

no promises regarding the results of counseling or of any procedures provided. If you are not satisfied with the nature of the services provided, it is vital that you talk with me so that we can look at all additional options available to you which may include a referral to another professional so that your needs may best be met.

- 7. Including Others in Counseling:** There may be times when Including others in the counseling process can be useful for you. When indicated, we would first discuss the possibility of involvement of family members or other individuals. However, you will be the one to decide of whether to permit this or not. The purpose of including others is to help you in working toward your individual counseling goals and not to focus on the other's needs although they may benefit from participation. We will discuss the pros and cons of involving others. I ask you not to invite others if you are not willing to give your permission for the sharing of all information communicated to me. In this case, we will discuss your concerns and decide how to proceed. If you do choose to invite others to join us in counseling, I will need your written authorization to do so and will assume that any information given to me can be shared with those who are invited. If you ever would me to release information to another party (physician, other therapist, etc.) that would include any reference to a session in which another person participates, I would need their written authorization in addition to you.

- 8. Couple Counseling:** If you are coming to counseling with the clear intent of addressing issues that you face in a couple relationship, the focus of treatment will be on your relationship. I will meet with each of you individually before meeting with you as a couple. This provides each of you the opportunity to describe your view on the issues. It will also permit me to determine if it would be best for you to first address your issues individually with another therapist before engaging in couple counseling. In such case, I will refer you to another provider. I cannot provide individual counseling for a person while at the same time provide couple counseling. Of course, there are times that it is helpful for me to meet with a spouse or a partner individually on occasion but not in an ongoing manner. I cannot guarantee the outcome of couple counseling. Your experience may improve, stay the same or you may find that you need to separate or end your involvement in the relationship. But those decisions would ultimately be made by you.

Couple counseling will be documented in one single record. When I meet a person individually during couple counseling, my documentation of that session will be included in the same file since it is part of the overall couple counseling. To release information to a third party (e.g., attorney, physician, etc.), an Authorization to Release Protected Health Information must be signed by both parties. If you are receiving individual counseling with another provider while in couple counseling, each partner must provide authorization for me to communicate with that provider so that I may coordinate your care with them. If each of your authorizations are not provided, we will not continue to do couple counseling and services will stop. In situations involving domestic violence or other serious threats to a person's physical wellbeing, I reserve the right to withhold certain information from the other partner in a couple relationship, for safety reasons. If your situation involves domestic violence or other forms of abuse, I strongly encourage you to contact me alone to further discuss appropriate strategies for handling this concern and for developing plans that ensure your own physical safety or that of another family member.

Since Couple Counseling is not covered by medical insurance plans, services are provided on a fee-for-service basis. The rate for couple counseling is \$120 for the initial individual evaluation and for each couple counseling session thereafter.

- 9. Spirituality and Faith.** I am committed to understanding and using your faith and spirituality as a resource during the counseling process and only to the degree that you desire. This will be up to you if you would like to incorporate your spiritual beliefs in our work and it would be centered on *your* beliefs and values.
- 10. Contacting Me:** Because I provide services for a large number of clients, I cannot be available at all times. You can call me any time during normal business hours and if I am not available, leave a message and the best time to reach you. I will respond as quickly as possible. If it is urgent, indicate this in your message with your phone number. Unless it is an emergency, phone calls received between 6:00 pm and 9:00 am and anytime during weekends and holidays, will be returned the next business day. I will only be able to make appointments during regular office hours but will respond to emergencies. You may text me regarding scheduling appointments. Please do not include any information regarding therapeutic issues in a text or email as this method of communication is not secure. If you need to send a text to me for something other than scheduling, you must use the HIPAA compliant app **OhMD** which is free and very easy to use. If you do send texts or emails with information other than scheduling, I will not respond but will discuss with you during your next appointment, or you can call me to discuss on the phone.
- 11. Emergencies and Crisis:** If you have an emergency or crisis that demands immediate attention and I am not available, you or a family member should call 911 or go/be taken to the nearest emergency room. You may also call the Mercer County Behavioral Health Crisis Line at 724.662.2227 or your county's mental health crisis line. Medical emergencies are beyond the scope of my practice. Hospitals have qualified professionals accessible for emergency medical evaluations that occur at any hour of the day or night.
- 12. Cancellations.** I have dedicated time in my schedule just for you and I ask that you will respectfully do the same in your schedule to the best of your ability. If you must cancel an appointment, you will need to notify me by phone or text at least 24 hours (1 day) before the time of the appointment. If you are unable to attend scheduled counseling appointments and cancel more than once without a 24-hour notice, you will be charged a \$25 missed appointment/cancellation fee. I understand that unusual circumstances, sudden illnesses, family emergencies and severe weather can occur, and in such cases, a missed appointment fee will not be charged. Let's talk. Please keep open the honest lines of communication that we have established in these circumstances. If you have three cancellations in a month, I reserve the right to end services with you and refer you to another provider. If you are late for an appointment, your session will need to be shortened by the amount of time you came in late. If you arrive 15 minutes after an appointment time, I reserve the right to reschedule your appointment. By placing your initial below, you hereby give your consent for Dr. Evans to provide counseling services as described above.

