Exhale Behavioral Health
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This Agreement contains important information about the professional services and business policies. It is very important that you read this Agreement carefully and that you discuss any questions you may have. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time.

PSYCHOLOGICAL SERVICES

Psychotherapy is not an exact science. Psychotherapy outcome research over the last two decades indicates that as a result of therapy, most individuals feel better and function better in a variety of areas after treatment.

Success in therapy is dependent upon many factors, some that reside within the client (i.e. motivation for change), and some that reside within the therapist (i.e. particular skills and techniques) and some that result from the interaction and match between the therapist and client. A strong therapeutic relationship is indicated by such things as: feeling understood and respected by your therapist, agreeing on the goals and tasks of treatment, and seeing your therapist's approach as a "good fit" for you.

In our work with clients, we draw from a variety of approaches. We attempt to figure out what will be most helpful for you, given your history, presenting issue(s), goal(s), and what has worked for you in the past. We will discuss a treatment plan with you regarding what might be most helpful and expect that you will work collaboratively with your therapist on meeting your goals.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with him or her. Therapy can involve a large commitment of time, money and energy, so you should be very careful about the therapist you select. If you have any questions about these procedures, we encourage you to discuss them whenever they arise.

MEETINGS

An evaluation that will last from 1 to 3 sessions. During this time, you and your therapist can decide if they are the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, a 45-minute session per week is scheduled at a time that is agreed on, although it may be scheduled more or less frequently. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours in advance notice of cancellation. The charge for a missed appointment or late cancellation is $75.

PROFESSIONAL FEES

The professional hourly fee for a Psychologist in the practice is $150 and for a Masters level clinician is $100. In addition to weekly appointments, this charge is the same amount for other professional services you may need, though it is a break down of the hourly cost if work is done for periods of less than one hour. Other services may include report writing, telephone conversations lasting more than 10 minutes, consulting with other professionals with your permission, preparation of records of treatment summaries, and the time spent performing any other services you request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if the clinician is called to testify by another party. Because of the difficulty of legal involvement, a charge of $150 per hour is for the preparation and attendance at any legal proceeding.

CONTACTING US

Every effort is made to ensure each phone call made to our office is answered. Due to a high volume of calls coming through, your phone call may be answered by voicemail. The hours that phone calls are picked up are from 8:30 to 5:00 Monday-Friday. Voicemails are returned within a 24 hour turnaround. In case of an emergency, please contact 911 or go to your nearest emergency room.

CONFIDENTIALITY

Under Virginia law, communication between a client and a licensed Social Worker and/or Clinical Psychologist is privileged (confidential) and, in general, may not be disclosed to anyone without your prior written consent. There are, however, some exceptions to your privilege of confidentiality. Even without your consent, We are legally obligated to report certain disclosures you may make. For instance, We **may be required** to disclose certain information if: (a) you are under 18 years of age and your parents request access to your records; (b) there is a serious threat of physical violence to yourself or a third party or a serious threat of substantial damage to real property; (c) there is reason to suspect that a minor child (under age 18) or an incapacitated adult is being or has been subjected to abuse or neglect; (d) there is an allegation that you have

been subjected to sexual misconduct in the course of a previous mental health counseling relationship; (e) we receive a valid subpoena or court order requiring the disclosure of all or some part of your counseling record or (f) if the VA Department of Health Professions is conducting investigations, We will be required to cooperate and allow access to your records. In those rare instances where it is necessary for me to disclose information relating to your counseling without your permission, We will make every effort to fully discuss it with you. However, when We are required to disclose your records pursuant to a court order issued under the Patriot Act, We may be prohibited by the terms of the order from notifying you of the disclosure.

PROFESSIONAL RECORDS

The laws and standards of our professions require that we keep Protected Health Information about you in your client record. You have the right to examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and may be upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence or have them forwarded to another mental health professional so you can discuss the contents.

MINORS & PARENTS

Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless it is decided that such access is likely to injure the child, or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with adolescents, it is often my policy to request an agreement from parents that they consent to give up their access to their child's records. If the parents agree, we will provide them only with general information about the progress. We will also provide parents with a summary of their child's treatment when it is complete. Although we encourage all children to allow parental participation in therapy, any sensitive communication will require the child's authorization, unless we feel that the child is in danger to himself/herself or to someone else. In this case, we will notify the parents of my concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time that it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. We accept payment in the form of cash, check, or credit card.

If your account has not been paid for more than 90 days and arrangements for payments have not been agreed upon, we have the option of using a legal means to secure the payment. This may involve hiring a collection agent or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of the services provided (i.e. individual psychotherapy hour), and the amount due. If such legal action becomes necessary, the costs will be included in the claim.

INSURANCE REIMBURSEMENT

If you have a health insurance policy that the provider participates with, it usually provides some coverage for mental health services. We will submit claims on your behalf however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should be aware that your contract with your health insurance company requires that we provide them with information relevant to the services that is provide to you. We are required to provide a clinical diagnosis for reimbursement to occur. Sometimes we may be required to provide additional information such as treatment plans or therapy goals. By signing this agreement, you agree that we can provide requested information to your insurance carrier.

Please be advised that you are fully responsible for the accuracy and timeliness of your insurance coverage. You acknowledge that if your insurance **requires** a referral or an authorization, you are responsible for obtaining that in order for your claims to be paid. By signing this agreement you agree to fully compensate Exhale Behavioral Health for all fees not reimbursed by your insurance company.

YOUR SIGNATURE/S BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. IT ALSO MEANS THAT YOU HAVE READ AND UNDERSTAND THE ABOVE RISKS AND BENEFITS OF COUNSELING AND THAT YOU GIVE YOUR CONSENT TO PARTICIPATE IN TREATMENT.

_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Parent Name	Parent Signature	Date

Parent(s)/legal guardian(s) agree to limit their access to my/our child's clinical information except in these situations: _____

_____	_____
Parent Signature	Date

I HAVE RECEIVED THE HIPAA PRIVACY POLICY (Notice of Privacy Practices)

_____	_____
Client Signature	Date
_____	_____
Parent Signature	Date

I understand the Exhale Behavioral Health's policy for MISSED APPOINTMENTS and that I will be responsible for a fee of $75.00 if I do not provide 24 office hours notice of cancellation.

_____	_____
Client Signature	Date
_____	_____
Parent Signature	Date