from the office for extended periods of time and you or I believe you need support. In this instance I have a trusted fellow therapist to "cover" for me and he/she will be available to you in emergencies. Of course, the same laws and rules of confidentiality bind this therapist.
2. I sometimes consult with other therapists and experts pertaining to the clinical services I am providing my clients. This helps me provide high-quality treatment. These people are also required to keep your information private. Your name will not be given, and they will only be told pertinent information in order to understand your situation.
3. I am a licensed professional counselor however, I am in the process of pursuing my license as a clinical professional counselor and am under the supervision of Dr. Todd Frye, PhD, LCPC, LCMFT, SATP-S and Ben Taussig, LCPC, NCC. I consult with both supervisors each week to ensure you are receiving the best care. I will be sharing high level information about your case but do not disclose your name or any information that would disclose your identity.

OTHER AREAS INVOLVING CONFIDENTIALITY:

Part of my effort to maintain your privacy includes not initiating contact with you in social settings (mall, on the street, or other social gatherings) unless you initiate contact first. My behavior is not intended to be a personal reaction to you; it is intended to be a way to maintain the confidentiality of our relationship.

In the case that I am suddenly unable to continue providing professional services or to maintain client records due to incapacitation or death, I have designated a colleague who is a licensed mental health professional as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacitation; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

If you ever become involved in a divorce or custody dispute, I want you to know and agree that I shall not provide evaluations or testimony you require. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (a) others will view my statements as biased in your favor because we have a therapy relationship; and (b) the testimony might affect our therapy relationship, and I shall always make our therapy relationship the highest priority.

If you and your partner decide to have some individual sessions as part of the of the couples therapy, the information disclosed in an individual session can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

WHEN DISCLOSURE MAY BE REQUIRED:

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

PROFESSIONAL RECORDS:

I keep a treatment file documenting our sessions and that information provided is confidential and will generally be released to others only by your written consent. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I believe that releasing such information might be harmful in any way. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in the presence of this therapist or have them forwarded to another mental health professional so you can discuss the contents.

TELEPHONE & EMERGENCY PROCEDURES:

If you need to contact me for an urgent matter between sessions, please call 913.956.8889 and your call will be returned as soon as possible. I cannot promise that I will be available at all times. If a life-threatening emergency arises between sessions, call 911 or go to the nearest emergency room. Calls of a non-urgent nature will be returned within 24 hours. Non-urgent telephone calls left during the weekend will be returned on the next business day. I pick up my messages a few times a day. If an urgent situation arises, please indicate it clearly in your message.

If there is an emergency during our work together, or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he/she will do whatever he/she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the Client Information Form.

THE PROCESS OF THERAPY/EVALUATION:

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however; requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond open and honestly.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different way of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment,

substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member may be viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it can be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I will likely draw on various psychological approaches according to the problem that is being treated and my assessment of what will best benefit you. These approaches may include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), and psycho-educational.

DISCUSSION OF TREATMENT PLAN:

Within a reasonable period of time after the initiation of treatment, I will discuss with you a working understanding of the problem, treatment plan, therapeutic objectives and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be given a comprehensive answer. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

TERMINATION:

As set forth above, after the first few meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such cases, I will give you a number of professional referrals that you can contact. If at any point during psychotherapy I assess that I am not effective in helping you reach the therapeutic goals, I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the clinician of your choice in order to help with the transition. If at any time you would like another professional's opinion, or wish to consult with another psychologist, I will assist you in finding someone qualified, and if I have your written consent, I will provide her/him with the essential information. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you may prefer.

GRIEVANCE BOARD:

No one may hold the title of Licensed Professional Counselor unless he/she meets the specific standards established by the Behavioral Services Regulatory Board. My license guarantees that I have been trained and supervised in the diagnosis and treatment of psychological conditions. The agency within Kansas that has specific responsibility for licensed professional counselors is the Behavioral Services Regulatory Board. The address by which this regulatory body can be reached is: Behavioral Services Regulatory Board, 712 S. Kansas Avenue - Topeka, KS 66603. The phone number for the Behavioral Services Regulatory Board is 785-296-3240.

The Grievance Board should be contacted if you have any concern or complaints about me or any other licensed or unlicensed mental health practitioner. For instance, sexual intimacy between a client and therapist is never appropriate.

MEDIATION & ARBITRATION:

All disputes arising out of, or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of your psychologist and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Johnson County, Kansas in accordance with the rules of the American Arbitration Association, which are in effect at the time the demand for arbitration is filed.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing

party in arbitration or collection proceeding shall be entitled to recover a reasonable sum and applicable attorney fees. In the case of arbitration, the sum will be determined by the arbitrator.

Please retain this document for your records.

Koeneman Counseling Services

Informed Consent and Professional Services Agreement

Please acknowledge your understanding by initialing each item below:

- ____ I understand the fee for each individual session is \$90.00
- ____ I understand that once an appointment is scheduled, I will be expected to pay for it unless I provide at least 24 hours notice.
- ____ I understand the guidelines and limitations of confidentiality outlined in the Professional Service Agreement.
- ____ I understand I should contact 911 or go to the nearest emergency room in case of an emergency.
- ____ I understand Alysa Koeneman's policy regarding legal/forensics involvement outline in the Professional Service Agreement. I acknowledge I will be responsible for any forensic fees (\$240.00 per hour) if Alysa Koeneman is subpoenaed to court (unless another party has agreed to payment).

Electronic Communication:

You may communicate confirmation and/or cancellation of appointments through the use of email. Although unlikely, it may be possible for others to see information sent through email. Alysa Koeneman, LPC recommends careful consideration of any messages sent by way of email communication. Any information beyond confirmation and/or cancellation of appointments should be communicated either by phone or in person during your schedule session. Having been made aware of the above-mentioned information, you (please place a mark in either the "do" or "do not" area) **do** _____ **do not** _____ give permission for Alysa Koeneman, LPD to communicate through email.

Waiver of Medical Consultation:

I understand that under the provisions of KSA 65-6404 (b) (3) that a therapist is required to consult with my primary care physician or a psychiatrist to determine if there may be a medical condition or medication that is causing or contributing to any observed symptoms of a mental disorder: By checking the box below I am indicating that I waive my right to this consultation and that I do not wish for Alysa Koeneman, LPC. to contact my physician(s). I am also aware that this waiver will become part of my client record.

I waive my right to this consultation

By signing this document, I am acknowledging I have read the following documents: Professional Services Agreement, Electronic and Social Media Policy, and the Notice of Privacy Practices and am in agreement and understanding with the policies outlined in all three documents. I understand I can seek further explanation at any point during treatment. I understand that after psychotherapy begins, I have the right to withdraw my consent at any time, for any reason. I will make a good faith effort to discuss my concerns with Alysa Koeneman before terminating psychotherapy. I agree to enter into psychotherapy with Alysa Koeneman.

Client's Printed Name

Client's Signature Date

For Couples Therapy Only

Client's Printed Name

Client's Signature Date

I have met with this patient for a suitable period, and have informed him/her of the issues and points raised in these documents. I have responded to all questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the patient, as shown by my signature here.

Therapist's Signature

Date