

Deep Dive Individual and Family Counseling Services, PLLC

1100 NW Loop 410, Suite 700, San Antonio, TX, Texas, 78213

Clinical Social Worker/Therapist- Shenna Fisher, BA, MSW, LCSW

The Client-Therapist Contract

Welcome to Deep Dive Individual and Family Counseling Services! It is a pleasure to have the opportunity to serve you. This document contains important information about my professional services and business policies. It also contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The notice, which is attached to this Contract, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex it is very important that you read them carefully before you and/or your child begin counseling services. We can discuss any questions you have about the procedures at the first intake session. When you sign this document, it will represent an agreement between us.

Psychotherapy Services

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the specific concerns that the client brings to the session. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit; it calls for an active effort on the part of the patient. Psychotherapy can aid you in discovering tools and techniques that can be utilized to improve the quality of your life and your relationships. Psychotherapy involves *change*, which may feel threatening not only to you, but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel very vulnerable. The process can include experiencing feelings like sadness, guilt, anxiety, anger, and fear and making changes that you did not originally intend. Like any professional service, therapy may not work, and for a relatively small number of people, problems may get worse. Even so, many people find that therapy is worth the discomfort they feel. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience. As the patient involved in this process, you have the right to ask me about my professional experience, background, and theoretical orientation. As the therapist, I am offering the following information regarding the therapeutic relationship in response to frequently asked questions.

The Therapy Process

Initially, we will meet to evaluate the problems that bring you to therapy and I will give you some initial impressions of the kind of treatment that would be helpful to you. During the first few sessions, you should be thinking about whether you feel comfortable working with me. Because therapy may involve a substantial commitment of time, money, and energy, it is important that you feel comfortable with the therapist you choose. If you decide that you are not comfortable working with me, I am happy to help you find another therapist that fits your needs. If you do decide to work with me, we will develop goals and a treatment plan together to address your concerns. Once psychotherapy is initiated, we will decide on a regular schedule of meetings; usually one session a week or one session bi-weekly. You may discontinue therapy at any time, though I strongly encourage you to discuss it with me first. I can provide you with referrals to other therapists if needed or appropriate.

Fees

My standard private pay fee for an individual psychotherapy session is \$115.00/hour. The initial intake session is \$135.00/hour. For couples counseling, the use of insurance for payment is not accepted. The initial intake for a couple's session is \$155.00/hour and the following sessions are \$135.00/hour. Payment must be made prior to the session by cash, money order, debit card, credit card, or flexible spending accounts (FSA) (also known as health reimbursement accounts-HRA and health savings accounts-HSA), unless we agree otherwise or unless you have insurance coverage that requires another agreement. Services provided outside of regularly scheduled appointments such as preparation of records or treatment summaries, extended phone consultations, and the time spent performing any other service you may request of me are prorated. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement I charge a separate legal fee of \$2,000/day which is paid three days prior to the scheduled court appearance. If we are working together in therapy and you are involved in a divorce or custody dispute, I will not provide testimony in court on any subject other than your therapy. You must hire a different mental health professional for any evaluations you require. This position is based on the following: (1) My statements may be seen as biased in your favor because we have a therapy relationship; (2) most, or even all, of the information I have about you has been provided by you and I do not have independent information about parenting or custody; and (3) my testimony might affect our therapy relationship, and I must put this relationship first. Given the manner in which participating in a client's court proceeding may negatively affect the therapeutic relationship, I typically refrain from court related matters including child custody, disability evaluation, and worker's compensation cases. If this is something you require, please inform me prior to the intake session so that I can refer you to someone who is more specialized to meet that need.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. It is your responsibility to find out exactly what mental health services are covered for you by your insurance policy, and whether treatment needs to be pre-authorized. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. You should also be aware that most insurance companies require me to provide them with a coded number that indicates a clinical diagnosis. The insurance company will sometimes ask for more information including symptoms, diagnoses, degree of impairment, and my treatment methods. This will become part of your permanent medical record. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company needs to pay your benefits. This information will become a 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. Once you have the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available, and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above. Please note that the insurance contract is between you and your insurance company and the responsibility for your fees is yours. Consequently, disputes concerning coverage must be resolved by you with your insurance carrier. Furthermore, even though payment may be sent from the insurance company directly to me, it is your responsibility to pay for any balance not covered by your insurance. Unpaid bills may be turned over to a collection agency and/or an attorney and, if so, you will also be responsible for collection and/or legal costs.

