

The Bridge Counseling, LLC

Client Services Agreement

The purpose of the Informed Consent is to define the relationship between the client and the therapist at *The Bridge Counseling, LLC*. It defines our philosophy of counseling, the parameters of confidentiality, and our fee agreement.

Philosophy

It is the vision of *The Bridge Counseling, LLC* to be a community recognized counseling office that is known for providing a safe-place to explore hope, change, and healing. As part of its overall mission, *The Bridge Counseling* provides safe, quality counseling to individuals, couples, and families. *The Bridge Counseling* is dedicated to encouraging and equipping clients with the right tools and techniques to create resilient relationships at home, at school, and in the workplace.

As trained professionals we also find that medical science, professional research, and specific treatment methods may be helpful in identifying problems and applying appropriate interventions.

Consent to Counseling

This document serves as the basis for a formal agreement between you as a client and *The Bridge Counseling, LLC*. It is important for you to understand this agreement. Please read this document in its entirety and ask Sara Bartram, LMFT, about anything that is unclear to you. You will be asked to sign below indicating that you have read, understand, and accept the terms of this agreement. **Once you sign this agreement, you become a client of *The Bridge Counseling, LLC*.**

You can discuss any questions you have with Sara Bartram either before or after you sign this agreement. You may also revoke this agreement in writing at any time. Revocation of the agreement will terminate the relationship between you and *The Bridge Counseling, LLC* but will not affect any action *The Bridge Counseling, LLC* has already taken based on the previous agreement. Terminating the agreement also does not prevent *The Bridge Counseling, LLC* from providing information necessary to collect insurance payments for services provided prior to our receiving your revocation or otherwise pursuing collection of fees you owe *The Bridge Counseling, LLC* for services previously delivered.

I consent to enter into a counseling relationship with Sara R Bartram, MMFT, LMFT.

I understand that I am free to terminate counseling at any time. If I am not benefiting from counseling, or if we have failed to establish a positive working relationship, my therapist will provide me with one or more referrals that may better serve my needs.

Professional Fees

The Bridge Counseling, LLC charges \$130 for Individuals or \$150 for Couples/Families per therapeutic hour (45-50 minute sessions). In some cases, you may be charged a prorated fee for other professional services of less than 45 minutes such as telephone conversations, e-mails that require lengthy responses, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of Sara Bartram.

I understand the counseling sessions may go longer than one hour. I agree to pay for actual time spent in counseling.

If I do not cancel an appointment with at least 24 hours notice, I understand that I will be charged \$100 for the missed session. Also, if I am late for a scheduled appointment, I understand that we will end on time and I will be charged for the entire scheduled appointment.

Legal matters: Please be aware that Sara Bartram is not a specialist in Forensic Psychology or other areas related to legal matters. Sara Bartram recommends that specialists in these areas be sought for this type of work. Because of the difficulties typically associated with legal involvement, should Sara Bartram be involved in any legal proceedings, **the charge will be \$200 per hour for preparation and attendance at any legal proceeding on your behalf. You will also be billed for any related expenses.**

Billing & Payment

You will be expected to pay for services at the time services are provided unless you have a different agreement with Sara Bartram, or a different arrangement is required for third party payment. *The Bridge Counseling, LLC* accepts cash, check, and credit cards for payment. *The Bridge Counseling, LLC* reserves the right to turn delinquent accounts over to a collection agency in order to collect unpaid balances. In most collection situations, the only information that would be released regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such action is necessary, its costs will be included in the claim. Furthermore, there will be a \$20.00 fee for returned checks.

Insurance Reimbursement

Sara Bartram is a network member with select insurance plans. In these cases, *The Bridge Counseling, LLC* will file your insurance claims. It is your responsibility as a client to obtain "authorizations" or "certifications" from your insurance or managed care company for treatment. However, *The Bridge Counseling, LLC* cannot guarantee payment by your particular plan. Even when an insurance carrier "authorizes" services, actual payment for those services is contingent upon a number of specifics, some of which may not be known until after services have been delivered. For example, a client may not have received a diagnosis that is covered by the client's insurance policy. It is the client's responsibility to be knowledgeable about his/her health insurance policy's mental health benefits and all limitations. The client is responsible for payment of any amounts not paid by insurance, and your signature on the agreement form indicates your acceptance of this responsibility. You should carefully read the section in your insurance coverage booklet that describes mental health services. Mental health coverage and limitations usually differ from normal medical coverage. If you have questions about your insurance coverage, please call our plan administrator. **By signing this agreement form, you agree that *The Bridge Counseling, LLC* can provide necessary information to your insurance carrier.**

Records Release Policy

I understand that my client file (progress notes, tests and assessments, billing history, diagnosis, treatment plan, etc.) is confidential and will be maintained by The Bridge Counseling, LLC. Client files remain the sole property of The Bridge Counseling, LLC and will only be released pursuant to the client's valid, written authorization or a valid subpoena issued by a judge.

Confidentiality

With the exception of certain specific exceptions described below, I have the absolute right to the confidentiality of my therapy. My therapist cannot and will not tell anyone else what I have said, or even that I am in therapy without my prior written permission. Under the provisions of the Health Care Information Act of 1992, my therapist may legally speak to another health care provider or a member of my family about me without my prior consent, but will not do so unless the situation is an emergency.

I may direct my therapist to share information with whomever I choose, and I can change my mind and revoke that permission at any time. I may request anyone I wish to attend a therapy session with me.

If I elect to communicate by email at some point, I am aware that email is not completely confidential. All emails are retained in the logs of my or my therapist's internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email my therapist receives from me and any responses sent to me will be printed and kept in my client file.

The following are legal exceptions to my right to confidentiality. My therapist would make every effort to inform me of any time these would need to be put into effect.

1. If my therapist has good reason to believe I will harm another person, my therapist must attempt to inform that person and must also contact the police and ask them to protect my intended victim.
2. If my therapist has good reason to believe I am in imminent danger of harming myself, my therapist may legally break confidentiality and call the police or my emergency contact.
3. If my therapist has good reason to believe I am abusing or neglecting a child or vulnerable adult, or if I give my therapist a name and information about someone else who is, my counselor must inform Child Protective Services.
4. If my therapist is subpoenaed by the court to testify or release client information.
5. If a parent or legal guardian of a Minor requests information about me (if under 18). My therapist will make every effort to maintain my trust as well as the trust of my parent(s) and only disclose that which is mutually beneficial to disclose.
6. While this last point is not a legal matter, it is a policy you need to be made aware of, if undergoing couples counseling. If my partner and I decide to have individual sessions as a part of couples counseling, I understand that what I say in individual sessions will be considered part of the couples counseling. I will not disclose anything I wish kept confidential from my partner.

Social Media Policy

For protection of client and confidentiality, there is a strict no social media connection policy. Sara Bartram will not engage with a client on any social media forums, and will not accept friend or follow requests from client(s).

I have read all pages of this Informed Consent and had sufficient time to be sure that I considered it carefully, asked any questions I needed to, and understand it.

Client Signature

Date

Client Signature

Date

If client is under 18:

Parent or Legal Guardian

Date

Client #
