

# THERAPY CONSENT, POLICIES, & AGREEMENT

## PART I: THERAPEUTIC PROCESS

**BENEFITS/OUTCOMES:** The therapeutic process seeks to meet goals established by all persons involved, usually revolving around a specific complaint(s). Participating in therapy may include benefits such as the resolution of presenting problems as well as improved intrapersonal and interpersonal relationships. The therapeutic process may reduce distress, enhance stress management, and increase one's ability to cope with problems related to work, family, personal, relational, etc. Participating in therapy can lead to greater understanding of personal and relational goals and values. This can increase relational harmony and lead to greater happiness. Progress will be assessed on a regular basis and feedback from clients will be elicited to ensure the most effective therapeutic services are provided. There can be no guarantees made regarding the ultimate outcome of therapy.

**EXPECTATIONS:** For clients to reach their therapeutic goals, it is essential they complete tasks assigned between sessions. Therapy is not a quick fix. It takes time and effort, and therefore, may move slower than your expectations. During the therapy process, therapist and client will identify goals, review progress, and modify the treatment plan as needed.

**RISKS:** In working to achieve therapeutic benefits, clients must take action to achieve desired results. Although change is inevitable, it can be uncomfortable at times. Resolving unpleasant events and making changes in relationship patterns may arouse unexpected emotional reactions. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. The therapist and client will work collaboratively toward a desirable outcome; however, it is possible that the goals of therapy may not be reached.

**ART THERAPY:** Art Therapy is other service offered to enrich the therapeutic experience. Facilitated by a trained professional art therapist, Art Therapy serves as, "an integrative mental health and human services profession that enriches the lives of individuals, families and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (American Art Therapy Association, [arttherapy.org](http://arttherapy.org))." Benefits to art therapy include but are not limited to: decrease stress, increase in relaxation, non-verbal processing of information, safe containment for exploration of thoughts, emotions, and experiences, empowerment, creativity, increased insight and self-awareness.

### STRUCTURE OF THERAPY:

- **Intake Phase** – During the first initial session, therapeutic process, structure, policies and procedures will be discussed. Therapist and client will also explore client's experiences surrounding the identified presenting problem(s).
- **Assessment Phase** – The initial evaluation may last 2-4 sessions. During this assessment phase, the therapist will be getting to know the client (building rapport). The therapist will ask questions to gain an understanding of the client's worldview, strengths, concerns, needs, relationship dynamics, etc. During this relationship building process, the therapist will be gathering a lot of information to aid in the therapeutic approach best suited for the client's needs and goals. If it is determined that the therapist is not the best fit for the client's therapeutic needs, the therapist will provide referrals for more appropriate treatment.
- **Goal Development/Treatment Planning** – After gathering background information, the therapist and client will collaboratively identify your therapeutic goals. If therapy is court ordered, goals will encompass your goals and court ordered treatment goals, based on documentation from the court (please provide any court documents). Once each goal is reached, we will sign off on each goal and you will receive a copy.
- **Intervention Phase** – This phase occurs anywhere from session two until discharge/termination. Each client must actively participate in therapy sessions, utilize solutions discussed, and complete assignments between sessions. Progress will be reviewed and goals adjusted as needed.
- **Graduation/Discharge/Termination** – As the client progresses and get closer to completing goals, therapist and client will collaboratively discuss a transition plan for discharge/termination.

LENGTH OF THERAPY: Therapy sessions are typically weekly or biweekly for 53-60 minutes depending upon the nature of the presenting challenges and insurance authorizations. It is difficult to initially predict how many sessions will be needed. The therapist and client will collaboratively discuss from session to session what the next steps are and how often therapy sessions will occur.

APPOINTMENTS AND CANCELLATIONS: Client's are responsible for attending each appointment and agree to adhere to the following policy: **If you cannot keep the scheduled appointment, you MUST notify the office to cancel or reschedule the appointment in advanced of 24 hours of the scheduled appointment time.** You may also utilize your client portal for self-cancellation. If you cancel or rescheduled frequently, we may re-evaluate your needs, desires, and motivations for treatment at this time. **Appointments that are not cancelled prior to 24 hours of scheduled time will be billed at \$80.00. Appointments that are rescheduled less than 24 hours notice will be billed \$55.00. Appointments that are considered "No Show" (no contact with therapist was attempted prior to scheduled appointment time) will be billed for \$105.00 (rate change effective 9/1/2022).** These fees are not billable through insurance and must be paid prior to next scheduled session. The therapist reserves the right to terminate the counseling relationship if more than 2 sessions are missed without proper notification.

