

# Sara Guy Counseling LLC



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## SARA GUY COUNSELING LLC OUTPATIENT SERVICES CONTRACT INFORMED CONSENT

Parent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions you might have so that we can discuss them at our initial session. When you sign this document, it will represent an agreement between us.

### COUNSELING SERVICES

Counseling is not easily described in general statements. It varies depending on the personalities of both the Counselor and the client as well as the specific issues you hope to address. There are many different methods I may use to help you address those problems. A few of my modalities are but not limited to Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). Counseling is not like a medical doctor visit. Instead, it calls for a very active effort and consistency on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

I believe counseling has both benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, your experiences, and your memories you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness from time to time. I also like to account for “wins” in your life as well. Additionally, counseling has also been shown to have benefits for people who go through it thus allowing for growth and progress in overcoming your most difficult experiences. Together, we can create better relationships, find solutions to specific problems, and work towards significant reductions in feelings of distress. Please note, there are no guarantees as to what you will experience as every therapy journey is different.

Our first few sessions will involve an intake of your needs. By the end of the intake, I will be able to offer you some first impressions of what our work will include, how often I would like to see you, and a prospective treatment plan to follow if you decide to continue with therapy with Sara Guy Counseling LLC.

Furthermore, at the end of the intake, if I feel that I cannot provide the support I feel you need as a trained clinician, I will notify you if I believe that I am not the right therapist for you. And in doing so, I will give you referrals to other practitioners whom I believe are better suited to help you.

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Therapy involves a large commitment of time, resources, finances, and energy, so you should be very careful about the therapist you select. If you have questions about my methods, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion and refer you out to someone who is better suited.

## LOCATION

The location for therapy services I provide vary. I am working with some of the local school districts both public and private to use their services to bring therapy to your child. Outside of this option, I am only providing therapy via telehealth. If an office becomes available, I will notify my clients and happily offer in person sessions.

## DISCOVERY CALLS

I am pleased to provide one FREE 15 minute consultation for individuals to see if I am a good fit and able to assist in your healing journey.

## SESSIONS

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I normally conduct an initial intake that will last 90 [one and a half hours] minutes during your first session. During this time, I will review your intake documents, medical history and goals. If we agree to begin Counseling, I will usually schedule one [50-minute] session per week, at a time we agree on. However, depending on the need, the appointments may be less frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours [1 day] advance notice of cancellation. Clients who do not attend their appointment and do not cancel within the outlined policy will be charged full price for their session. Clients who are more than 10 minutes late will have their appointment automatically canceled and the client will be responsible for paying for their whole session.

## PROFESSIONAL FEES

My hourly fee is \$115.00. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, as outlined on my website. Other professional services include report writing, telephone conversations lasting longer than 10 minutes [this does not apply to web help or assistance with scheduling], attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any

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other service you may request of me, providing letters, documents, emotional support letters and IEP or 504 assistance. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. Additionally, I charge \$460.00 up front for file management and court prep and my hourly rate thereafter is \$200.00. I also charge a copying fee of \$0.25 per page for records requests.

## **BILLING AND PAYMENTS**

Payment is expected at the time of booking your session through my website prior to the start of each session. I do not accept insurance at this time and can provide you with a super bill showing dates of service (DOS), billing codes and that payment was received should you wish to seek reimbursement through your insurance provider. You are responsible to contact your insurance provider prior to intake if you wish to seek reimbursement from your provider to recoup finances paid. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment [sliding scale] or payment installment plan.

If special arrangements have been made and your account has not been paid for more than 60 days, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I will release regarding a client's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

Due to HIPAA, I only accept electronic payments via the website, [www.saraguycounseling.net](http://www.saraguycounseling.net). Unfortunately, personal checks are not accepted forms of payment. You are responsible for full payment of my fees.

Payment cards that are kept on file will be processed the same business day as the scheduled appointment. By inputting your card on file, you are authorizing the transactions to take place the day of your appointment.

