

AGREEMENT

I, _____
freely consent to treatment at ARR Counseling, LLC. Counseling is conducted in a supportive setting so that you can gain greater self-understanding that will help you meet your personal goals. Success in counseling depends, in part, on your motivation level, your particular goals, your unique experiences that led you to seek counseling and your therapist. It is a joint process that requires active effort during the actual sessions and at home.

Therapy often involves discussing many aspects of your life. At times, you may experience feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. You are encouraged to share those feelings with your therapist. Counseling may also lead to better relationships, relief from anxious thoughts and significant reductions in feelings of distress.

It is important to understand that your therapist cannot be an expert in all areas of counseling. To provide the best treatment possible, it may be necessary from time to time for your counselor to consult with another professional in the field to collaborate on your treatment. Your counselor will also let you know if your needs may be better served by adding another professional to the treatment team, or by a referral to another counselor entirely.

Some clients need only a few sessions to meet their goals for treatment while others continue for an extended period. Counseling is not for everyone. If at any point you believe you are not making any gains or would like to discontinue with treatment, please let your counselor know. If you would like a referral for another counselor, we will gladly provide you with the name of another therapist if we know of one that would fit your specific needs. You may be discharged from treatment if you engage in physical violence, verbal abuse, carry weapons or engage in any illegal acts while in the offices.

Your sessions are private. No information regarding you or your situation will be shared with your relative, employer, school, etc., without your permission. This policy is very specifically defined in the Notices of Privacy Practices. Basically, there are some instances however, that information may need to be shared.

If you have intent to harm yourself or other people,

If abuse is suspected in the case of a child or dependent adult,

If a court order requires information.

You may contact your therapist by leaving a voicemail message at any time of the day. Messages are checked regularly and your call will be returned as soon as possible. You will need to remove any blocks on your phone to receive a returned phone call. If you need to speak with someone immediately, you may speak with a counselor at Chester County Crisis Intervention at 610-618-2100. You may also call your physician, psychiatrist, 911 or go to an emergency department of the closest hospital.

Counseling sessions are typically 50 minutes in length. The session begins at the stated appointment time and ends 50 minutes after that stated time. Please arrive on time so that you are able to have the full 50-minute session. The fee is due and payable at the beginning of each session. If we accept your insurance plan, and you have a co-pay, that amount is collected at the beginning of the session as well. If you have a co-insurance, you will be billed monthly. If you have an Employee Assistance Program (EAP) that is accepted by this office, you may be entitled to free sessions. Please contact your EAP for specific information.

Individual sessions cost \$95. Couples counseling and family therapy cost \$125. Additional time and other services will be charged on a prorated basis. There are times when you may need to cancel or reschedule an existing appointment. We ask that you give us 24 hours' notice. If you miss an appointment without calling or giving 24 hours' notice, there will be a charge of \$50 that will be due at the beginning of your next session. There is a \$35 charge for returned checks. You

may be discharged from treatment if you do not make payments or payment arrangements in a timely manner.

Electronic sessions may be needed at times during your treatment. This is determined on a case by case basis. Electronic sessions are offered in extenuating circumstances only, and will be at the discretion of your individual therapist. Your insurance company may not pay for these sessions. It will be up to you to coordinate payment with your insurance company should they refuse payment after the initial submission. Electronic sessions are only available when you and your therapist are in the State of Pennsylvania. You will also be responsible for privacy on your end of the electronic session.

I consent to treatment and agree to the above stated policies.

Signature of Client or Legal Guardian