



Outpatient Services Contract

Welcome to LaTonya McCurry Counseling Services, LLC. Thank you for allowing this practice to join you on your journey to recovery. This document contains important information about my professional services and business policies. Carefully read this contract and feel free to write down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

- **Psychotherapy Services** Psychotherapy is a collaborative interaction between client and therapist. The level of interaction and collaboration varies depending on the personalities of the therapist and client, as well as the issues that are brought into and arise during the session. There will be various techniques I may use to deal with the problems/ issues you hope to address. I do not prescribe medication but can refer to a psychiatrist, if deemed appropriate. To gain the most from therapy, you will have to work on things discussed and learned during our sessions, at home and in your everyday life. Psychotherapy has both benefits and risks. Discussing certain aspects of your life, may produce uncomfortable feelings like loneliness, anger, sadness, frustration, guilt, and helplessness. On the other hand, psychotherapy can lead to better relationships, increased self-confidence, solutions to specific problems, feelings of self-efficacy and significant reduction in feelings of distress. Since each experience is personal, there are no guarantees of what you will experience or the length of time it will take to meet your identified goals.

Our first few sessions will involve an evaluation of your treatment needs, strengths, goals and developing a collaboration. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan, if you choose to continue the journey of recovery through therapy with this practice. Therapy involves a large commitment of time, money, and emotional energy. If you have questions about my methods, we should discuss them whenever they arise. If you do not feel that the therapeutic connection is

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helpful, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

- **The Session** The evaluation occurs over 2 to 4 sessions. During this time, we can both decide if this practice is able to provide the services you need, in order to meet your treatment goals. The session schedule is usually one 50-minute session (one appointment hour of 50- minute duration) at a time we agree on, although some sessions may be longer (or more frequent if deemed necessary). Once an appointment hour is scheduled, you will be expected to pay for services at the appointment time.
- **Cancellation Policy** If you need to cancel an appointment we have scheduled, please give notice at least 24 hours in advance; as it allows me to accommodate other clients. Late cancellations and appointments that you do not attend will result in a charge of \$60 for a 60-minute session, or \$90 for a 90-minute session, (unless it is mutually agreed that you were unable to attend due to circumstances beyond your control.)
- **Professional Fees** My hourly fee is indicated in the fee schedule, unless a sliding scale fee has been negotiated. In addition to therapy appointments, there is a fee for other professional services you may need. The fee will be a reduced rate of the hourly cost if work requires periods of less than one hour. These other services may include report telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other requested service. It is my goal to best meet the needs of my clients by providing the most effective treatment. To that end, clients are encouraged to seek services of a social service agency to assist with completion of forms that are outside of the scope of therapy.
- **Billing and Payments** You will be expected to pay at the beginning of each session. Cash, PayPal, credit and debit cards are accepted forms of payment. You will be asked to provide the debit/ credit information to be on file that you authorize to be charged to cover late cancellation fees as described in the cancellation policy. Fee schedules for other professional services not listed may

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be negotiated when they are requested. If you are receiving services through an EAP, the EAP program will cover costs for the number of sessions that are part of your company's contract. To continue receiving services after the EAP number of sessions have been exhausted, you will be expected to pay for each session thereafter according to the fee schedule below. In circumstances of **unusual** financial hardship, sliding scale fee or payment installment plans may be negotiated.

Fee Schedule

Initial Session, Diagnostic Evaluation	\$125.00
Initial Session, Diagnostic Evaluation/ Couples	\$150.00
Initial Session, Diagnostic Evaluation/ Family	\$150.00
Individual Psychotherapy Session (60 mins/ 90 mins)	\$100.00/ \$150
Couples Psychotherapy Session (60 mins/ 90 mins)	\$125.00/ \$175
Family Psychotherapy Session (60 mins/ 90 mins)	\$125.00/ \$175
Substance Abuse Evaluations	\$100.00
Completion of forms (under 15 minutes)	\$25.00
Home visit (fee as stated above + travel reimbursement)	\$0.535/ mile

- **Insurance** This is a private pay practice and clients are expected to pay for services provided unless they have behavioral health coverage through ComPsych or Optum, who are then responsible for reimbursing at agreed upon rate.
- **Contacting Me** Please bear in mind that I am often not immediately available by telephone, since I may be seeing clients. When I am unavailable, my telephone is answered by a confidential voice-mailbox that I monitor frequently. I will make every effort to return your call within one business day, with the exception of weekends, holidays, and vacations. During the initial session, please inform me of best times you will be available, as well as best phone number or email. If you are unable to reach me and feel you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the clinician on call.