Attempts will be made to give adequate notice when therapist's schedule and availability may be disrupted. In the event that the therapist is unable to attend a previously confirmed appointment, two attempts will be made to contact you. If therapist is unable to contact the client directly, a colleague may contact you to cancel or reschedule an appointment.

FEES: The fee for each 55- 60 minute therapy session is \$130.00. Telehealth sessions are billed at \$130.00 per session. Initial Intake sessions are billed at \$160.00. Payment is due at the time of service. Co-pays are due at time of service. Acceptable forms of payment are: exact-amount cash, check (insufficient-funds checks will be returned upon full payment of the original amount plus \$50 for any returned check), or credit/debit card. Out-of-pocket/private pay fees are subject to change. Therapist will notify those clients 30 days prior to any changes in fees. In the event that a scheduled appointment time is missed or cancelled less than 24 hours, please refer to the "Appointments and Cancellations" policy above.

60 min initial intake evaluation (CPT code 90791) = \$160.00

55-60 min individual session (CPT code 90837) = \$130.00

55-60 min individual art therapy session (CPT code 90837 + 90785) = \$130.00

55-60 min individual telehealth session (CPT code 90837-95) = \$130.00

90 min individual session (CPT code 90837 + 99354) = \$195.00

**Please make checks payable to: Be Here Wellness & Counseling L.L.C.**

The therapist charges their hourly rate in quarter hours for phone calls over 10 minutes in length, email correspondence, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care. All costs for services outside of session will be billed.

10-15 minute phone call (\$25.00)

16-30 minute phone call (\$50.00)

31-45 minute phone call (\$75.00)

46-60 minute phone call (\$100.00)

E-mail correspondence should be kept to information purposes only and not be a substitute for therapy. Phone calls with collaborating professionals will be billed to the client at above rates. Any written requests for treatment summaries, letters or assessments will be billed at \$50.00 unless otherwise specified and agreed upon in writing with client and therapist.

TRIAL, COURT ORDERED APPEARANCES, LITIGATION: Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. In order



to protect client's confidentiality, it is strongly suggested that client's therapist not being involved in the court. If this therapist is called into court by the client or client's attorney, client will be charged a non-refundable fee of \$3,000.00 to include first 2 hours of travel time, court time, preparing documents, etc. and \$2,000.00 per hour thereafter.

**COPIES OF MEDICAL RECORDS:** Should a client request a copy of your medical records, the cost is \$5.00 per page. Payment for client's medical records will be due prior or upon receipt and can be picked up at the office. Please allow at least 2 weeks to prepare medical records.

**PHONE CONTACTS AND EMERGENCIES:** Office hours are by appointment only. If a client (or parent/guardian) need to contact the therapist for any reason please call (717) 881-8962 and leave a voicemail, and a return call will be made as soon as possible. Clients are also able to secure message therapist through provided client portal. In case of an emergency, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 1-800-273-8255. If either you or someone else is in danger of being harmed, dial 911.

Adams Hanover Counseling Crisis Information Referral Hotline: (717) 632-4900  
Wellspan Behavioral Health Crisis Intervention Hotline: (717) 851-5320  
Safe Home Domestic Violence Crisis Hotline: (717) 631-0007  
Crisis Text Line: Text HOME to 741741  
Suicide Helpline – 24/7 Mental Health Support: Dial 988

## PART II: CONFIDENTIALITY:

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, except for the following limitations:

- **Child Abuse:** Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If client reveals information about child abuse or child neglect, the therapist is required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse:** Vulnerable adult abuse or neglect. If information is revealed about vulnerable adult or elder abuse, the therapist is required by law to report this to the appropriate authority.
- **Self-Harm:** Threats, plans or attempts to harm oneself. The therapist is permitted to take steps to protect the client's safety, which may include disclosure of confidential information.
- **Harm to Others:** Threats regarding harm to another person. If a client threatens bodily harm or death to another person, the therapist is required by law to report this to the appropriate authority.
- **Court Orders & Legal Issued Subpoenas:** If the therapist receives a subpoena for client's records, the therapist will contact the client so client may take whatever steps they deem necessary to prevent the release of your confidential information. The therapist will contact client twice by phone. If the therapist cannot get in touch with the client by phone, the therapist will send the client written correspondence. If a court of law issues a legitimate court order, the therapist is required by law to provide the information specifically described in the order. Despite any attempts to contact the client and keep the client's records confidential, the therapist is required to comply with a court order.
- **Law Enforcement and Public health:** A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or action; limited information (such as name, address DOB, dates of treatment, etc.) to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; and information that the therapist believes in good faith establishes that a crime has been committed on the premises.
- **Governmental Oversight Activities:** To an appropriate agency information directly relating to the receipt of health care, claim for public benefits related to mental health, or qualification



for, or receipt of, public benefits or services when a your mental health is integral to the claim for benefits or services, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

