

COUNSELOR-CLIENT SERVICES AGREEMENT

Sabrina Walters Counseling, LLC

This form has been developed to provide you with information about counseling procedures and practices. It contains information about the Health Insurance Portability and Accountability Act (HIPAA) Privacy rule, and some professional ethical codes relevant to therapy. You may choose to revoke this agreement at any time, which will mean you no longer consent to treatment, however, some parts may still be enforced.

COUNSELOR-CLIENT RELATIONSHIP

It is not appropriate for a counselor to engage in any relationship other than a Therapist-Patient relationship with a client or former client.

APPOINTMENTS

Counseling services are available by appointment. Please try to be on time as I may have someone scheduled directly after you. If you need to cancel a session, please do so 24 hours in advance by calling 503-869-8108 or through Schedulicity. Appointments canceled with less than 24 hours notice will incur a charge of \$25. Missed appointments will be charged a "No-Show" fee of \$75. These fees will be charged to your card on file or must be paid at the next meeting and can be subject to collections. _____(Initials)

CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

The law protects the privacy of all communications between a patient and a counselor. In most situations, information about your treatment can only be released to others if you sign a written authorization form that meets certain requirements imposed by HIPAA.

MINORS & PARENTS

Patients under 18 and their parents should be aware that the law may allow parents to examine their child's treatment records. Children between 14 and 17 may independently consent to (and control access to the records of) diagnosis and treatment in a crisis situation. Because privacy in counseling is crucial to successful progress, particularly with teenagers, we (the therapist, parent and teen) will discuss confidentiality and what will work best in your particular situation.

PROFESSIONAL FEES

My fee is \$150.00 for 45 min sessions and \$250 for *initial* 80 min sessions and \$200 thereafter (which I recommend for couples and families). I take MasterCard, Visa and Discover, Amex, cash or personal checks. Please make checks payable to Sabrina Walters Counseling, LLC. A \$50.00 service fee is assessed for returned checks.

Payment is expected at each session. I am in-network with MODA insurance. My billing agency bills for all other insurance but it will be "Out of Network" meaning you may have higher co-pay or co-insurance responsibilities. _____(Initials)

I understand the Privacy Act regulations and have been offered a copy.

_____ **(Initial)**

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND THAT YOU HAVE HAD A CHANCE TO DISCUSS ANY CONCERNS OR QUESTIONS AND ACCEPT THE TERMS.

Signature (client)

Date

Signature (client)

Date