

CLR Counseling Group, LLC

2102 Cahaba Road Suite E, Birmingham, AL. 35223 | 205-835-7173 | chesieroberts@gmail.com

Welcome to CLR Counseling Group!

Hiring a therapist that you can trust and relate too is so important. It is my privilege that you have chosen to invite me into your life. My job is to work alongside you to help you identify and solve your problems so that you can achieve your highest goals. So let's get started today!

This document contains important information about my professional services and business policies as of August, 2017. Please read it over carefully and feel free to ask any questions you may have, as I will be more than happy to clarify. You will notice that at the conclusion of this document is a place intended for your signature. Please be aware that upon signing this document, you are consenting to the conditions proposed wherein and it will represent an agreement between us.

Counseling is a unique process that varies depending on a number of variables, including, but not limited to, the personalities of the therapist and client and the particular issues presented. There are many different methods I may implement to help you deal with the problems you present. Unlike a visit to your medical doctor, your role in therapy is not a passive one. The process calls for a very active effort and involvement on your part and you may be asked to work on things we discuss both during our sessions and at home.

While the goal of treatment is to benefit the client, it may also involve risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, helplessness, and/or hopelessness. Making changes in your beliefs or behaviors may be scary, and sometimes disruptive to the relationships you already have. On the other hand, therapy has also been shown to have benefits for those who are committed to the process. Therapy often leads to better relationships, solutions to specific problems, or significant reductions in feelings of distress. However, there is no guarantee of what you might experience; therefore, it is important that you consider whether the potential risks are worth the benefits. The majority of people who do take these risks find that therapy is extremely helpful.

The first few sessions of your therapy will involve an evaluation of your needs, as well as an opportunity to gather information about you. By the conclusion of the evaluation, I will be able to offer you some initial impressions of what our work together will include and a more detailed treatment plan (verbal and/or in writing if requested) will be developed should you wish to continue. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, energy, and finances; therefore, you should be selective when choosing a therapist.

If you have any questions or concerns about my practices, we should address them as soon as they arise. If after discussing an issue and your doubts persist, I will be more than happy to refer you to another mental health professional that may better suit your needs.

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each individual. They are in place in order to ensure your safety and preserve your best interest. As a client who has made the choice to participate in psychotherapy, you have certain rights that are important for you to be aware of because this is your treatment, whose sole purpose is your wellbeing. There are also certain limitations to those rights of which you should be aware. As your therapist, I am bound to abide by certain legal and ethical obligations as outlined below.

My Obligations to You as Your Therapist

Confidentiality

With the exception of the following situations, you have the right to the confidentiality of your therapy. In general, law protects the privacy of all communications between a client and a therapist, and I may only release information about our work to others with your written consent. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act to protect your privacy even if you do release me in writing to share information about you. You may instruct me to share information with whomever you choose, and you may change your mind and revoke that permission at any time. Also, you may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (e.g., sending bills or faxing information), it will be done so with special safeguards in place in order to insure confidentiality.

If you choose to communicate with me by electronic mail (email), phone or text message at some point during our work together, please be advised that such correspondence is not completely confidential. All emails are retained in the logs of the Internet Service Provider and while under normal circumstances no one looks at these logs; technically, they are available to be read by the system administrator. Any email that I receive from you, as well as any responses that I may send, may be printed and a hard copy of such correspondence may be filed in your medical record.

*The following are the legal exceptions to your right to confidentiality. I will inform you of any time when I believe it may be necessary to put these into effect.

1. If I have good reason to believe that you may harm another person, I must attempt to inform that individual and warn them of your intentions. I must also contact the police and request that they protect the potential victim.

2. If I have good reason to believe that you are abusing or neglecting a child or a vulnerable adult, or if you give me information about another individual who is doing so, I must inform the appropriate state agency.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and seek hospitalization for you, or contact your family members/others who can help provide protection on your behalf.

Please note that these situations do not occur often in my practice. However, if a similar situation was to arise, I will make every effort to fully discuss it with you before taking any action.