## **CONTACTING ME**

I am often not immediately available by telephone or email as I am in sessions daily. Email is my preferred method of contact as I check it the most often at this time. Please note I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you call and do not leave a voicemail, I will not return your call as I do not want to inadvertently violate your privacy. If you are difficult to reach, please inform me of some times when you will be available. If you are

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unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room. The number and address for the closest medical facility in Olympia is: St. Pete's Hospital, or Capital Medical Center. **If you believe you are in crisis, dial 988 or 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.**

## ELECTRONIC COMMUNICATION POLICY

To maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with me. My email platform is GMAIL, and at times may use Google Teams which is a video conferencing option. I also use Zoom for groups and at times one to one therapy.

## EMAIL & TEXT COMMUNICATIONS

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. If the messages either texting, or email become recurrent for non emergent matters I will request we discuss those matters at the next scheduled session.

### PLEASE ONLY MAKE 1 [ONE] SELECTION:

\_\_\_\_\_ (Initial Here) I **agree** to accept administrative **email** communications from Sara Guy Counseling LLC.

\_\_\_\_\_ (Initial Here) I DO NOT accept administrative email communications from Sara Guy Counseling LLC.

### PLEASE ONLY MAKE 1 [ONE] SELECTION:

\_\_\_\_\_ (Initial Here) I **agree** to accept administrative **text** communications from Sara Guy Counseling LLC.

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\_\_\_\_\_ (Initial Here) I DO NOT accept administrative text communications from Sara Guy Counseling LLC.

## **SOCIAL MEDIA**

I do not communicate with, or contact, any of my clients through social media platforms like Instagram, Twitter and or Facebook. Communicating outside of therapy in social settings may occur while living in a small community. However, under the American Counseling Association and Ethical Guidelines, I will not engage in a personal friendship. In addition, if I discover that I have accidentally established an online relationship with you, I will resolve those connections immediately. Due to these types of casual and social connections it can create significant security risks for you and your healing journey.

I personally participate on various social network within our community and surrounding communities. If you have an existing online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together and we can work towards ensuring your connections with me are confidential and professional.

## **WEBSITES**

I have a website that you are free to access. I use it for professional reasons to provide information to others about myself, my practice and my services as well as local and national resources. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions. Additionally, I offer online booking services for your convenience.

## **WEB SEARCHES**

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. Currently, there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become popular for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and

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related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together and violates your own confidentiality.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a client and Counselor is protected by law, and I can only release information about our work to others with your written permission. Prior to that, a Release of Information will need to be filled out. However, there are a few exceptions to this law. Danger to self or others with imminent danger must always be reported.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if they determine that the issues demand it, and I must comply with that court order.

In addition to following the court mandates, there can be situations in which I am legally obligated to take action to protect others from harm, even if I must reveal some information about a client's treatment as I am a mandated reporter. For example, if I believe that a vulnerable person, either child or adult, is being abused or has been abused, I am required to make a report to the appropriate state agency (Child Protective Services, Adult Protective Services or Law Enforcement). If the matters discussed have been previously reported, I still must follow up with the appropriate agencies as it is new news to me as the new Counselor.

If I believe that a client is threatening serious bodily harm to themselves or another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm themselves, I may be obligated to seek hospitalization for them or contact family members or local organizations such as the Designated Crisis Responder (DCR) team, to come out and provide a separate mental health evaluation. These individuals do have the legal authority to revoke a client's ability to make their own decisions and therefore may be placed in a secure facility for a period of time. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

## **LICENSING**

My licensing is through the Washington State Department of Health as a Licensed Mental Health Counselor Associate (LMHCA). This means that I am required by law to meet with a licensed clinical supervisor to discuss client cases until independently licensed. During a consultation, I

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make every effort to avoid revealing the identity of my client. My supervisor is also legally bound to keep the information confidential. My supervisor's contact information is available upon request.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next session. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice, I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. This statement is for your information and is an agreement between you and Sara Guy Counseling LLC regarding procedures and fees. If you have any questions please feel free to reach out to me at [saraguycounseling@gmail.com](mailto:saraguycounseling@gmail.com) or by phone at (623)910-8492.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sara J. Guy, MS, LMHCA

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