



## **GENERAL INFORMATION AND SERVICE AGREEMENT**

The following is an overview of the counseling services offered at the Resolute Counseling. Please read this information carefully and feel free to ask about anything that is unclear to you or about any concerns you might have. A copy of this form will be given to you and one will be kept in your file.

For the purpose of this information and service agreement form, the term “client” will be used to designate the individual, couple, and/or family requesting counseling services. The term “counselor” will refer to the professional trained to work with individuals, couples and families who are having difficulties in life. “Counseling” will refer to the professional relationship in which mutual discussion, counsel, giving of advice and support, instruction and training, and spiritual guidance can be offered to help resolve difficulties in living.

### **CLIENT RIGHTS AND RESPONSIBILITIES**

Many elements of counseling vary from client to client. Before your counseling begins you should discuss any question you have about costs, time and length of appointments, how counseling will operate and your counselor’s credentials. Remember, you always have the right to ask your counselor questions about philosophy of counseling, assessment findings and results, experiences with issues you present, possible benefits and risks of counseling, counseling alternatives, treatment plans, etc.

You have the right to end counseling at any time without moral, legal or financial obligation beyond payment due for completed sessions. If your counseling is court ordered there may be other implications that you will need to consider. Ending counseling can sometimes be the result of misinterpretation, miscommunication, and/or the painfulness of the issues being dealt with. Should you decide between sessions to withdraw from counseling, we ask that you attend one more session to discuss your reasons prior to making a final decision. If you prefer to continue counseling with another counselor, we will try to facilitate that change for you.

It is understood that ambivalence and uncertainty about changes in our lives are normal for individuals, couples and families entering counseling. However, for effective counseling, clients agree to: Describe their thoughts, feelings and actions as honestly as possible; express their goals for change; be willing to hear other perspectives on their situation; agree to only those suggestions and homework tasks which they intend to carry out; and complete all tasks they have agreed to do.

### **CONFIDENTIALITY**

Our policy is that all client information is confidential and will not be released to a third party except at the specific written request or authorization of the client. This means that, in general, your counselor is legally prohibited from revealing any information about your visits, including the fact that you are in counseling.

This policy does have exceptions. It is important for you to know these exceptions may or may not apply before your counseling begins:

#### **CONFIDENTIALITY (Continued – Exceptions)**

- If you are dangerous to yourself or to others your counselor will work with you to make sure that you and others are safe. However, if your counselor is concerned that additional safety measures need to be taken, he may need to take actions, which would break confidentiality with you.
- When there is reason to believe that children, the elderly and certain other groups have been or may be abused or neglected, state laws mandate that your counselor report this to the proper authorities.
- When there is a medical emergency, your counselor may need to disclose certain information that you might consider confidential.
- When attempting to collect on a delinquent account only the information essential to bill collection is revealed, such as your name and the amount of your bill.
- When your counselor is acting under a court order or is preparing for a legal defense this overrules confidentiality.

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- In order to provide quality-counseling services, the counselor reviews counseling cases with other professionals. In addition, expert professional consultation may be obtained to ensure maximal counseling benefit. All of these consultations are bound by ethical and legal standards regarding confidentiality. Conversations unrelated to your counseling are not allowed. Part of this review of counseling may include the use of audiotapes of counseling sessions to provide more specific and helpful consultation. The periodic use of audiotapes may be done in counseling sessions for clients requiring doctoral level supervision of a master's level counselor for insurance purposes.
- At times the Practice reviews client information to better assess client needs and our effectiveness. When this information is used for research and training purposes critical identifying information is not used. The primary sources for this information are questionnaires, rating scales, and chart reviews.

Confidentiality for clients who are minors includes the above with the additional exceptions that parents/guardians will be informed of diagnosis, counseling method and recommendations, significant concerns of the counselor and general reports of counseling progress. Confidentiality for couples and families in counseling also includes the above policy of confidentiality and additional exceptions may be made based on discussions with you.

