

## **Clinical Services Agreement and Consent Form**

### **Qualifications**

I am a Licensed Clinical Professional Counselor (LC7469) in the state of Maryland. I received a Master of Arts degree in Clinical Mental Health Counseling from Marymount University which is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

### **Theoretical Approach**

I use a psychodynamic approach to help clients uncover underlying tension and unresolved issues that are hindering them from living their full potential. I also utilize some aspects of cognitive behavioral therapy to identify and recognize negative thought patterns and replace them with more accurate narratives. I have experience and training in expressive therapy, which uses art and sandtray to delve into deeper experiences and emotions with clients. However, I reserve the right to utilize techniques from other theories that have shown success with particular issues.

### **Voluntary Participation**

Participation in therapy is voluntary unless mandated by the state court system. You have the right to terminate therapy whenever you would like.

### **Fees**

My fee for an initial evaluation is \$120; this session is one hour long. The fee for each subsequent 50-minute session is \$100. Payment in full is due at the end of each appointment. In addition to weekly appointments, I charge this amount for other professional services, though I will break down the hourly cost for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request. There is a preparation fee for medical records with a charge of \$.50 for each page of the medical record. In addition, there is a fee to cover postage and handling.

I accept payment in the form of cash or checks. If your checks are returned because of insufficient funds, all bank charges assessed to me will be added to the amount due.

If I become involved in legal proceedings regarding your case that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

### **Insurance Reimbursement**

You are responsible for providing insurance information for billing purposes. I will submit claims to the insurance company using a third party provider. The client is responsible for any co-payment and for charges that the insurance does not cover/pay that

is considered member responsibility.

### **Payment for Services Rendered**

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed on, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or attorney or going to small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding your treatment is the name, the nature of services provided, and amount due. If such legal action is necessary, its costs will be included in the claim.

### **Release of Information**

You have the right to request copies of your records to be released to other health care providers. However, you must sign a release form. You also have the right to your own records. If you request records for your own purpose, I reserve the right to discuss the request with you if there is evidence to suggest that viewing these records could harm you or the therapeutic relationship.

### **Divorce/Custody Disputes**

If a client ever becomes involved in a divorce or custody dispute, I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require.

### **Confidentiality and Privilege**

As a client, you have the right to confidentiality regarding information shared during therapy sessions. With the exceptions noted in the next section, information discussed during counseling sessions will not be revealed without your consent. As a client, you also have the right to privileged communication. Privilege communication means that a judge cannot order information that has been recognized by law as privileged to be revealed in court. Confidentiality and privilege belongs to the client and therefore the client has the right to assert privilege in legal proceedings if the counselor is asked to disclose privileged information.

### **Exceptions to Confidentiality and Privilege**

- If you direct me in writing to disclose information to someone else.
- If it is determined that you are a danger to yourself or someone else/others.
- If the counselor suspects child, elder, or vulnerable adult abuse or neglect.
- When the client is a minor or legally incompetent adult.
- In cases of group, family, or couples counseling.
- If the counselor is ordered to do so by a court of law (subpoena).
- If the client has a fatal commutable disease and is putting others at risk of contracting the disease.
- If the client needs to be involuntarily hospitalized.
- If a client claims a lawsuit against the counselor.
- In emergencies where therapist is incapacitated or otherwise unavailable and therapist's designee will need to notify the client and/or client's guardian.

### **Benefits and Emotional Risks**

The majority of people who obtain mental health services benefit from the process. The therapeutic process is generally quite useful, but some risks do exist. Risks sometimes include experiencing uncomfortable feelings such as sadness, anger, guilt, loneliness, helplessness, or frustration. Also, counseling often involves discussing unpleasant aspects of your life. However, many people have found that therapy ultimately leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. Still, there are no guarantees about what will happen in any one therapeutic process. I encourage you to raise any questions you may have about treatment goals, procedures, or your impression of the services you receive.

### **Psychological Services**

In the first 2-3 sessions, an assessment of your needs will take place, and an Individual Treatment Plan will be implemented based on collaboration between you and I. As a client, you can use this time and your experience so far with me to evaluate whether you are comfortable with continuing to work with me. Therapy involves a large commitment of time, and energy, so the selection process is imperative. If you have any questions regarding my procedures, please discuss them with me whenever they arise. If your doubts persist, I will be glad to give you referrals for another mental health provider. If you have any involvement with another professional (doctor, psychiatrist, probation officer etc.), I may ask you to sign a Authorization to Exchange Information form that allows me to contact them.

