



OUTPATIENT SERVICES CONTRACT

Welcome to Living Pono Counseling! Since this is your first visit, I hope what is written here can answer some of your questions as you seek therapy. Please let me know if you want clarification on any of the topics discussed in this outpatient service contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this outpatient service contract.

What is "Living Pono"

The best translation of pono into English is more of a concept of living by the golden rule of doing to others as you would have them do unto you. Living Pono means treating others with respect, an ideal that transcends humanity and extends to the entire world. When you live pono, not only are you being positive and supportive of others but also, you're living in a way that your life doesn't negatively affect the global ecosystem upon which all life depends.

PSYCHOTHERAPY SERVICES

I provide psychotherapy services for individuals, couples, groups and families.

The first appointment(s) serves as a consultation. I will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, I will give you some initial recommendations on what I think will help. If I do not think I am able to best assist you, I will give you names of other professionals who I believe would work well with your particular concerns. If you do not agree with my treatment recommendations or do not think our personality styles will be a good match for you, let me know and I will do my best to suggest a different therapist who may be a better fit.

If we decide to work together in therapy, we will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual, couples, and family therapy sessions last 45 minutes unless otherwise arranged. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your situation.

Therapy can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples who come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results.

Therapy never involves business, sexual, or other dual relationships. Therapy is a place for you to feel safe to address your difficulties and try to find solutions, and maintaining clear boundaries is necessary for this work to happen.

If during our work together, noncompliance with treatment recommendations becomes an issue, I will make effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy service. I encourage you to discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include violence or threats toward me, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy.

I will at times seek consultation with other therapists to ensure I am helping you in the most effective manner. I will give information only to the extent necessary, to keep your confidentiality and there will be an expectation that the professionals with whom I consult will keep your confidentiality.

MY AVAILABILITY BETWEEN SESSIONS

If needed, you can leave me a message on my 24-hour voicemail at 224-424-4194. When you leave a message, include your telephone number even if you think I already have it, and best times to reach you. I make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from me within one day, please leave a second message. If you are in an emergency and cannot wait for me to return your call, contact your psychiatrist, go to the nearest emergency room, or call 911. Do not contact me by email or fax in event of an emergency, as I may not get the information quickly.

If I am unavailable for an extended time, such as on vacation, I will inform you of the contact information for the therapist on-call during my absence.



RATES AND INSURANCE

Therapy is a commitment of time, energy, and financial resources. If you have health insurance, it is important for you to verify your mental health benefits, so you understand your coverage prior to your appointment. Some insurance companies require a precertification before the first appointment, or they will not cover the cost of services.

I am happy to assist you by having a billing company file claims to your insurance company on your behalf. However, you, not your insurance company, are responsible for payment of the fee for therapy. Acceptable forms of payment include cash, check and major credit cards and payment for each session, including co-payment, is expected at the time of service. Cancellations or missed appointments without 24 hours' notice will be subject to a \$75.00 fee, and insurance companies do not pay charges for missed appointments.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, I will provide you with any information I or the billing company I employ sends to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

The hourly rate you will be charged is for one 45-minute appointment and the attending documentation time. The fee for each psychotherapy session is \$160.00. The first session, the Diagnostic Interview, is billed at \$225.00 per session.

In addition to your regular appointments, your care may require additional professional services. The same hourly rate will apply to these services, although we will break down the hourly cost if we work for periods of less than one hour. These other services may include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries and the time spent performing any other services you may request of your therapist.

An account that has not been paid for more than 60 days without payment arrangements being made will be eligible for collection proceedings. This may involve legal action, hiring a collection agency or going through small claims court. If legal action or collection assistance is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his or her name, the nature of services provided and the amount due.

SOCIAL MEDIA POLICY

To maintain your confidentiality and our respective privacy, I do not interact with current or former clients on social networking websites. I do not accept friend or contact requests from current or former clients on any social networking sites. I will not respond to friend requests or messages through these sites.

Please do not contact me through text messages. This is not a secure communication, and there is possibility that I will not get the message in a timely manner or that communication will be interpreted in an unclear manner. If you need to contact me between sessions, please call me at 224-424-4194.