In cases involving couples therapy, please be aware of the following policy:

If you and your partner decide to have some individual sessions as part of the couple's therapy, what you disclose in those individual sessions will be considered to be part of the couple's therapy; therefore, it may and will most likely be discussed in our joint sessions. In other words, please do not tell me anything you wish to keep secret from your partner. I will remind you of this policy prior to beginning such individual sessions.

Please be aware that I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client(s). The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. Professional Records The laws and standards of my profession require that I keep treatment records. Under the provisions of the Health Care Information Act of 1992, you are entitled to receive a copy of your records at any time. You also have the right to request that I correct errors in your file.

The records I keep for my clients are very brief, noting only that I have seen you, what interventions were used in the session, and the topics we discussed. It is your right to request that I make a copy of your file available to any other health care provider at your written request. Clients will be charged an appropriate fee for any professional time spent in responding to information and/or for correspondence requests.

Other Rights

I encourage my clients to ask me questions about anything that occurs in therapy. I am always willing to discuss how and why I have decided to do what I am doing, and if necessary, examine alternatives that might be better. Please feel free to request that I try something that you believe will be helpful. You have the right to ask questions related to my training for working with your concerns, and if necessary, request that I refer you to

someone else if you determine that I am not the appropriate therapist for you. You are also free to discontinue your therapy at any time you may deem necessary.

In most cases, the patient is the one who decides when therapy will end. However, should you pose a threat or blatantly threaten or commit violence, either verbal or physical, to me, to my office staff, or to my family, I reserve the right to immediately terminate your treatment.

I do not have social or sexual relationships with clients or former clients as not only would it be unethical and illegal, it would also be an abuse of my professional role and responsibilities as a therapist. Please be aware that this includes all social media platforms. I cannot accept any friend request via Facebook, LinkedIn, Instagram, Twitter, ect. I cannot give or accept any gifts. I cannot buy, receive or sell any types of services that are affiliated with a past or present client. If we were to see each other by chance outside of the office I cannot acknowledge you first. You would have to speak to me first. This is not intended to ignore you or hurt your feelings. This prevents any uncomfortable situations that may arise where you may feel you must explain or divulge our professional relationship to another present party.

Office Policies, Procedures & Related Business Matters

Appointments

I normally conduct an initial evaluation that will last approximately 60 minutes. Following our first meeting, we may both decide if I am the appropriate professional you need to help you attain your treatment goals. Early in treatment, I may recommend scheduling one 50-minute session (referred to as an “appointment hour”) per week, although you may opt to schedule your sessions less or more frequently if you prefer. You are responsible for arriving for your appointment on time. If you are late, we will still end at the time scheduled and will not run into the next client’s session.

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. This also applies should you miss a session without cancelling.

I cannot bill missed sessions to your insurance company; therefore, you will bear the responsibility of payment in these situations. You will be required to have a credit card number on file. An exception to the policy is if we both mutually agree that you were unable to keep your appointment due to circumstances beyond your control such as an emergency or illness. In these cases, I will try to reschedule you as soon as it is feasible to do so.

Availability & Means of Contact

I am accessible via telephone on a 24/7 basis to meet patients’ needs; however, I am unable to function as a crisis hotline. While I am usually in my office between the hours of 10 a.m.

and 5 p.m. on weekdays, I do not answer my phone when I am in session with a patient. When I am unavailable, all incoming calls will go directly to my confidential voice mail. I will make every effort to return any message left on my voice mail within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please let me know when and at what number is best to contact you. If I am going to be unavailable for an extended period of time (e.g., vacation), I will notify you of such in advance and will provide you with alternative resources you may access if the need arises during my absence. In the event of an emergency situation that cannot wait for a return phone call within 24 hours, please immediately call 911, or report to the nearest hospital emergency room for assistance.