### **Clients Under 18**

In cases where clients are under 18 years of age, I require parental consent before beginning treatment. In order for there to be trust in the relationship with the minor client, I consider conversations with the minor confidential. Therefore, by signing this Disclosure Agreement, it gives me authority to determine what information will be shared with parents/legal guardians. If there is anything that needs to be addressed with the parents of the minor child, all parties (parent, minor client and counselor) will meet and discuss these issues. I will also periodically meet with parents to review any changes as well as give a general overview of the minor client's progress in therapy.

- If you and your spouse have a custody dispute, or a court custody hearing is coming up, I will need to know about it.
- In cases where the minor client's parents have a custody agreement or legal guardianship is to a non-parent, I require a copy of the agreement.

### **Colleague Consultation**

In order to provide quality care, I may find it necessary/helpful to consult with other professionals. During these consultations, I will ensure that every effort is made to protect your identity.

### **Appointments and Cancellation Policy**

Therapy sessions usually last 50 minutes and occur on a weekly basis. There are some circumstances where sessions may require more time or occur more frequently and this

will be assessed on an individual basis. If you show up late to the session, you will be allotted the original 50 minute time slot, therefore you will receive less therapeutic time though the fee for the full session will still be charged.

If you must cancel an appointment please give a **minimum of 24-hour advanced notice**. If you cancel an appointment without giving at least 24-hour notice you will be charged for the full session. Frequently missed or cancelled appointments can result in termination of services and referrals will be provided to you for your convenience.

### **Commitment to Counseling**

Attending counseling sessions regularly and consistently is necessary for counseling to be helpful. You may stop counseling at any time, but please inform me if you want to terminate the therapeutic relationship. It is helpful to have 2-3 closing sessions before therapy is terminated. Attending sessions under the influence of alcohol or drugs or in possession of a weapon is not allowed.

### **Inclement Weather**

I follow the closings of the Montgomery County Government for inclement weather. If the counties courthouses are closed, therapy sessions are cancelled for that day. I will meet with you at your next regularly scheduled day and time.

### **Emergencies**

I do not provide formal emergency services. If you feel your situation is urgent, please call 911 or visit the nearest emergency room. You may also choose to call the Montgomery County Crisis Center at 240-777-4000. I am not liable for voicemails, emails or missed calls in relation to client emergencies.

### **Contacting Emily**

You understand that you may communicate with me via e-mail, but I cannot guarantee the privacy, security, or confidentiality of e-mail communications. Because email communications will not be encrypted and will travel over the Internet, there is a risk that emails sent to or from me may be intercepted and read by unauthorized third parties. E-mail communications should be limited to non-urgent and non-sensitive issues, such as scheduling and basic logistics. You should contact me by phone to discuss any health issues and you understand that e-mail is not an appropriate means of communication if you are in crisis. By signing this Agreement, you are stating that you understand the privacy risk and you allow me to contact you via email.

Client/Guardian initials \_\_\_\_\_

### **Social Media**

In order to remain professional both inside and outside of the counseling relationship, I will not request or accept any invitations through any social media website. Not only could this blur the boundaries of the counseling relationship, but it could also compromise your confidentiality as a client. If you have any concerns about this, please discuss it with me in person.

**Dual Relationships**

It is my responsibility to protect the nature of the counseling relationship with you. Therefore, if I see you outside the counseling session, I will not acknowledge you or give any indication of knowing you. The choice will be left up to you if you would like to acknowledge me or not. In addition, I cannot accept gifts or socialize/engage in business with clients outside the counseling relationship.

**Vacation Coverage**

I will have a colleague available to intervene if you have an emergency or would like to continue with sessions during the time I am unavailable. A name and number will be made available at that time.

**Complaints**

Although you are encouraged to discuss any concerns with me in session, you may file a complaint with the organization below if you feel I have violated any ethics.

Maryland Board of Professional Counselors 4201 Patterson Ave, Baltimore, MD 21215  
Phone: 410-764-4732 Fax: 410-358-1610

**Acceptance of Terms**

Your signature below indicates that you have read, understand, and agree to the information in this document.

Client Name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian’s name (for minors): \_\_\_\_\_

Guardian’s signature (for minors): \_\_\_\_\_

Date: \_\_\_\_\_

Provider Name: Emily Griffin, MA, LCPC

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_