



8575 W. 110th St. Suite 218
Overland Park, KS 66210
913-712-4412
counseling@doorsofkc.com

DOORS OF HOPE COUNSELING, LLC

INFORMED CONSENT AND PROFESSIONAL SERVICES CONTRACT

General Guidelines: Counseling and psychotherapy requires a great deal of participation and cooperation from you. Your effort will be important in determining how much benefit you will receive. Much of what occurs during a session is dialogue. You will be expected to relate not only problems and concerns, but successes as well. At times you may be given homework assignments such as reading, keeping a journal, monitoring your own behavior, practicing new behavior, etc. You may also be asked to complete some questionnaires and/or tests. If a need for medication to relieve emotional discomfort or psychological difficulties seems indicated, a consultation with your physician or a psychiatrist will be arranged. It is important that you regularly and promptly attend scheduled sessions. No guarantees are made as to the result of treatments, assessments, or consultations. If you have questions about your therapist's procedures, please discuss them as they arise.

Fees: I agree to pay at each session, or at some agreed time, the amount of \$150.00 per 45-50 minutes of service unless other arrangements are contracted. Longer sessions and phone calls in excess of 10 minutes are to be prorated on the basis of this amount. Doors of Hope Counseling reserves the right to terminate services for the cause of unpaid balances.

Legal proceedings that require your therapist's participation incur additional charges that are not typically covered by insurance. These include all professional time, including preparation and transportation costs, even if your therapist is called to testify by another party. Due to the difficulties of legal involvements, the charge for preparation and attendance at any legal proceeding is \$240.00 per hour.

Disclaimer for Good Faith Estimate for Cash Pay and Out of Network Patients: Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to a claim with their plan or coverage both orally and in writing of their ability, upon request or at the time of scheduling health care items and services, to receive a "Good Faith Estimate" (GFE) of expected charges. The GFE shows the costs of items and services that are reasonably expected for services provided by DOH. The estimate is based on information known at the time the estimate was created. It does not take into account any reimbursement that you may receive as a result of out of network benefits. If you would like to request a GFE, please let your therapist know.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. Contact your therapist, Adam Clement, or Rachael DeKoning if you have questions or concerns regarding the GFE.

Late Cancellation Fees: Once an appointment is scheduled it will be expected to be paid in full unless you provide at least 24 hours notice. This will be charged to the card on file at the time of your scheduled session.

Limits on Confidentiality: The laws governing confidentiality can be quite complex. In situations where specific advice is required, your therapist reserves the right to seek legal advice.

Consultations: Your therapist may occasionally find it helpful to consult other health and mental health professionals about your case. During a consultation your therapist will make every effort to avoid revealing your identity. Other professionals are legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless they believe that it is important to your work together. All consultations will be noted as Protected Health Information.

Business Practices: Doors of Hope Counseling, LLC is a group practice that includes other licensed mental health professionals. Your EHR is visible to all clinicians in the practice. There may also be times where consulting on the details of your case within this practice will be beneficial to the outcome of your therapy. We reserve the right to do this when we believe it to be helpful to you, the client.

The following are situations where Doors of Hope Counseling is permitted or required to disclose information without

either your consent or authorization:

Protection - First, your therapist is legally mandated to report to the state any suspected child and elder abuse and neglect. Second, according to the ethical standards of our profession, a therapist has a duty to warn any person of intended harm. Third, your therapist reserves the right to take any step necessary in the prevention of suicide.

Health Oversight Activities - Your therapist may disclose PHI to the Kansas Behavioral Sciences Regulatory Board if necessary for a proceeding before the Board.

Judicial and Administrative Proceedings - If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for third party or where the evaluation is court ordered or subpoenaed. You will be informed in advance if this is the case.

Workers Compensation – Doors of Hope Counseling may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Lawsuits - If a client files a lawsuit against Doors of Hope Counseling or a DOH therapist, your therapist may disclose relevant information regarding that client in order to defend themselves.

Professional Records: Professional records, including Protected Health Information and psychotherapy notes, are handled in accord with HIPAA requirements, as detailed in your HIPAA Notice.

Clients Rights: HIPAA provides you with several rights with regard to your professional records and disclosures of protected health information. These rights included amendments to records, restrictions on disclosures, requests for accounting, and registering complaints. The rights are detailed in the HIPAA Notice.

Revocation: Either party may revoke this contract at any time. Your revocation will be binding on Doors of Hope Counseling unless Therapist has taken action in reliance on it; if there are obligations imposed on Doors of Hope therapist by law, or by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligation you have incurred.

Client Name (printed)

Authorized Signature

Date

Client Name (printed)

Authorized Signature

Date

Addendum for Treatment of Children and Adolescents

1. Confidentiality in psychotherapy is often crucial to successful progress, therefore parents and guardians will be provided only general information about the child's treatment, results of formal assessments, and attendance at sessions.
2. I may request written consent from parents or guardians to obtain information from other significant individuals (e.g., teachers, pediatricians) that might be useful in diagnosis and treatment.
3. Parents and guardians are asked to share with me their concerns and observations of the child and participate in the child's treatment as requested. Information brought to the my attention by either parent regarding the child's welfare will not be regarded as confidential, and will be shared with the other parent. Information that is brought to my attention that is irrelevant to the child's welfare will be kept in confidence.
4. In cases of parental separation for divorce, all parents and guardians are requested to affirm to the child that the therapist is the child's helper, and is not allied with either parent.
5. The caregivers are requested to affirm to the child that the therapist has their permission to maintain confidentiality with regard to the child with limits in the following circumstances: a. My written records of all therapy contacts are confidential unless a judge requires (through court order) that the records be shared with attorneys or the court. b. Both parents understand that I am legally and ethically obligated to protect the safety and health of all parties by describing any and all such concerns to relevant authorities. This obligation requires that I have no discretion to discern the validity of the concern, and must report suspicion of abuse or potential abuse to social services. Whenever possible, when this necessity arises, I will advise all parties of the concern, and of my intention to notify only relevant authorities as mandated by state laws.
6. In cases of divorce or separation, I will not provide recommendations regarding child custody. I strongly recommend that issues of child custody be addressed in mediation, or through an objective custody evaluation conducted by other professionals.

Your signature below signifies that you have read the requisites described above, understand the importance of each, and agree to accept and abide by all points in order to enhance your child's psychotherapy.

| | | | |
|------------------------|-------|------------------------|-------|
| Printed name of parent | Date | Printed name of parent | Date |
| _____ | _____ | _____ | _____ |
| Signature of parent | Date | Signature of parent | Date |
| _____ | _____ | _____ | _____ |