#### PROTECTED HEALTH INFORMATION (PHI)

The Health Insurance Portability and Accountability Act of 1996 mandates that all clients are offered a copy of our policies regarding how your mental health and medical information may be used or disclosed, and how you can get access to that information. You will be given a separate copy of a HIPAA form.

#### APPOINTMENTS

Appointments for counseling services need to be made in advance. Counseling sessions are scheduled for 50-60 minutes. Initial counseling sessions and some other services vary in length and will be determined with you.

The initial counseling session is planned to allow the counselor and you to jointly evaluate your concerns and need for services, At the end of the initial session(s) a determination will be made as to which direction will be in your best interest. This is usually a determination of the focus of counseling, realistic expectations of counseling, and a general estimation of the length of counseling. Sometimes, the counselor and/or client may decide that a referral for a consultation, or that a referral to another service or professional might be indicated, or that no services at this time are needed.

If you are unable to keep a scheduled appointment, please notify our office at least 24 hours in advance. A \$40 charge will be imposed for no shows/cancellations without 24 hour notice. Three missed appointments within one year may result in your dismissal from our practice.

#### FEES AND FINANCIAL POLICY

1. Insurance. We participate with many insurance plans. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services in full at the time of visit.



4. **Proof of insurance.** All patients must complete our patient information form before seeing the counselor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative counseling care. During that 30-day period, our counselor will only be able to treat you on an emergency basis.

8. **Missed appointments.** Our policy is to charge for missed appointments not canceled within a reasonable amount of time (24 hours is considered reasonable). These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. In addition, you will receive an invite to the patient portal upon request, which allows you to schedule and cancel appointments from a secure webpage. A \$40 charge can be imposed upon cancellation/no show without 24 hr. notice. This is left to the discretion of the counselor.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Fees for services are determined from a pre-established guideline. The current fee schedule is attached to this agreement. Fees are billed on a per hour basis. Court appearances are billed for preparation and travel time as well as actual court appearance time. Fees can vary for the first appointment and subsequent appointments based on the client's insurance benefits, deductible amounts, and copays. This fee arrangement will be explained to you prior to the counseling beginning.

Cash, check, or most credit cards/debit cards are accepted. Health Savings Accounts and Flex Spend Account cards are generally accepted as forms of payment.

All checks should be made out to Resolute Counseling.

If a check that is written fails to be cleared by the bank, there will be a \$50 charge for returned checks. In the event that this occurs, you will be unable to write checks again in the future.

Upon request, you will be given a receipt for insurance submission. You may inquire whether our office submits bills to your insurance company.

In addition, credit cards used by clients can be kept on file with the client's permission. Credit card information is stored encrypted in the TherapyNotes EMDR system.

#### FEE SCHEDULE

Michael Linn, M.Ed., NCC, Licensed Professional Counselor

Kristine Steinour, MS, NCC, Licensed Professional Counselor

##### Billable rates sent to the client's medical insurance

- Psychotherapy Session (Family, Couple or Individual) - \$115 per hour
- Initial Session for Counseling (Intake) - \$170 for one hour

##### Billable self-pay rate for those not using insurance

- Initial session and subsequent follow-up psychotherapy sessions - \$80 per hour

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(Please note that people choosing to NOT use insurance can request longer than 1-hour sessions and may be able to request phone sessions or Internet video sessions).

**Additional rates**

- Court Consultation/Testimony (Includes preparation and travel time) - \$180 per hour

**TELEPHONE CALLS**

Concerning emergency situations, scheduling or canceling appointments, or other messages, call (717) 264-0450. Our office staff answers telephones during office hours Monday through Friday. At other hours, messages may be left on the answering machine. After hours, emergency calls should be placed through the emergency cell phone at 717-377-6930. If your emergency requires immediate help, call 911 or proceed to your nearest emergency room.



Your signature below indicates that you have decided to obtain counseling services at the Resolute Counseling and that you have read and agree to the policies and terms of this agreement (General Information and Service Agreement).

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Client Signature/Parent Signature (if under 14)

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Date