I reviewed and agree with the terms described in "The Counseling Process" 1_____ 2_____
 Client 1 Initials Client 2 Initials

Privacy

1. I am required by law (HIPAA) to provide you with a Notice of Privacy Practices ("Notice") regarding the use and disclosure of Protected Health Information. By signing this Service Agreement, you acknowledge that you have received the Notice of Privacy Practices and have had the opportunity to discuss it with me. The Notice is found on my website www.williamevanscounseling.com.
2. Privacy and confidentiality are necessary for us to work together so that you may reach your counseling goals. I will only release information about what is communicated to me under certain conditions. The first is when you want me to reveal information to another person (e.g. doctor, family member, attorney, etc.). In these cases, I will need your written consent using a form provided to you by me and indicate what

information is to be shared, to whom, time frames, and for what purposes. However, I may release information from counseling without your permission under certain circumstances regarding your or others' safety and I am compelled to do so by law. I will make every effort to discuss it with you before acting and will limit my disclosure to only what is necessary by law. These exceptions include:

- A. If you communicate a threat to harm an identifiable person, I must warn that person and the police.
 - B. If I suspect child abuse or neglect, or abuse of a vulnerable adult, a report must be made to an appropriate agency.
 - C. If I determine that you present a danger to yourself or you are unable to care for yourself, more appropriate care must be sought which may include hospitalization. This includes instances where I believe that a client is an impaired driver in which I am obligated to report this to the appropriate authorities.
 - D. If a court order or subpoena is issued regarding your treatment, you will be informed and I will protect any information about counseling to the degree that the law will permit when complying with the law.
 - E. Details of your case may on occasion be shared in consultation with other licensed mental health or health professionals for the purpose of seeking alternative perspectives that may enable me to be more effective with you. In such cases, your identity will always remain anonymous.
3. I contract with Sandra Imhof Medical Billing Services to process insurance authorizations and claims with your insurance company. By signing this Agreement you authorize Dr. Evans to submit insurance claims on your behalf and share Protected Health Information with *Sandra Imhof Medical Billing Services* for the sole purpose of processing insurance claims. My signature of this Service Agreement indicates that I also authorize *Sandra Imhof Medical Billing Services* to contact me as needed to facilitate this process or regarding any unpaid balances. Her contact info is 412.821.8459.
4. My office is located in a suite of offices where other independent counselors and therapists also practice. As such, there may be times in which you encounter other people you may know or who know you. We ask that you will respect the privacy of others with the expectation that they will do the same for you.
5. I will not accept offers to interact with you on social media such as Facebook, Instagram, Twitter, etc. as this has the potential to interfere with our professional relationship. As we are located in a small town and surrounded by a rural area, it is likely that at some point you and I will encounter each other outside the office. In order to honor your privacy, I will try my best to not initiate any social contact with you in those situations. Please do not interpret this behavior by me as rude, or disrespectful, but as an effort to ensure confidentiality for you. This leaves you with the choice of whether or not you want to initiate contact with me outside the counseling room, depending on the circumstances. I will respond according to your choice. Please discuss any concerns and questions regarding a potential encounter in social situations with me.
6. I maintain a Clinical Record of our work together and will maintain the record for a period of time after completion of counseling, at which time these records are destroyed. You have the right to access these records. Because these are professional records and are written using medical and psychological terminology that may be unfamiliar to you, I recommend that if you would like access to these records,

that you initially review these with me or have them sent to another mental health practitioner so that you can discuss the contents with appropriate guidance. Doing so without guidance may result in misinterpretation and may be needlessly upsetting to untrained readers. If you do request the release of records, there are fees for this service which are described below. My initials below indicate that I reviewed and agree with all of the information contained in the “Privacy” Section above.