Professional Fees

My hourly rate for self-pay clients is \$100 for 50 minute session. In addition to office appointments, I may charge you this amount for other services that you may request, though I will prorate the hourly cost if I work for periods less or more than one hour. Other services might include report writing, written correspondence, telephone conversations lasting longer than 10-15 minutes, attendance at meetings with other professionals on your behalf that you have pre-authorized, preparation of treatment records, etc. If I become involved in legal proceedings that require my participation, you will be expected to pay for my time even if I am called to testify on behalf of another party. Because of the difficulty inherent to legal involvement, I charge \$225 per hour for preparation and attendance at any legal proceedings.

Billing & Payments

You will be expected to pay for each session at the time of service, unless we agree otherwise or you have insurance coverage that requires another arrangement. In these cases, any copayment or deductible that is applicable will also be required at the time of service. Payment schedules for other professional services will be agreed upon when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installation plan in advance. Please note that I do not accept barter arrangements for therapy.

I do not allow clients to run a balance with me. For your convenience, I accept major credit cards (e.g., Visa, MasterCard and Discover), personal checks, and cash for payment. Any overdue balances may be charged a late fee per month. If your account has not been paid for a period in excess of 90 (ninety) days and payment arrangements have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, all associated costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, charges and payment history, the nature of services provided, and the balance due.

Insurance/Managed Mental Health Care Reimbursement

In order for us to set realistic treatment goals and priorities, it is important that we evaluate what resources you have available in order to pay for your treatment. If you have a health insurance policy, it will usually provide some degree of coverage for mental health treatment. My billing service will complete and submit claims on your behalf in order to help you receive your entitled benefits; however, you (not your insurance company) are ultimately responsible for full payment of my fees for any services rendered.

If a third party such as an insurance company is responsible for paying a portion of your bill, I am normally required to provide a diagnosis to that third party in order to receive payment. This means that my billing service will have access to your personal demographic information as well as your diagnosis. Diagnoses are technical terms that describe the nature of your issues and whether they are temporary or more long-term. All diagnoses are found in a book titled ICD-10 Guidelines; I have a copy in my office and I will be glad to let you review it in order to learn more about what it says regarding your diagnosis.

Please be also aware that if your treatment is being paid in full or in part by managed care, there are usually further limitations to your rights as a client imposed by the contract in place. These may include their decision to limit the number of sessions available to you, to decide on a time period within which you must complete your therapy, etc. If I am not regarded as one of their preferred providers, they may instruct you to find another therapist that is contracted under their plan. Often, insurance companies require detailed reports of your progress in therapy and in some cases, may ask for a copy of the entire file. While I do not have the means to control these rules, I will do all that I can to maximize the benefits by filing necessary forms, obtaining authorizations for treatment, etc.

You should carefully read the section of your insurance materials that describes mental health (which is also sometimes referred to as behavioral health) services. If you have any questions regarding your coverage and require further clarification, please call your plan administrator.

Grievance Policy

Should you become dissatisfied with your treatment, I encourage you to please talk about it with me so that I may be given the opportunity to address your concerns and respond appropriately. If you have reason to believe that I have been unwilling to listen and respond, or that I have behaved unethically or illegally, you may direct your complaint verbally or in writing to:

Alabama Board of Examiners in Counseling
950 22nd Street North
Suite 765
Birmingham, AL 35203

Phone: 205-458-8716 or
800-822-3307
Fax: 205-458-8718

You are also free to discuss anything about me with anyone you wish, and do not have any responsibility to maintain confidentiality about the issue(s) discussed, as you are the individual who exercises the right to decide what information you wish to remain confidential.

Client Consent to Psychotherapy

I have fully read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that were necessary and obtained sufficient clarification, and understand its terms completely. I consent to the use of a diagnosis for billing purposes, and to the release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$100 per 50-minute session should insurance not cover the services provided. I understand that I will have to provide a credit card number or check in the event that I do not provide 24 hours advance notice of cancellation. Your card will not be charged otherwise.

I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Chesie Roberts, MS, ADC, LPC. I am aware that I may terminate therapy at any time I wish for any reason I feel necessary and that I may also refuse any requests or suggestions made to me by my therapist. I attest that I am over 18 years of age.

Your signature below indicates that you have read the information contained in this document and agree to abide by its terms during our professional relationship.

Patient's Signature Date