

# ***Life Tide Counseling, PC***

*Individual, Marriage and Family Counseling*

## **OUTPATIENT SERVICES CONTRACT**

**Therapist:** \_\_\_\_\_ (*“Therapist”*)

**Client:** \_\_\_\_\_ (*“Client”*)

Welcome to Life Tide Counseling, PC (“Life Tide Counseling”). This document contains important information about the professional services and the business policies and practices at Life Tide Counseling. Please read it carefully and jot down any questions you have so that we can discuss them at our next meeting. When you sign this document you will be entering into an Outpatient Services Contract between yourself, your Therapist, and Life Tide Counseling, PC. Your Therapist is \_\_\_\_\_. Your Therapist will be solely responsible for all aspects of the psychotherapy completed under this contract including, but not limited to, client evaluations, diagnosis, treatment plan(s), scheduling and Client communications. Life Tide Counseling will be responsible for the administrative and billing services for your Therapist including the management of your Client file and information as well as some Client communication.

### **COUNSELING SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems that are brought forward. There are many different methods that may be used to deal with the problems you hope to address. Your Therapist will typically use an eclectic approach to therapy, meaning that they will utilize a variety of therapeutic models. Your Therapist will work diligently to use what he or she feels will be the most helpful for each individual rather than take any one approach exclusively. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on the things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs for treatment. At the end of the evaluation, you will be offered some first impressions by your Therapist from which a treatment plan will be developed. You should evaluate this information along with your own opinions as to whether you feel comfortable with this treatment plan and with working with your Therapist. If you would like a copy of your treatment plan, please let your therapist know and she will give you a copy. At this time your Therapist will also discuss any alternative treatments that are available to the proposed treatment plan. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about procedures, you should discuss them with your Therapist whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

You have the right to consent to or refuse treatment. You also have the right to treatment, medical care and habilitation regardless of age or degree of mental health (MH), developmental disability (DD), or substance abuse (SA) disability.

### **SESSIONS**

An evaluation will normally be conducted that will last from 1 to 3 sessions. During this time, you and your Therapist can decide if your Therapist is the best person to provide the services you need in order to meet your treatment goals. If you decide to begin psychotherapy, sessions will be scheduled at a time and frequency agreed on by you and your Therapist. The duration of psychotherapy sessions vary depending upon several factors, including restrictions by some insurance companies. In general a session will last between 45 to 60 minutes. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Should you need to cancel an appointment please call Life Tide Counseling's office at 910-326-8881. Most insurance companies do not allow us to charge for an appointment to which you do not show up and for which you have not given us a 24-hour notice of cancellation. Consequently, in the case where you do not show up for more than two (2) appointments and you have not provided your Therapist or Life Tide Counseling notice 24 hours in advance of the sessions or paid for the missed sessions, you will be given a referral to another agency or therapist and terminated as a client subject to this Outpatient Services Contract with your Therapist and Life Tide Counseling.

### **PROFESSIONAL FEES**

The fees for your counseling sessions are as set forth in the Consent to Counseling that you signed at your first session. Sometimes a 75 minute session is desirable and the charge for that session will be increased as agreed. If requested by the Client or required by legal proceedings, your Therapist and/or Life Tide Counseling may perform other services for which you will be charged including, but not limited to, report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, any time required to respond to court documents or attend any court required proceedings, preparation of records or

treatment summaries, and the time spent performing any other service you may request if they can be accommodated. The same hourly fee as is charged for a standard session is also charged for the other professional services that are completed by your Therapist and/or Life Tide Counseling. Hourly costs will be broken down should the other professional service work take less than one hour. If you become involved in legal proceedings that require the participation of your Therapist and/or a representative of Life Tide Counseling, you will be expected to pay for the Therapist's and/or Life Tide Counseling's representative's time even if the Therapist and/or Life Tide Counseling is called to testify by another party. Other than responding to court orders your Therapist and Life Tide Counseling will get your authorization before any additional charges are incurred.

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage in which case you will be expected to pay any deductible, copay and/or co-insurance amounts for which you are responsible. Payment schedules for other professional services will be as stated above in the "Professional Fees" section of this contract.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Life Tide Counseling has the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. In collection situations your therapy notes are not released. The information that is typically required and released in a collection situation is a client's name, the nature of services provided, social security number(s), insurance information, the amount due and other similar information.

### **PAYMENT THROUGH YOUR INSURANCE COMPANY**

In order for realistic treatment goals and priorities to be set, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You may choose to pay out-of-pocket for the sessions and services you receive from your Therapist and Life Tide Counseling without using an insurance company. In that case you have the right to restrict certain disclosures of your protected health information as discussed in the Notice of Privacy Practices you have received.

