SUE ALVEY, LPCC

California Licensed Professional Clinical Counselor No. 1506

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**SERVICE AGREEMENT AND INFORMED CONSENT**

This document contains important information about my professional services and business policies. I am glad to discuss any questions you have so we can be clear about these policies and expectations. I may use the term “counseling” interchangeably with “psychotherapy,” “therapy” and “mental health treatment”.

**COUNSELING SERVICES**

Counseling varies depending on the personalities of the counselor and client, and the particular problem you bring to counseling. Counseling will frequently involve discussing your personal concerns, thoughts and feelings. In order for the counseling to be most successful, you will have to work on things we talk about both during our sessions and between sessions.

Counseling can have risks and benefits. Initially, you may experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. While you consider these risks, you should always know that the benefits of psychotherapy have been shown by scientists in hundreds of well-designed research studies. Therapy often leads to significant reductions in feelings of distress, improvements in relationships, acquisition of skills to cope with stress, and improvement in overall well-being. But there are no guarantees of what you will experience.

Our first session together will include an evaluation of your needs. At the end of that meeting, I will offer you some first impressions of what our work will include and a treatment plan that we will follow. If you have questions about our process, we should discuss them whenever they arise. I will be glad to provide outside referrals if your concerns continue.

**CONSULTATION SERVICES**

As an expert and experienced geriatric social service and mental health professional, I am available to offer consultation on specific situations or concerns you’d like suggestions or advice about. Consultation is not a psychotherapeutic service and we will not be discussing your feelings or personal needs, however I would be glad to begin psychotherapy services if we agree that they would be beneficial.

Common concerns that clients might ask for professional advice on are decisions about retirement, housing options, decisions about moving to a higher level of care, or advice about managing difficult situations in caregiving, navigating the health care system or end-of-life decisions. I am careful not to offer advice about legal or medical situations or decision making. While my suggestions and recommendations are based upon professional expertise and experience, the outcome of the particular situation is not guaranteed.

Consultation is generally conducted over a few meetings. Reports with impressions and recommendations can be provided.

**TELEMENTAL HEALTH SERVICES**

In addition to meeting together in my office, I offer counseling over the phone or on video chat. Telemental health is the use of telephone and video technology for delivery of counseling services. These services can be beneficial in the situation where clients are unable to meet in my office for some reason. Telemental health has been shown to be beneficial as a mode of providing psychotherapy but does come with some potential risks including: less control over confidentiality, decreased emotional connection between therapist and client and reducing the likelihood of insurance reimbursement. While we may agree that telemental health is effective in your situation, we will need to discuss how often you will return for face-to-face visits. We will regularly review whether telemental health is continuing to be beneficial. My license covers telemental health services to residents of California only.

If telemental health is appropriate for you, then I will provide this services through a HIPAA compliant system. These services claim to be HIPAA compliant and reliable, however I cannot guarantee there will not be concerns of service reliability, potential interruptions of services, security, or confidentiality. A session may have to be moved to phone or discontinued if service interruptions or delays occur. Clients are encouraged to research and understand the benefits and limits of this form of technology before using it. To increase security, it is recommended that you use a computer or mobile device that has up to date antivirus software and a personal firewall installed. It is recommended that videoconferencing be completed on an internet service at a bandwidth of 384 kbps or higher in each of the downlink and uplink directions. Such services should provide a minimum of 640 x 360 resolution at 30 frames per second. As a client of telemental health services, you are responsible for maintaining privacy on your end of the communication (e.g., storing electronic documents securely, ensuring sessions are not overheard, verifying that you are sending information to the correct recipient, avoiding use of employer-owned computers if employers have access to materials on the computer or network). Signing this consent indicates that you understand the risks in using technology for counseling.

**HOME VISITS**

On some occasions, I may be able to meet you in your home to conduct therapy. In these cases, I will arrive 10 minutes early so that we can get comfortable, start on time and end at 50 minutes, just like a traditional session. Please assure that we have privacy and are not interrupted.

