

Therapist-Client Services Agreement

Deryle I. Hunter, MSW, LCSW

Office Address

1115 East Morehead Street Second Floor

Charlotte, North Carolina 28204

704-517-9116

dhunter@dhuntertherapy.com

OFFICE POLICIES & PROCEDURES

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purposes of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) that I provide for use and disclosure PHI for treatment, payment and healthcare operations. The Notice, which is attached to this Agreement, 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 our work together can begin. We can discuss any questions you have out the procedures after you have read the entire document. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

Deryle I. Hunter, LCSW

Client Information and Consent

Counseling Services and Scope of Practice

Counseling includes your active participation and efforts to change your thoughts, feelings and behaviors. You will need to work both in and out of the counseling sessions to achieve maximum benefits. Sometimes change will be easy and swift, other times change will occur more slowly and deliberately.

In my approach to working with people, I do not make exclusive use of any one theory or method of practice. I prefer to tailor my approach to the needs of the particular person or family with whom I am working. In my approach, I begin with helping to help identify the nature of the problem or difficulty. I then work with the individual or family on ways of addressing the problems.

To maximize the effectiveness of our work together, we will need to specify the goals, foci and methods, risks and benefits of treatment, the approximate time commitment involved, costs and other aspects of your particular situation. Periodically, we will evaluate your progress and if necessary, shift the focus of our treatment.

As with any powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems like worsening circumstances or even losses (for example. Counseling will not necessarily keep a marriage intact). Please note that it is impossible to guarantee results regarding your specific goals. However, together, we will work to achieve the best possible results for you.

As your practitioner, I am a neutral and unbiased intermediary and I, as a matter of fact, shall not act as an advocate for or against any party.

If you are a partner in a couple seeking couple's therapy, individual sessions are to be considered as part of the couple work.

Based upon these mutually agreed upon terms, any content of the sessions shall not be discoverable information.

Appointments

Sessions are generally 50-60 minutes in duration and are made by speaking with me to find a mutually agreeable meeting time. If you are unable to keep your appointment, please give me as much notice as possible. You will be expected to pay for any session that is not cancelled at least 24 hours in advance. Exceptions may be made in the event of an emergency or sudden illness.

Cost/Insurance

Sessions are billed at \$200.00 for 60 minutes for individuals and at \$220.00 for couple and family sessions. Extended sessions are prorated at the hourly fee. Full payment is expected at the end of each session. If you choose to file for reimbursement from your insurance company, I will provide you with a receipt. You will need to file the claim directly with your insurance company.

Telephone Contact

If you need to contact me between sessions, please call 704-517-9116 to contact me or to leave a confidential message on my voice mail. I will attempt to reach you as soon as possible during business hours. I will not generally check my voice mail after 6:00 PM nor if my outgoing message indicates that I am out of the office. No charge will be incurred for brief telephone calls, but calls 10 minutes or longer will be charged based on the prorated hourly fee.

If you cannot reach me and feel you are unable to wait for me to call you back, please call 911 or go to the emergency room of the local hospital.

Client Rights

Please feel free at any time to discuss with me any aspect of our work together. Your candid assessment is valuable to our working relationship, particularly if you are displeased or uncomfortable with any part of your therapy. It is your right to end therapy at any point of your treatment. If you choose to stop, I would request that you give one session's notice so that we can spend some time in that session terminating our therapeutic relationship. If you believe that you have been treated unfairly or unethically by me, please come to me so that we can resolve the problem, or contact my professional licensing board.

Confidentiality

Confidentiality is the basis from which the trust in our therapeutic alliance is built. The content of our communication in and out of session becomes part of your clinical file and will be kept confidential. You may request that I share any part of your clinical record by signing a written request. There are certain circumstances in which I will be required to divulge your communications with me. I am required by law to try to protect you or any other person whom you may indicate to plan to harm. In order to fulfill my part, I would tell someone else of your threat. If I have reason to believe that a child or elder is at risk for or has been abused or neglected, I am legally required to make a report to the proper authorities. If I am concerned that you may be in crises, I may use my clinical judgment and contact the person you have designated. (Please refer to HIPAA Notice document).

In order to provide you with the most comprehensive care, I may occasionally consult with a professional colleague regarding your case. I will use this forum for your benefit and I will be strident in not revealing any data that could compromise your privacy.