If you choose to use your health care insurance to pay for your sessions please note that by signing this contract you are authorizing your Therapist, Life Tide Counseling and its agents to bill your insurance company(s) for your sessions and to furnish them with any information they require. You further authorize payments for the services provided to be paid directly to Life Tide Counseling. Life Tide Counseling and your Therapist will fill out forms and provide you with whatever assistance they can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of the fees due. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course your Therapist will provide you with whatever information he or she can based on experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, your Therapist and Life Tide Counseling will be willing to call your insurance company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plans will not allow a therapist to continue providing services to you once your benefits end. If this is the case, we will assist you in finding another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize your Therapist and Life Tide Counseling to provide them with a clinical diagnosis. Sometimes your Therapist will be required to provide additional clinical information such as treatment plans or summaries, or copies of the entire record. This information will become part of the insurance company's files. Though all insurance companies claim to keep such information confidential, Life Tide Counseling and your Therapist have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. A copy of any report that is submitted by Life Tide Counseling or your Therapist will be provided to you, if you request it. You must contact your insurance company if you wish to obtain information regarding its privacy practices.

Once you have provided Life Tide Counseling with all of the information about your insurance coverage, your Therapist will discuss what can be expected with the benefits that are available and what will happen if your benefits run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for the services of Life Tide Counseling yourself.

### **CONTACTING YOUR THERAPIST**

Your Therapist's preferred telephone contact number is 910-326-8881, which is the telephone number for Life Tide Counseling. This telephone number will not receive a text nor does it have caller ID. Your Therapist is often not immediately available by telephone or email. When your Therapist is unavailable, the telephone at Life Tide

Counseling is answered by a confidential voice mail that is monitored during normal office hours, or our office manager. Your Therapist or a representative of Life Tide Counseling will attempt to return your call or email within 24 hours if it is received during business hours. Our business hours are Monday through Thursday. The voice mail or email is not checked from Friday through Sunday. When leaving a message please inform us of some times when you will be available for a return call. If you are unable to reach your Therapist and feel that you can't wait for your Therapist to return your call, contact your family physician or the nearest emergency room. You can also call a 24-hour mobile crisis service at (844) 709-4097. If you feel it is an emergency, please call "911". If you are active military you can contact Military One Source at 1-800-342-9647 where someone is available 24-hour a day. If your Therapist will be unavailable for an extended time, he or she will provide you with the name of a colleague to contact, if necessary.

### **PROFESSIONAL RECORDS**

The laws and standards for the counseling professions require your Therapist and Life Tide Counseling to keep treatment records. You are entitled to receive a copy of your records, or should you prefer, a summary can be prepared for you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, Life Tide Counseling recommends that you review them in the presence of your Therapist so that you and your Therapist can discuss the contents.

### **MINORS**

If you are under eighteen years of age, please be aware that the law may provide parents or guardians the right to examine your treatment records. It is the policy of Life Tide Counseling to request an agreement from parents or guardians where they agree to give up access to your records. If your parents or guardians agree, they will only be provided with general information about your treatment unless your Therapist feels there is a high risk that you will seriously harm yourself or someone else. In that case, your parents or guardian will be notified of your Therapist's concern. Normally, before giving your parents or guardians any information your Therapist will discuss the matter with you, if possible, and do his or her best to handle any objections you may have with what your Therapist is prepared to discuss.

### **PARENT, GUARDIAN AND CONSERVATOR RELEASE OF CONFIDENTIALITY FOR A MINOR**

By signing this contract as the parent, guardian and/or conservator of a minor you are giving your consent to allow confidentiality between Carol A. Shepard, LMFT as the Therapist, Life Tide Counseling and your minor child or the minor for whom you are seeking services.

### **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a Therapist is protected by law. Your Therapist and Life Tide Counseling can only release information about your treatment to others with your written permission,

however there are a few exceptions. These exceptions are detailed in the Notice of Privacy Practices, a copy of which you have received.

**ENDING THERAPY**

As your therapy nears completion it is recommended that a few sessions be dedicated to summarizing your treatment and saying goodbye. Your final session terminates this contract.

If during the course of therapy you do not show for a scheduled session and do not call to schedule another appointment Life Tide Counseling will conclude that you decided to end therapy and no longer want to be a client of your Therapist or Life Tide Counseling. In such a case, this contract will terminate. You can contact your Therapist at Life Tide Counseling anytime you desire to begin therapy again and sign a new Consent to Counseling and Outpatient Services Contract.

The undersigned Client and/or responsible party hereby authorizes the above named Therapist who is working for Life Tide Counseling, PC as either the President of the company or as an independent contractor for Life Tide Counseling to administer and perform treatment and diagnostic procedures which may now or during the course of treatment be deemed advisable or necessary. The undersigned also acknowledges reading and understanding the content of this information and that they agree to the terms and conditions of this Outpatient Services Contract and that they have received a Notice of Privacy Practices from Life Tide Counseling, PC.

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Signature of Client	Printed name	Date
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Signature of Parent, Guardian or Conservator for Client under the age of 18	Printed name	Date
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Signature of your Therapist	Printed name	Date
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Signature for Life Tide Counseling, PC by Carol A. Shepard, President	Date
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Life Tide Counseling, PC  
P.O. Box 1216 Swansboro, NC 28584-1216 910-326-8881

[www.lifetidecounseling.com](http://www.lifetidecounseling.com)