

**Serenity Solutions, LLC**

#### THERAPIST-CLIENT SERVICES AGREEMENT

# PROFESSIONAL SERVICES AND BUSINESS POLICIES

During your first few sessions, your therapist will be gathering information about your background and the problems and symptoms you are experiencing in order to evaluate your needs. By the end of this assessment period we may be able to give you some impression of what your work will include and what goals you will be attempting to accomplish during your therapy. Therapy is shaped by your personality, the training and characteristics of your therapist, and the particular problems you are experiencing. Unlike most visits to a doctor or medical specialist, therapy involves an active partnership between you and your therapist.

Therapy has been shown to have many benefits that may include improved relationships, solutions to specific problems and significant reductions in feelings of personal distress. However, it is quite natural that on occasion you might experience some feelings of discomfort during or after a therapy session due to problems you are working on. It is also possible that your problems could get worse. If this should happen, please talk with your therapist about it so that you can receive support and be reassured about any reactions you may be experiencing.

# MEETINGS AND PROFESSIONAL FEES

Our therapist generally schedule one 45 or 60-minute session per week, and our current hourly fees range from $90 to $145. Some therapists routinely schedule clients weekly or every two weeks; feel free to discuss your preferences for contact with your therapist. Once an appointment hour is scheduled, you will be expected to pay a late cancellation or missed appointment fee of $60 unless you provide 24 hours advance notice of cancellation. (If you were unable to attend due to circumstances beyond your control, you are welcome to speak with your therapist.) It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Serenity Solutions, LLC reserves the right to terminate treatment after three “no shows” or “late cancellations.”

In addition to weekly appointments, there may be a charge for other professional services you receive, including: report writing, telephone conversations, consulting with other professionals, preparation of records or treatment summaries, and legal proceedings that require our participation. Charges for record preparation will be made in accordance with the Ohio Revised Code 3701.741. Because of the difficulty of legal involvement, we charge $160 per hour for preparation and attendance at any legal proceeding.

# CONTACTING YOUR THERAPIST: (419) 232-6010

Due to the nature of our work, your therapist may not often be immediately available by telephone. However, our receptionist will be happy to take your message and convey it to your therapist as soon as possible or transfer you to your therapist’s voice mailbox. When the office is closed, you may leave a brief voice mail message with your name and telephone number, specifying if you wish for Dr. Carr to contact you. \*You may want to discuss contact options with your therapist and record details below. If you are experiencing a crisis and unable to reach Dr. Carr, please contact your physician or the nearest emergency room and ask for the mental health professional on call. You may also call the National Suicide Hotline at 1-800-SUICIDE, or 1-800-784-2433. If your therapist will be unavailable for an extended time, you may request that he or she provide you with the name of a colleague to contact if necessary. After office hour calls may be returned via cell phone and due to the nature of cell phone provider service, confidentiality cannot be guaranteed. If this is a concern, please speak to your therapist.

# BILLING AND PAYMENT

You will be expected to pay for each session at the time it is held. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency, or going through small claims court, which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a client is demographic information completely unrelated to the details of treatment, such as name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

# INSURANCE REIMBURSEMENT

In order for you to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. We will bill your insurance company and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers and if pre-certification is needed. You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. We are required to provide a clinical diagnosis, and sometimes we are required to provide treatment plans or summaries, or copies of your entire clinical record. ***By signing the Agreement, you agree that your therapist can provide requested information to your carrier.*** It is important to remember that you always have the right to pay for services yourself to avoid the problems described above (unless prohibited by contract).

**When you sign the signature page for this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. However, under certain conditions we may be unable to act on the revocation: if we have taken action in reliance on it, if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied your financial obligations. You are welcome to a copy of this Agreement.**

**\*Contact Phone Number (419) 232-6010**

**Therapist: Kathy Carr, Ph.D., Psychologist Ohio # 6909**

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