EMERGENCY COVERAGE: My office is equipped with voicemail, which I frequently check throughout the day and evening for updated messages. I will make every reasonable attempt to respond to all messages within the same day or 24 hours from receipt of call.

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If you experience a “mental health emergency,” that requires an immediate therapeutic response, please contact the nearest Crisis Response Center or dial 9-1-1. Inform the responding clinician of your immediate mental health needs and follow their responses. Please inform the emergency clinician of your current status as a client in treatment with me, and sign any consents provided so that I may receive information regarding any emergency assessments &/or treatment recommendations.

When I am not available for more than 48 hours, I will provide a “covering clinician,” who will be available to respond to your emergency needs, either by telephone within 24 hours or with a face-to-face session, if deemed necessary. The clinician will be provided with your first name, phone number and very basic potential clinical emergency information, so that he/she may appropriately and sensitively assist you in my absence. This information will be discussed with you prior to my absence. Upon my return, the “covering clinician” will inform me of any contacts (telephone or face-to-face session), documentation and will then destroy any materials &/or information obtained in my absence. Fees which may be charged by the covering clinician will also be discussed with you in advance.”

- **Incapacity or Death** In the event of my death or incapacitation, it will be necessary to assign cases to another therapist and for that therapist to have possession/ access of treatment records. By signing this form, you hereby consent to another licensed mental health professional, selected by me, to take possession of treatment records in the stated scenario and provide you copies at your request, and/or to deliver those records to another therapist of your choosing within 30 days.

- **Confidentiality** In general, the law protects the privacy of all communications between a client and therapist (you and me). Your written permission is required to allow the therapist to release information about the therapeutic work to others, with a few exceptions. There are some situations in which the therapist is legally obligated to take action to protect the client and others from harm. This may encompass revealing some information about a client’s treatment. For example,:
 - If I believe that a child, elderly person, or disabled person is being abused or neglected, I may be required to file a report with the appropriate state agency.
 - If I believe that a client is threatening serious bodily harm to him/herself or another person, I am required to take protective actions. This is known as Duty to Warn and may include notifying the potential victim, contacting the

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police or mobile crisis unit, seeking hospitalization for the client and/or intensifying outpatient therapy.

- If a judge or other court legal authority compels disclosure with a subpoena.

If a these or similar situation occurs, every reasonable effort will be made to fully discuss it with you before taking action, if appropriate. Occasionally, it may be helpful to consult other professionals about a case. During the consultation, every effort is made to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential. You will be informed of these consultations if it is deemed important to the collaborative work of therapy. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have during the therapy session, as they arise. I will be happy to discuss these issues with you, yet if you need specific advice, formal legal consultation may be needed due to the laws governing confidentiality, which are quite complex.

- **Patient Rights** All patients seeking and/or receiving services from this office will be provided with effective, efficient services. These services will be directed toward health and wellness. As patient receiving services from LaTonya McCurry Counseling Services, LLC, you have the following rights:
 - To be treated with consideration and respect for human dignity.
 - To receive quality treatment regardless of race, religion, sex, age, ethnic background, mental and/or physically disabling condition.
 - To be provided confidentiality and protection from any unwarranted disclosure regarding your treatment.
 - To be involved in planning your treatment and to be informed about your treatment process.
 - To be involved in your discharge and aftercare planning.
 - To refuse treatment to the extent permitted by law and to be informed of the possible consequences of your actions.
 - To expect continuity of care from one service to another, should you need another service.
 - To examine and receive an explanation about the bill for your services.
 - To schedule an appointment with your counselor to review your record and receive any needed explanation about the contents.

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Your signature below indicates that you have read, understand the information in this document and agree to abide by its terms and conditions in this contract during the professional relationship. **Your signature below** indicates that you have discussed this document with you and appropriate opportunity to address concerns and clarify questions have been given. You are voluntarily agreeing to receiving mental health assessment, treatment and services from LaTonya McCurry Counseling Services, LLC and understand that you can terminate treatment at any time.

NOTE: If you are consenting to treatment of a minor child and a court order has been entered with respect to the guardianship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, LaTonya McCurry Counseling Services, LLC will not render services to your child until the therapist has received and reviewed a copy of the most recent applicable court order.

Client/ Representative Signature

Date

Print Client Name

Date of Birth

Phone Number

Counselor Signature