

# A Compass Within Personal Consulting

## Client Service Agreement

### Service Offered

A Compass Within Personal Consulting offers an array of mental health and substance abuse services, including, but not limited to, individual psychotherapy, group therapy, family therapy, couples therapy, and psychological assessment. Your psychotherapist will provide you with a detailed description of the nature of services, expected benefits, and potential risks. More information is available on our website at [www.acompasswithin.com](http://www.acompasswithin.com).

### Fee Schedules

#### *Clinical Services*

<u>Service</u>	<u>Fee</u>
Intake Assessment	\$200
Individual Psychotherapy (45-50 minutes)	\$150
Individual Psychotherapy (51-65 minutes)	\$200
Group Therapy (75-90 minutes)	\$60
Psychological Assessment	Based on referral question

#### *Ancillary Services*

<u>Service</u>	<u>Fee</u>
Phone Calls	<15 minutes: No charge (up to 2 calls per week) 15-30 minutes: \$60
Emails	Email to coordinate appointments: No charge Emails (all others): Minimum \$30
Letters and Form Completion	Minimum \$40
Individualized Education Plan (IEP) Meeting (including travel, waiting, and time of service)	\$75 per hour
Court Appearances, Testimony, Deposition (including travel, waiting, and time of service)	\$350
No Show/Late (less than 24 hour notice) Cancellation Fee (See "Rights and Responsibilities")	Cost of service scheduled

### Billing and Payment

Payment is expected at time of service, including any outstanding fees for ancillary services. Accepted forms of payment include cash, credit card, or checks. The fee for returned checks is \$25. Additionally, if a check is returned, A Compass Within Personal Consulting will no longer accept this as a form of payment.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, A Compass Within Personal Consulting has the option of using legal means to secure the

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payment. This may involve hiring a collection agency or going through small claims court which will require disclosure of otherwise confidential information. In most collection situations, the only information released is client's name, nature of the service provided, and amount due. If such legal action is necessary, its costs will be included in the claim.

## Rights and Responsibilities

- You have the right to see a psychotherapist who adheres to the professional code of ethics of their discipline.
- You have the right to receive services in accordance with federal and state regulations.
- You have the right to privacy and confidentiality. (See *Privacy Information Policy*)
- You have the right to informed consent regarding the service offered to you.
- You have the right to refuse services at any time.
- You have the right to withdraw consent to receive services and discontinue services.
- You have the right to information concerning your treatment.
- You have the right to know treatment recommendations and possible outcomes if you choose not to follow these recommendations.
- You have the right to express any concerns or complaints regarding services you receive. (See *Privacy Information Policy*)
- You have the responsibility to assist in treatment planning.
- You have the responsibility to be on time for appointments. If you know that you are going to be late, it is your responsibility to contact your psychotherapist no later than 15 minutes past your appointment time in order to inform him/her you are attending. Failure to do so may result in a no show fee or rescheduling of your appointment.
- You have the responsibility to provide 24 hours advanced notice for cancellation of appointments. If you provide less than 24 hours advanced notice, you will be charged for the full amount of your scheduled appointment. The rationale for this policy is that this appointment time is reserved especially for you and you alone (appointments are not "double-booked"). This ensures that you have the undivided attention of your psychotherapist for the time that you have agreed upon. If you must reschedule with less than 24 hours advanced notice, your psychotherapist will reciprocate the respect that s/he asks of you by making his/her best effort to find another time during the same week of your original appointment to reschedule you, and thus allowing you to avoid any cancellation charges.
- You have the responsibility to communicate to your psychotherapist when you intend to discontinue treatment. Otherwise, your medical record will be closed after 90 days of inactivity. You may return to treatment at any time; however, will be required to complete another intake assessment if 1 year has passed since discontinuation.

## Limits of Confidentiality

Under certain circumstances, your psychotherapist is required to disclose PHI without your consent or authorization. These limitations include: abuse or neglect of vulnerable persons, serious threat to health or safety, health oversight activities, public safety, judicial and administrative proceeding (see *Privacy Information Policy*).

## After-Hours Emergencies

**In the event of an after-hours emergency, please contact your nearest crisis center. In Oakland County, the crisis center phone number is 248-456-0909. In Macomb County, the crisis center phone number is 586-307-9100. You may also contact your nearest emergency room or simply dial 9-1-1.**

## Consent for Treatment

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My signature below indicates:

- I have been informed of my rights and responsibilities as a recipient of treatment.
- I have been informed of how to file a complaint.
- I have been informed of the name, discipline, and credentials of my psychotherapist.
- I have been provided information about my treatment including fees for various services.
- I have been informed of privacy practices, confidentiality, and limits to confidentiality.
- I understand that I have the right to discuss any questions that I have.
- I understand that I have the right to terminate my consent, and therefore treatment, at any time.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Printed Name: \_\_\_\_\_

Client's Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Guardian's Printed Name: \_\_\_\_\_

Psychotherapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_