Missed or Canceled Appointments

Please notify me 48 hours in advance if you need to cancel or reschedule your appointment. Psychotherapy is a fee-for-service (FFS) payment structures in which providers such as are paid fees for each separate service they provide. Insurance companies cannot be billed, and will not pay, for missed, late, or cancelled appointments. Because therapy appointment slots are reserved especially for you and/or your family, without exception a fee of \$75 will be charged for missed/no show appointments and canceled appointments that are not provided within the allotted 48 hours (2 days). The missed/canceled appointment fee of \$75 must be paid prior to scheduling the next session. Additionally, canceling appointments prior to the 48 hour period is courteous and provides the opportunity for clients who may be on the waiting list to receive services.

Telephone Calls

Your messages are picked up on my confidential voice mail. I check my messages periodically throughout the day and return calls at my earliest convenience. It helps to leave me your phone

number (even though I have it) and to let me know until what time at I can get back to you. If your situation is an emergency, please make that clear in your message and I will return your call as soon as possible. In an immediate crisis, call 911 or go to your nearest psychiatric or medical hospital for assistance.

Email and Text Message

Unfortunately, I have no way to ensure confidentiality over the Internet and via text message so, if you choose to contact me by email or text message, you are assuming all risks regarding the confidentiality of any information you send using these methods. My communications to you via email and text will be for scheduling and billing purposes only. Please let me know any concerns regarding this issue.

Confidentiality

Your therapy will include talking over very private things with me. To some extent my ability to help you will depend on how open and honest you can be about yourself – your ideas, feelings, and actions. So that you can feel free to talk openly to a therapist and so that your right to privacy is protected, the law makes it a therapist's duty to keep patient information confidential. This means that, with some very limited exceptions (some noted below), I cannot reveal information about you to anyone else or send out information about you without your permission or, for minors, your guardian's permission. If we become involved in family or couple's therapy (where there is more than one client), and you want to have my records of this therapy sent to someone, all of the adults present will have to sign a release. If you ever want me to share information with someone else (for example, your physician), I ask that you sign a written Authorization for Release of Information form that meets certain legal requirements imposed by HIPAA. We will talk about this before you sign the consent. Your signature on this Contract provides consent for those activities, as follows: Minors If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. However, before giving them any information, I will, if possible, discuss the matter with you.

Exceptions to Confidentiality

There are exceptions to confidentiality that you should know about. Please note that while most of these situations are rare, they are important for you to understand. Exceptions to confidentiality include, but are not limited to, the following:

1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies.
2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.

4. If a court of law orders me to release information, I am required to provide that specific information to the court.

5. If you have been referred to me by a court of law for therapy, the results of the treatment or tests ordered may have to be revealed to the court.

6. If you become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court.

7. If you see me in couples, group, or family therapy, I ask that each member of the therapy promises to keep whatever happens in treatment confidential. However, I cannot guarantee that others will keep this agreement.

8. In order to provide you the best treatment I can, there will be times when I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any of your questions or concerns as soon as possible. The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, I strongly suggest that you speak with to a lawyer to protect your interests.

I encourage you to ask any questions you have about therapy, about my professional background, and about what you have read in this contract agreement. In the unlikely event that problems arise during treatment that we cannot resolve together, I can refer you to other therapists for a consultation.

Your signature below indicates that you have read and understood the information provided in the six (6) pages of this Client-Therapist Contract agreement and that you have received a copy of the Notice of Privacy Practices:

Client/Parent/Guardian Full Name: _____ Date of Birth: _____

Client/Parent/Guardian Signature: _____ Date: _____

Person responsible for payment (if not yourself): _____ Date of Birth: _____

Signature of person responsible for payment: _____ Date: _____

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Notice of Privacy Practices

“The HIPAA Privacy Rule requires health plans and covered health care providers to develop and distribute a notice that provides a clear, user friendly explanation of individuals rights with respect to their personal health information and the privacy practices of health plans and health care providers.”
(<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html>)

I, _____, acknowledge that I have received a copy of the Notice of Privacy Practices (either electronically or in paper format) which explains how my medical information may be used and disclosed as well as how to get access to this information. If I have any questions regarding the Notice of Privacy Practices, I understand that I can ask my therapist for further clarification or information. I have been informed that I can also go to the website <https://www.hhs.gov/hipaa/index.html> for additional details regarding HIPAA rules and regulations surrounding privacy of protected health information.

Client/Parent/Guardian Full Name: _____

Date of Birth: _____

Client/Parent/Guardian Signature: _____

Today's Date: _____