I am happy to accept emails about general matters such as scheduling or changing appointments. Please do not include personal information about your therapy in emails, as email is not completely secure and confidential. If there is information that you believe needs to be shared prior to our next appointment, call me and we can arrange a time to speak by telephone. I do keep all emails sent to and received from my clients as part of the therapy record.

PROFESSIONAL RECORDS

Both law and the standards of our profession require that we keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you want the requested information released.

CONFIDENTIALITY

In general, the confidentiality of all communications between a client and a psychologist is protected by law, and I can only release information to others with your written permission. However, there are many exceptions, which I have indicated below. More information is provided about this in your HIPAA statement.

In judicial proceedings, if a judge orders the records released to the courts, we may have to release the records. In addition, I am ethically and legally required to act to protect others from harm even if taking this action means I reveal information about you. For example, if I believe a child, elderly person or disabled person is being abused or neglected, I am mandated to report this to the appropriate state agency. If I believe a client is threatening serious harm to another person or property, I may take protective action (through notifying the potential victim, the police, and/or facilitating hospitalization of my client). If I believe a client is a serious threat to harming him/herself, I may take protective action (arranging hospitalization, contacting family/significant others for notification, or contacting the police).

I would make reasonable effort to discuss any need to disclose confidential information about you and am happy to answer any questions you have about the exceptions to confidentiality.



This written summary of exceptions to confidentiality should prove helpful in informing you about potential problems. However, you may consider discussing these exceptions with separate legal counsel, as the laws governing confidentiality are quite complex and are subject to change.

HIPAA Statement

Living PONO Counseling will appropriately safeguard protected individually identifiable health information made available to or obtained by Living PONO Counseling from its clients (“Health Information”) Living PONO will comply with applicable legal requirements relating to protected Health information to the same extent that its client’s would be required to comply with requirements, including that Living PONO Counseling will (so long as required by law):

Not use or disclose Health Information, other than as permitted or required by the customer agreements.

Not use or disclose Health information in a manner that would violate the requirements of applicable law.

The services provided by Living PONO Counseling will comply with the security requirements of the HIPAA.

MINORS

Patients under 12 years of age and their parents should be aware that the law allows parents to examine their child’s treatment records. When children between the ages of 12 and 18 are seen alone the content of these sessions is kept confidential, between therapist and child. Parents of children between 12 and 18 years of age cannot examine their child’s records unless their child consents or unless I find there is no compelling reason for denying them access to those records. Parents of children between 12 and 18 years of age are entitled to information concerning their child’s current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. If the therapist believes that the child is at imminent risk of harming himself/herself or others, the therapist will notify the parents of this concern. Before giving parents any information, the therapist will discuss the matter with the child, if possible, and the therapist will try to handle any objections the child may have with what the therapist is prepared to discuss with the parents. Our policy is that both parents be notified that their child is in therapy and both parents consent to therapy for the child.

LEGAL AND COURT RELATED SERVICES

If your therapist is contacted by an attorney regarding your treatment or treatment of your child (either at your behest or related to a legal matter you are involved in), please note the following:

We charge \$400 per hour to prepare for and/or attend any legal proceeding and for all court related services including travel time to and from the location of the proceeding. Fees for legal and court related services must be paid prior to the scheduled court hearing or deposition. Charges for court related services are not covered by insurance.

Court related services include talking with attorneys, preparing, and reviewing documents, traveling to court or deposition venue, attending depositions and court hearings/trials.

If our fee is not paid by the court or attorneys, you will be charged for the time we spend responding to legal matters. All fees for legal matters must be paid in advance of the legal proceeding in question.

You will be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys

QUESTIONS

If during therapy, you have any questions about the nature of your therapy or about your billing statement, please ask.

A FINAL WORD

The counseling relationship is a very personal and individualized partnership. We want to know what you find helpful and what, if anything, may be getting in the way. We want you to feel free to share with us what we can do to help.

Please ask before signing below if you have any questions about psychotherapy or our office policies. Your signature indicates that you have read this Outpatient Services Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.



Client's Name: _____
(Please print)

Signed: _____ Date: _____

Signed: _____ Date: _____
(Parent or guardian if under age 18)

Parent or Guardian's Name: _____
(Please print)

Signed: _____ Date: _____
(Parent or guardian if under age 18)

Parent or Guardian's Name: _____

Clinician's Signature: _____