

Renew, Inc.
Light Reins LLC, Diane Sinclair-Smith, LCMFT
11695 S. Black Bob Rd.
Olathe, KS 66062
913-768-6606, x319
Client Counseling Contract

Thank you for choosing Renew, Inc. (Renew) to meet your counseling needs. Our goal is to provide you the highest professional counseling services to meet your goals. Please read the following carefully:

Confidentiality - By state law clients have a right to confidentiality and privileged communication. However, the law provides that confidentiality must be broken if the client intends to take harmful or dangerous action against another human being or if the client is a danger to himself or herself. Sometimes, a counselor has a *Duty to Warn* certain people, such as: (a) The person who is likely to suffer the result of harmful behavior, (b) The family of the person who is likely to suffer the result of the harmful behavior, (c) The client's family if the client is a danger to him/herself, and or (d) Appropriate state and local agencies. In cases of suspected child abuse, the counselor has a responsibility to notify appropriate authorities of such allegations. In addition, a court of law may, under certain circumstances, require the counselor to testify and/or release client files. The counselor will, whenever possible share with the client the intent to notify relatives or authorities and attempt to resolve the issue before the above actions are taken.

The counselor may sometimes consult with another professional about the client's treatment. This professional who is consulted is also required by professional ethics to keep information confidential. Likewise, when the counselor is out of town, another therapist will be available to help clients. Thus, the counselor must give the consultant some information about the counselor's clients. All administrative employees of Renew keep all clients' records strictly confidential.

Counseling/Treatment of Minor Persons - Clients under the age of 18 must have the permission of a parent/legal guardian to receive counseling or psychological services. The counselor will involve parents in treatment as deemed appropriate. While parents have the right to access their child's file, confidentiality between the counselor and a minor is strongly encouraged. When counseling teens, teens are made aware when their parents have called the therapist to discuss their case and the general nature of the discussion. Issues of safety of which a counselor is aware will be discussed with a parent. Issues of safety include but are not limited to engaging in dangerous behavior such as frequent use of illicit drugs, or the use of inappropriate medications, suicidal thoughts or plans, and running away. If you have a question concerning what constitutes a safety concern for a particular child, please discuss this with your counselor.

Appointments and Cancellation Agreement - Clients' appointment times are reserved exclusively for them. Appointments are 45-50 minutes from the time the appointment is scheduled to start. This time includes scheduling and payment for services. In an effort to provide excellent service and to provide

the best possible therapeutic environment, it is our policy to require the full session fee for no-show appointments and cancellations made less than 24 hours in advance of the scheduled appointment. Insurance will not cover missed appointments. Appointments scheduled for Mondays must be cancelled by 12:00pm on Friday to avoid being charged. The exception to this cancellation agreement is severe weather conditions.

I understand I will be billed for the full amount if I miss my scheduled appointment without giving a minimum of 24 hours notice.

_____ Client's Initials

Urgent Needs -

The therapists at Renew are not available on an urgent/emergency basis. If you have an urgent need, including a need that involves your physical safety, please call 911, or go to your nearest Hospital Emergency Room. You may also call the numbers listed below for additional help:

Suicide Prevention Hotlines: 1-800-SUICIDE (784-2433) or 1-800-273-TALK (273-8255)

Anorexia Nervosa and Associated Disorders (ANAD) Hotline: 1-847-831-3438 (only available weekdays from 9:00 to 5:00)

Mental Health Crisis Line: 1-888-279-8188

Self Harm Hotline (For Juveniles ONLY) 1-800-USA-KIDS (872-5437)

Communication -

By You and To You:

Via Telephone: Counseling occurs during scheduled sessions. Phone calls for purposes other than scheduling will be charged at \$2.00 a minute. If there is an emergency, please refer to the above Urgent Needs section of this contract. **Via Email:** You may be able to communicate with your counselor via email. This is offered for rescheduling purposes. If you email your counselor something you would like them to know, your counselor will briefly look at, print and read your email during your next counseling session. No advice or counseling will be done over email. If staff has email, it will be checked 1-2 times each business day. **By Your Counselor To Others In the Office:** The counselors at Renew often utilize a treatment team approach, primarily for clients participating in Renew's IOP. Thus, for particular issues, your counselor may communicate relevant information about your case to other professionals in the office at Renew, such as a psychologist, counselor, therapist intern, or dietitian. In the event your personal health information is shared in the office with others, only the minimum necessary information will be communicated.

Financial Agreement - Counseling fees are due at the beginning of each session unless other arrangements are made in advance. Cash, MasterCard, Visa, Discover or checks are accepted. The fee is \$120.00 per counseling session. Phone sessions are \$2.00 per minute. Please make checks payable to Light Reins, LLC. There is a \$25 fee for returned checks. Clients will be charged for court appearances and specialized requests that require additional time outside of the therapy hour. Please ask if you would like a receipt after each session. There is a \$25 charge for a receipt/report of counseling

payment over the course of a period of time. There is a separate fee schedule for testifying in court or for depositions.

(1) Account balances over 30 days old (except insurance money due) will incur finance charges at the rate of 18% per year.

(2) Account balances over 90 days old will be given to a collection agency or attorney.

Insurance - Unless the counselor is in-network with the client's insurance company, the client will be expected to pay the full fee for services rendered. Receipts for insurance can be provided per request. There is no guarantee of benefits or coverage by insurance. Client is responsible for payment of any money the insurance company does not pay.

Consultation outside Renew -

It may be beneficial for the counselor to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment.

Please check ONE of the following:

You are authorized to contact my primary care physician, whose name and address are shown below, to discuss the treatment that I am receiving while under your care and to obtain information concerning my medical diagnosis:

Physician _____ Phone Number: _____

I do not authorize you to contact my primary care physician.

My signature below indicates that I have read and agree to the contract in its entirety and hereby give informed consent to receive therapy services from Diane Sinclair-Smith at Renew, Inc., and in addition, I agree to all of the following:

- 1. I/We authorize Diane Sinclair-Smith LCMFT at Renew to release our name only to our referral source to thank them for the referral to Renew.**
- 2. I/We give permission for professionals within the office of Renew to review and discuss my care in furtherance of providing treatment.**
- 3. If I/we are using insurance, I/we authorize Diane Sinclair-Smith LCMFT to release information required by our insurance company in order to process our claims. I/we authorize payment directly to Light Reins, LLC.**
- 4. I/we agree to pay any remaining fee that insurance does not cover, in the event insurance is being submitted on my/our behalf.**
- 5. I/we give Renew permission to use the fax machine to correspond with those with whom I have given written permission to consult. I give the staff at Renew permission to reach me on a cell or cordless phone. I understand Renew cannot insure confidentiality of communication on cell or cordless phones.**

- 6. I/we have received a copy of a Privacy Notice which is now mandated by federal law and the Health Insurance Portability and Accountability Act (HIPAA). The notice explains HIPAA and its application to my personal health information.
- 7. I/we have received a professional disclosure statement from Diane Sinclair-Smith LCMFT. Independent Private Practitioner at Renew, Inc.
- 8. If I/we am/are not seen in 6 weeks and do not have an appointment scheduled, I am considered terminated from counseling.

Date _____

Client(s) Signatures: _____ (Print Name: _____)

_____ (Print Name: _____)

_____ (Print Name: _____)