**CRISIS SERVICES**

My practice is part-time and I may not be available when you need crisis counseling. If you need more frequent contact than I am able to provide in our regular sessions, I can provide referrals to clinicians who can provide this service. In the case of an emergency, please call the Santa Clara County Crisis Line (408-279-3312), dial 911 or go to your local emergency room.

**MEETINGS, PROFESSIONAL FEES AND CANCELLATION POLICIES**

* A free 30-minute meeting is available prior to beginning counseling. You should evaluate our conversation along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select.
* I offer traditional 50-minute appointments.
* The fee for a 50-minute session is $170.00.
* Mileage will be charged for home visits at the following rate:
	+ $50.00 within 2 miles of my office
	+ $75.00 within 5 miles of my office
	+ $100.00 within 8 miles of my office
* In addition to these fees, I charge for additional services you may need:
	+ Consultation reports are billed at the rate of $170/hour broken down into 10-minute increments.
	+ Legal proceedings that require my participation will also be billed.
* I require ***48 hours advance notice of cancellation once an appointment is scheduled.*** You will be charged for sessions unless we both agree that you were unable to attend due to circumstances beyond your control. You will not be charged if I need to cancel unexpectedly.

**BILLING AND PAYMENTS**

Payment is collected via cash, personal check or credit card at the end of each session. If your account has not been paid for more than 60 days and arrangements for payment 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. (In such a situation, the only information used will be client name, nature of services and amount due)

**INSURANCE REIMBURSEMENT**

I am not currently listed on any insurance panels, which means that I am not “in-network” for any medical insurance provider. As a licensed professional clinical counselor, I am not able to bill Medicare. I will give you a receipt and you are welcome to apply for reimbursement of the fee through your medical insurance provider. I cannot guarantee that your insurance provider will cover this expense, so please consult with your provider prior to starting services.

If you do submit a receipt to your insurance company for reimbursement, I may be contacted to provide clinical information. I may need to provide a clinical diagnosis, treatment plans or summaries or in rare cases, copies of the entire record. Though all insurance companies claim to keep this information confidential, there is no guarantee of confidentiality.

**PROFESSIONAL RECORDS**

The laws and standards of our profession require that I keep treatment records. You are entitled to receive a copy of your records or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting. If you wish to see your records, I recommend that your review them in our presence. These records are stored in a locked file cabinet.

**CONFIDENTIALITY**

In general, the privacy of all communications between a client and a counselor is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions (described below). In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony, if he/she determines that the issues demand it. There are some situations in which I am legally obligated to take actions to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child, dependent older adult or disabled person is being abused, I may be required to file a report to take protective action. If I believe that a client is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I will not reveal the identity of my client. The consultant is also legally bound to keep the information confidential. California law allows me to consult with your medical and mental health treatment providers in order to provide you with the best possible care. In such cases, I will ask you to sign a form that gives me permission to contact these professionals.

**HIPAA**

The Health Insurance Portability and Accountability Act (HIPAA) requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of Protected Health Information (PHI) for treatment payment and health operations. The Notice, which you should sign in addition to this document, explains HIPAA and its applications to your personal health information. Your signature on this document indicates that the HIPAA policies have been made available to you.

**COMPLAINTS OR CONCERNS**

As part of ongoing therapy, we will review whether you feel your needs are being met. I hope you will discuss any concerns you have with me. You may also report concerns you have to the California Board of Behavioral Sciences at (916)574-7830.

**CONTACTING ME**

My practice is part-time and I also work at another organization. I maintain a separate phone line that is answered by a confidential voicemail box. In order to further respect your confidentiality, I do not engage with clients on any form of social media. Email is a convenient method for scheduling purposes and arranging treatment, however the confidentiality of email cannot be guaranteed. Email can easily be intercepted or sent to the wrong address – Please do not send detailed therapy information through email. I do not use text messaging with clients other than to notify each other of delays in arriving for scheduled appointments. My contact information is:

Sue Alvey, LPCC: (408)784-8304 or sue@suealveylpcc.com

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

Printed Name:

Signature: Date:

*If different from above:*

Party Responsible for Payment (Name):

Signature: Date: