

LifePractical Counseling

at Inncare, 5520 Highway 280, Suite 4, Birmingham AL 35242

205-807-6645 paul@lifepactical.org

Client# _____

Client Information and Consent to Treatment

Thank you for choosing LifePractical Counseling for your counseling needs. We are committed to giving you the best care possible. To acquaint you further with the procedures and policies of our center, we are providing the following information.

CENTER'S PHILOSOPHY OF INTEGRATION: LifePractical Counseling is a faith-based organization and has expertise in including client's spiritual beliefs and practices as a part of the therapeutic process. Our goal is to work within the belief system of the client. Sessions may include discussion of spirituality, religion, or faith according to the expressed preference of the client.

COUNSELOR CREDENTIALS: Your counselor is licensed by the state of Alabama to provide the services you are seeking.

CONFIDENTIALITY: At LifePractical Counseling, we strive to maintain privacy and uphold the ethics of confidentiality. This includes all verbal, written and recorded data concerning your treatment, which may not be released without your written consent. Limitations to these rights are: **1) We have a legal duty to warn and protect persons threatening harm to self or others; 2) We have a legal duty to report to proper authorities any knowledge of abuse to children and vulnerable adults; 3) We have to comply with Alabama State Laws in regard to court ordered subpoenas/court testimony, and 4) If you request reimbursement from your insurance company, they may request reports from your counselor in order to authorize reimbursement.** If you choose to keep a third-party informed of your progress in counseling, it will be necessary to complete an "Authorization to Release Information" form that will be kept on file.

Your client record is the property of your counselor and shall be treated as confidential. To comply with state and federal laws regarding client confidentiality, your records will not be released without a properly executed written consent. Should your counselor no longer be affiliated with LifePractical Counseling, he will consult with you regarding your client record. In the event of the untimely death of your counselor, the custodian of your client record will be the LifePractical Counseling. LifePractical Counseling will maintain your record in a locked secure manner for at least 7 years past the date of your last appointment at which point the records will be shredded and disposed of in a confidential manner.

In an effort to enhance the client's counseling and therapeutic experience, and to maintain the highest standards of care and accountability, collaborative consultations between staff members or with clinical supervisors may take place within a professional consultation context. Such consultation is typically provided with protection of client's identity.

We ask that you respect the confidentiality and privacy of others you see in the reception or counseling areas.

COUNSELING METHODS: Counseling methods will vary, depending on your individual circumstances. Individual, couple or family sessions may be scheduled. Any questions you have about the procedure or process are always legitimate. You always have the right to decline participation in or the use of certain therapeutic techniques. We do not treat minors (under age 14) without parental consent. Counseling sessions will be fifty (50) minutes, unless otherwise specified by your counselor.

RISK: Counseling often involves change. Processing areas of your life and learning new ways of thinking, feeling, and behaving can cause discomfort for you and those around you. However, if you are committed to your counseling process, you can expect benefits from your counseling time. Please ask for any clarification that may help you feel more comfortable.

EMERGENCY SERVICES and AFTER HOURS CONTACT: LifePractical Counseling does not provide emergency services. In the event of an emergency, call or go to the nearest emergency room or contact the Crisis Center at 205.323.7777. Telephone, text, or email contact between the counselor and client is discouraged and should be limited to five (5) minutes. Telephone, text, or email sessions lasting over ten (10) minutes will be charged at a rate of current hourly fees.

APPOINTMENTS: Your scheduled office appointment is a time specifically set aside for you. If you are unable to keep an appointment, a minimum of 48 hours notice is required; if a change is made within 48 hours of your scheduled appointment, the client is subject to pay 50% of the session fee. If a change is made within 24 hours of your scheduled appointment, the client is subject to pay 75% of the session fee. If a client fails to appear for a session, the full fee will be charged to the client's credit card that is held on file. Charging for late changes or missed appointments is simply a way that both the counselor and client are able to continue with a mutually beneficial relationship. Two failures to appear without prior notification will result in the termination of our counseling relationship.

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REFERRALS: The counselor reserves the right to terminate the counseling relationship for any reason deemed to be in the client's best interest. If the counselor or client believes continued counseling is needed, the counselor will provide a referral. If a client expresses a desire to find another counselor, LifePractical can provide a referral and can be contracted to provide a summary of work to the new counselor at the current hourly rate, with a minimum of one hour and a maximum of two. Summaries will be delivered within four to six weeks of payment.

FEE AGREEMENT: The fee for counseling or consultation is \$ _____ for a 50-minute session. Fees are subject to change. Full payment is expected at the time of service, unless other contractual arrangements apply. If financial concerns arise, assistance may be provided via adjustment, pending an advisory board's approval. You may pay by check, cash, MasterCard, or VISA. Please make all checks payable to Paul Johnson. There will be a \$40 fee for payments returned as non-sufficient or non-payable. The counselor shall receive all payments at the end of the session, unless other arrangements have been agreed upon between you and the counselor. If a client has a balance of two (2) unpaid sessions, further sessions will not be scheduled until the balance is cleared.

INSURANCE BILLING: LifePractical Counseling does bill insurance at this time. We are on the panel for Blue Choice with Blue Cross/Blue Shield. If you are a member of Blue Choice, please notify your counselor and bring a photocopy of the front and back of your insurance card. For non-contracted insurance plans, we require payment at the time of service and you may bill your insurance directly, with the statement you may receive when requested. All fees remain the responsibility of the client.

Please review the stated policies and initial each indicating that you understand and agree to the policy.

_____ All counseling sessions require a minimum of 48 hours notice for cancellation or change. If changed within the 48 hour window of the scheduled appointment, the client is responsible for 50% of the session fee. If changed within the 24 hours window, the client is responsible for 75% of the session fee. If a client fails to appear for a session, the full fee will be charged to the client's credit card that is held on file. Two failures to appear without prior notification will result in the termination of our counseling relationship.

_____ I agree for LifePractical Counseling to have my credit card on file.

_____ Payment is expected at the end of each session. You may pay by check, cash, Master Card, or VISA. Please make all checks payable to **Paul Johnson**. There will be a \$40 fee for payments returned as non-sufficient or non-payable.

_____ The fee for service is \$ _____. Fees are subject to change.

_____ Telephone, text, or email sessions lasting over ten (10) minutes will be charged at a rate of current hourly fees.

I have reviewed and agree to abide by the financial policy outlined above. I also have read and understand the treatment notifications and am consenting to receive services from a LifePractical counselor.

Client(s) Signature(s)

Date

TO BE COMPLETED
BY COUNSELOR

\$ _____ Counselor Fee

\$ _____ Adjustment

\$ _____ Client Payment

\$ _____ 3rd Party Reimbursement for _____ sessions

Fee: _____ Co-pay: _____ Managed Care Auth.#: _____