

Allison Koos Fox, LPC, PMH-C
Licensed Professional Counselor

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Agreement for Services

Informed Consent

You have taken a very positive step by deciding to seek therapy. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

As you read this feel free to mark any places which are not clear to you or write in any questions which come to mind, so we can discuss them. Both of us need to be clear as to what your needs are and how I can best serve those needs. This will allow us to work most productively and comfortably together. If our work together uncovers a problem area beyond my expertise, I will help you obtain services from an appropriate specialist.

Therapeutic Care Expectations

Understanding Therapy

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Benefits and Risks

The outcome of your treatment depends largely on your willingness to engage in the therapeutic process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, sadness, anxiety, etc. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and your repeating patterns, as well as to help you clarify what it is that you want for yourself.

What to Expect

The first 1-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include based on your treatment goals. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about the approach, we should discuss them whenever they arise. If you or myself decide that I am not a good fit for your needs, I will do my best to provide you with a referral to another mental health professional.

Appointments

Appointments will typically be 53 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

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Please note, if you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. **If you miss a session without canceling, or cancel with less than 24 hours' notice, my policy is to collect the missed appointment fee (50 for first missed appointment, 100 for subsequent missed appointments) --unless we both agree that you were unable to attend due to circumstances beyond your control.** If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time.

I take regular time off from clinical work to care for myself and my relationships, as well as engage in continuing education opportunities. These breaks range in duration from a couple days to several weeks. I also take time off to care for myself or family members when we become ill. I make every effort to notify clients verbally in advance when I know that I will be out of the office. If I have an unexpected absence, the front desk staff will notify you by phone as soon as they know the appointment will be cancelled, and either reschedule if possible or simply meet at our next scheduled time.

Contact Instructions

Contacting Me

As I am frequently in sessions with clients, I am often not available by phone. You may leave a message with the front desk and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters.

You may reach our administrative staff at 907-929-4009. Our administrative staff is in the office from 9am-5pm Monday through Thursday (phones are off from 1-2 for lunch) and 9am to 4pm on Fridays to accept all calls. If you are calling after these hours to cancel or change an appointment you must leave a message on the voicemail.

You may also contact me at my professional email: allison@koosfoxwellness.com. Please note this email is not HIPAA secure, so I ask that you do not send protected health information via email.

In general, when working, I aim to respond to messages within a week's time frame. For a quicker response regarding scheduling, billing, or other administrative matters, you may contact the office at the number above.

Emergency

In case of emergency, please call 911 and ask to speak to the mental health worker on call.

Additionally, you may call the 24-hour crisis line at **907-563-3200** or **text HOME to 741741** for the 24-hour crisis text line.

Contacting You

It is my intent to respect your boundaries and autonomy. As a general rule, I do not engage with clients via social media. However, I do have a professional email we may use for contact outside of session: allison@koosfoxwellness.com. Please note this email is not HIPAA secure, so I ask that you do not send protected health information via email.

After your initial consultation, I may follow up with you via email and provide any additional resources to you that may be helpful.

If you miss an appointment without calling or stop scheduling without expressing a desire to take a break or stop therapy, I may reach out to you to check in and to make sure that you are doing okay. If I do not hear back from you within approximately a month, I will presume that you are not wishing to continue therapy at that time and consider your case closed. Still, you are always welcome to reach out to resume therapy.

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Professional Fees

Service Fees Per Session

The fee for the initial intake is \$350 and each subsequent session is \$220. If you are self-pay, we are able to offer a 25% discount, making the intake \$262.50 and subsequent sessions \$165. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment may be made by cash, check, or card.

Insurance

As a practice we are in-network with many major insurance companies, however it is important that you contact your insurance provider to verify your mental health benefits.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons.

Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is an imminent risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report, to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your identifying data.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

HIPAA

HIPAA provides you with several rights with regards to your clinical record and disclosure of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information in your clinical record is disclosed to others; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of the complete HIPAA Guidelines. I am happy to discuss any of these rights with you and/or provide you with a hardcopy per your request.

Professional Records

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health

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care provider at your written request.

Other Rights

If you are unhappy with what is happening in therapy, I hope you will discuss this with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

My Credentials

I hold a Master's of Arts degree in contemplative psychotherapy. I am fully licensed as a professional counselor (LPC) in the state of Alaska.

Patient Signature (or legal representative)

Date/Time

Patient Printed Name

(if applicable) Printed Name of Legal Representative

Financial Agreement

For services rendered and to be rendered, I will promise to pay Allison Koos Fox, LPC at Greatland Clinical Associates. I understand that the total charges are due when services are rendered.

Late Cancellation/Missed Appointment Policy:

I understand that I am financially responsible for missed appointments in which I do not give a 24-hour notice. Notice may be given via phone call to the office.

The missed appointment fee is \$50 for the first missed appointment and \$100 for following missed appointments.

Please note: I recognize that we are not always able to give 24 hours' notice due to emergencies. This fee compensates me for my time. However, if you have made a good faith effort to give as much notice as possible and believe you have experienced an emergency that should be an exception, please bring this up with me at our next session.

Please provide us with your credit card information. This card will be charged for your copay amount after services is provided or if less than 24-hour notice is given to cancel an appointment.

Name as it appears on card: _____

Card #: _____

Expiration Date: _____ CVV Code: _____

By signing below, I am agreeing to the terms and conditions of this financial contract.

Signature

Date

Printed Name