- **Upon Your Death:** To a law enforcement official for the purpose of alerting of your death if there is a suspicion that such death may have resulted from criminal conduct; to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- **Victim of a Crime:** Limited information, in response to a law enforcement official's request for information about a client if the client is suspected to be a victim of a crime; however, except in limited circumstances, the therapist will attempt to get the client's permission to release information first.
- **Court Ordered Therapy:** If therapy is court ordered, the court may request records or documentation of participation in services. The therapist will discuss the information and/or documentation with the client in session prior to sending it to the court.
- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual "psychotherapy/process notes", except if the third party is part of the medical team. If therapy sessions involve more than one person, each person over the age of 18 MUST sign the release of information before information is released.
- **Fee Disputes:** In the case of a credit card dispute, the therapist reserves the right to provide the necessary documentation (i.e. your signature on the "Therapy Consent & Agreement" that covers the cancellation policy to client's bank or credit card company should a dispute of a charge occur. If there is a financial balance on account, a bill will be sent to the home address on the intake form unless otherwise noted.
- **Couples Counseling & "No Secret" Policy:** When working with couples, all laws of confidentiality exist. Therapist requests that neither partner attempt to triangulate the therapist into keeping a "secret" that is detrimental to couple's therapy goal. If one partner requests that the therapist keep a "secret" in confidence, the therapist may choose to end the therapeutic relationship and give referrals for other therapists as our work and your goals then become counter-productive. However, if one party requests a copy of couples or family therapy records in which they participated, an authorization from each participant (or their representatives and/or guardians) in the sessions before the records can be released.
- **Dual Relationships:** The therapeutic relationship between client and therapist is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the counseling relationship (ie: social, business, or friendship).
- **Social Media:** No friend requests will be accepted on therapist's personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) from current or former clients. If you choose to comment on any professional social media pages or posts, you do so at your own risk and may breach confidentiality. Therapist cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace therapy. Please do not contact therapist through any social media site or platform. They are not confidential, nor are they monitored, and may become part of medical record.
- **Electronic Communication: If you need to contact the therapist outside of our sessions, please do so via phone, e-mail or your client secure portal.**
  - **Clients often use text or email as a convenient way to communicate in their personal lives. Do so at your own risk. Texting is not a substitute for sessions. Texting is not confidential.** Phones can be lost or stolen. DO NOT communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client's phone.
  - **Do not use e-mail for emergencies.** In the case of an emergency call 911, your local emergency hotline or go to the nearest emergency room. Additionally, e-mail is not a substitute for sessions. If you need to be seen, please schedule an appointment. E-mail is not confidential. Do not communicate sensitive medical or mental health information via email. Furthermore, if you send email from a work computer, your employer has the legal right to read it. E-mail is a part of your medical record. To send secure messages to therapist, please use the client portal.

## PART III: HEALTH INSURANCE

Be Here Wellness & Counseling L.L.C. is in-network with Highmark & Capital Blue Cross insurance companies.

\*\* It is the client's responsibility to know and understand their insurance plan, policy and benefits\*\*

**YOUR INSURANCE COMPANY:** By using insurance, therapist is required to give a mental health disorder diagnosis that goes in your medical record. The clinical diagnosis is based on your current symptoms even though you may have been previously diagnosed. The therapist will discuss your diagnosis during session. Your insurance company will know the times and dates of services provided. They may request further information to authorize additional services regarding treatment.

**IMPORTANT:** Some psychiatric diagnoses are not eligible for reimbursement (ie: marriage/couples therapy). In the event of non-coverage or denial of payment, you will be responsible to pay for services provided. Allison Brooke Hoffman of Be Here Wellness & Counseling L.L.C reserves the right to seek payment of unpaid balances by collection agency or legal recourse after reasonable notice to the client.

**PRE-AUTHORIZATION & REDUCED CONFIDENTIALITY:** When visits are authorized, usually only a few sessions are granted at a time. When these sessions are complete, the therapist may need to justify the need for continued service, potentially causing a delay in treatment. If insurance is requesting information for continued services, confidentiality cannot be guaranteed. Sometimes, additional sessions are not authorized, leading to an end of the therapeutic relationship even if therapeutic goals are not met.

**POTENTIAL NEGATIVE IMPACTS OF A DIAGNOSIS:** Insurance companies require providers/therapists to give a mental health diagnosis (i.e., "major depression" or "obsessive-compulsive disorder") for reimbursement. Psychiatric diagnoses may negatively impact you in the following ways:

1. Denial of insurance when applying for disability or life insurance;
2. Company (mis)control of information when claims are processed;
3. Loss of confidentiality due to the increased number of persons handling claims;
4. Loss of employment and/or repercussions of a diagnosis in situations where you may be required to reveal a mental health disorder diagnosis on your record. This includes but is not limited to: applying for a job, financial aid, and/or concealed weapons permits.
5. A psychiatric diagnosis can be brought into a court case (ie: divorce court, family law, criminal, etc.).

It is important that you're an informed consumer. This allows you to take charge regarding your health and medical record. At times, having a diagnosis can be helpful (ie: child needing extra services in the school system or a person being able to receive disability).

## PART IV: INSURANCE OPT-OUT/PRIVATE PAY OR OUT-OF-NETWORK REIMBURSEMENT

If you choose to not use your insurance, or do not have insurance, therapist will provide a required insurance opt-out/private pay agreement for client and therapist to sign.

If you choose to seek reimbursement for out-of-network services, **you will continue to be responsible for full payment of services at time of service.** Invoices for services will be accessible through client secure portal. The client is responsible for knowing the policies associated with the insurance provider for out-of-network reimbursement. Similarly, it is also the client's responsibility to secure any required prior-authorizations that may be necessary for insurance provider.

A valid credit card will be required to keep on file for all late cancellation and/or no show collection fees, regardless of regular session payment method. Please see late cancellation/no show policy above\*



## EMERGENCY CONTACT:

It is necessary that Allison Brooke Hoffman, LPC, ATR-BC of Be Here Wellness & Counseling L.L.C. has someone to contact on your behalf. In case of an emergency who should we contact?

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Full Name	Relationship	Phone Number(s)
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Please check here that you agree and sign below, Thank you!

I agree to allow Be Here Wellness & Counseling L.L.C. to contact my emergency contact on my behalf in the case of emergency.

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Signature	Date
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Printed Name	D.O.B.
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## PART V: CONSENT

1. I have read and understand the information contained in the Therapy Agreement, Policies and Consent. I have discussed any questions that I have regarding this information with the therapist, Allison Brooke Hoffman LPC, ATR-BC. My signature below indicates that I am voluntarily giving my informed consent to receive counseling and/or art therapy services and agree to abide by the agreement and policies listed in this consent. I authorize the therapist, Allison Brooke Hoffman LPC, ATR-BC to provide counseling services that are considered necessary and advisable.

2. I authorize the release of treatment and diagnosis information (as described in Part III, above) necessary to process bills for services to my insurance company, and request payment of benefits to Allison Brooke Hoffman of Be Here Wellness & Counseling L.L.C. I acknowledge that I am financially responsible for payment whether or not covered by insurance. I understand, in the event that fees are not covered by insurance, Allison Brooke Hoffman LPC, ATR-BC of Be Here Wellness & Counseling L.L.C. may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.

3. Consent to Treatment of Minor Child(ren) (applicable to clients 13 years old or younger): I hereby certify that I (parent or guardian) have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Allison Brooke Hoffman LPC, ATR-BC to provide treatment to my minor child(ren). If I have unilateral decision-making capacity to obtain counseling services for my minor, I will provide the appropriate court documentation to Allison Brooke Hoffman LPC, ATR-BC prior to or at the initial session. Otherwise, I will have the other legal parent/guardian sign this consent for treatment prior to the initial session.

Printed Name	Signature	Date

Please retain a copy of the “Therapy Agreement, Policies and Consent” for your records.

Printed Name of Minor Child	DOB	Date

Therapist/Witness – *Allison Brooke Hoffman LPC, ATR-BC*

Date

