**THERAPIST-CLIENT SERVICE AGREEMENT**

Welcome to Serenity Counseling Services. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between you and your clinician. You can discuss any questions you have with your clinician when you sign this paper or at any time in the future.

COUNSELING SERVICES
Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your therapist and Serenity Counseling Services has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness because the process of psychotherapy often requires discussing the unpleasant aspects of your life.  However, psychotherapy has been shown to have benefits for individuals who undertake it.  Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems.  But, there are no guarantees about what will happen.  Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your clinician will be able to offer you some initial impressions of what your work might include. At that point, you and your clinician will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with Serenity Counseling Services. If you have questions about these procedures, please discuss them with your clinician whenever they arise. If your doubts persist, Serenity Counseling Services will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS
Appointments will ordinarily be 45-50 minutes in duration, once per week at a time you and your clinician agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide us with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, our policy is to collect the amount of $80 or $40 dollars according to our fee procedures [unless both you and your clinician agree that you were unable to attend due to circumstances beyond your control]. If it is possible, your clinician will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES
The standard fee for the initial intake is $120.00 and each subsequent session is $80.00.  You are responsible for paying at the time of your session unless prior arrangements have been made. Payment may be made by check or cash or card. Any checks returned to Serenity Counseling Services are subject to an additional fee of up to $25.00 to cover bank fees. If you refuse to pay your debt, Serenity Counseling Services reserves the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, it is recommend that you discuss this fully with the clinician before you waive your right to confidentiality as there may be limits involved in confidentiality cases during a lawsuit. If your case requires participation by our clinical staff, you will be expected to pay for the professional time required even if another party compels your clinician to testify.

INSURANCE

Serenity Counseling Services currently does not accept insurance. However, if there is any struggle in payment, please consult with your clinician who will be able to discuss payment plans with you

PROFESSIONAL RECORDS
Serenity Counseling Services is required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office and in encrypted files online. Brief records are kept noting that you were here, your reasons for seeking therapy, the goals and progress set for your treatment, your diagnosis, topics discussed, your medical, social, and treatment history, records received from other providers, copies of records sent to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers.  For this reason, it is recommend that you initially review them with your clinician, or have them forwarded to another mental health professional to discuss the contents. If your request for access to your records is refused, you have a right to have that decision reviewed by another mental health professional, which your clinician will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY
Our policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and your clinician will have discussed those issues. Please remember that you may reopen the conversation at any time during your work with your clinician.

PARENTS & MINORS
While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is our policy not to provide treatment to a child under age 13 unless s/he agrees that Serenity Counseling Services can share whatever information considered necessary with a parent. For children 14 and older, we request an agreement between the client and the parents allowing us to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child’s agreement, unless the clinicians feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case your clinician will make every effort to notify the child of their intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME
Your clinician may often not immediately available by telephone. Your clinician will not answer the phone when they are with clients or otherwise available. At these times, you may leave a message on Serenity Counseling Services’ confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from your clinician or they are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact Community Mental Health Services of Waukesha County (I can provide these numbers for you and they are listed in the phone book), 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. Your clinician will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering Serenity Counseling Services.

OTHER RIGHTS
If you are unhappy with what is happening in therapy, we hope you will will talk with your clinician so that they can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about your clinicians specific training and experience. You have the right to expect that any clinician at Serenity Counseling Services will not have social or sexual relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY
Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

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Signature of Patient or Personal Representative

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Printed Name of Patient or Personal Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Personal Representative’s Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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