1 _____ 2 _____
Client 1 Initials **Client 2 Initials**

Fees, Insurance, Payments, and Billing

Insurance: If I am contracted with your insurance company, appropriate claims will be filed on your behalf. You are responsible for any copayment, co-insurance and deductible amounts that are specified in your insurance policy. You are strongly advised to call your member services number typically found on the back of your insurance card to verify your coverage, your obligations, any required preauthorization to receive my services or my status as an approved provider. Any authorization for payment is entirely your insurance company’s responsibility. In the unlikely event that your insurance company refuses payment for any reason, payment for services rendered is ultimately your responsibility.

Paying Fees. The payment of any fees or copays that you owe for services provided to you are required at the start of each session. Payment can be made in the form of cash or check (preferred) or credit card. If you are unable to make two payments in a row, I will not be able to schedule another appointment until the balance is paid in full. Any outstanding balances will be pursued using collection procedures.

Fees for Services for Those Not Using Insurance: If you are not using an insurance plan, my fees are found below. You will be given advance notice if these fees should change.

1. **Couple Counseling: Individual Evaluation Session and each subsequent Couple Counseling Session:** \$120

		<u>Full Session</u>	<u>Partial Session</u>
2. Initial Individual Evaluation: \$120	Counseling & Psychotherapy:	\$120	\$90

Retrieval and Copying of Records Fees: If you need me to access and copy records to provide to you or a third-party during counseling or when counseling is completed, a copying and retrieval fee will be charged. These rates are set by Pennsylvania Department of Health. You can learn more about these and other fees at www.health.pa.gov/topics/Administrative/Pages/Medical-Record-Fees.aspx. There may be additional fees established by law that can be found at that website.

Records Copying fee: \$1.60 per page plus a one-time search and a retrieval fee of **\$20**

Out of Network: You may be eligible for “out of network” benefits. You will need to determine what they are with your insurance carrier. I will provide you with a receipt for services rendered in order for you to submit to your insurance company if you wish. Please be aware that I have no control or responsibility for confidentiality procedures employed by your insurance company.

Telephone Consultation: \$30 per 15 minutes (\$120 per hour), prorated. This refers to phone conversations that we have that are therapeutic or clinical in nature or in consultation with an attorney or physician or other requested individual. Of course, there is no charge for calls about appointments, etc.

Report Writing: Writing or reading reports or letters will be billed at a rate of \$30.00 per 15 minute interval.

Court Appearances & Legal Proceedings: I request that you do not engage my services if you are considering my involvement with the legal system on your behalf as an expert witness. By entering into a counseling relationship with me, you explicitly agree that you are not planning to involve me for your own legal purposes or legal proceedings against a third party. If you are unable to consent to this agreement, or if you legitimately need a counselor who supports your cause in the legal system, it is in your interest to find someone with that skill set and interest. Completion of any forms, research, preparation and calls will be billed at a rate of \$120 per hour (\$2 per minute). Court appearances will be billed to your or your attorney at a rate of \$160 per hour, including the time traveling, waiting, etc. from the time I leave my office to the time that I return. A retainer fee of \$1,000 is required prior to any court related appearances. This will be applied toward the actual charges, with charges over \$1,000 being billed to the client, and any overpayment being reimbursed.

I reviewed and agree with content of the "Fees, Insurance, Payments, and Billing" section above.

1 _____ 2 _____
Client 1 Initials Client 2 Initials

Acknowledgment & Agreement to This Service Agreement

I acknowledge that I have received, have read (or have had read to me) and understand this **Service Agreement** and have been given a copy of Dr. Evans's **Notice of Privacy Practices**. I agree with all of the procedures contained in this Agreement. I agree to act according to the policies listed in this document. I have had all of my questions answered fully and I understand that if I have any reservations, I should not sign this Agreement. I acknowledge that I have been offered a copy of this completed document. I understand that I may discontinue services at any time for any reason without penalty.

_____	_____	_____
Client 1 - Printed Name	Signature	Date
_____	_____	_____
Client 2 - Printed Name (For Couple Counseling)	Signature	Date
William J. Evans Ph.D. LPC	_____	_____
Witness	Signature	Date