COUNSELING AGREEMENT

PLEASE READ AND SIGN THE FOLLOWING

Welcome to SGA SERVICES TEXAS, LLC, a private outpatient mental health counseling practice that offers counseling services by licensed mental health professional. We are licensed to practice psychotherapy and substance abuse counseling in the State of Texas.

Psychotherapy

Entering therapy can help you better understand your issues, feelings and struggles and move towards finding solutions to your problems. Throughout therapy, goals are set and reexamined, as well as small assignments in between sessions, to create positive changes in your life. Therapy is a safe, confidential and therapeutic environment where we collaboratively explore issues and develop effective tools to resolve your issues. Many people view therapy as a safe outlet as clients are able to express themselves without judgment. Much of the success from your therapy experience depends on you as you are most likely to reap benefits from therapy if you are motivated, honest, and willing to work at self-improvement and self-awareness.

Therapy is a unique and individualized experience for each person. One of the most important factors of the therapeutic process is the client therapist relationship. We are active and collaborative therapist, compassionate about facilitating positive changes in our clients' lives. We believe our clients are the experts of their own lives, however, with the help of the right therapist, client are able to better manage their challenges.

The Benefit and Risks of Counseling

One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with marital, family and other interpersonal relationships, and /or a greater understanding of personal goals and values.

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. S. Adams, LCSW-S, LCDC, MAC, SAP will do her best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

Confidentiality

Confidentiality means that SGA Services Texas, LLC and Sonya G. Adams, LCSW-S, LCDC, MAC, SAP has a responsibility to safeguard information obtained during counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your consent. In such situations, SGA Services Texas, LLC and S. Adams, LCSW-S, LCDC, SAP is not required to inform you of these actions. Please note the following exceptions to confidentiality:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor

Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records.

While we make every effort to provide confidentiality, we cannot assure the confidentiality in group, family and or couples sessions or other individuals you may include in the therapy process.

Confidentiality of Email, Text Messages, Video conferencing, Cell Phone and Fax Communication

If you elect to communicate with any of our therapists via any form of technology, please be aware that it is not completely confidential. We work to protect your sensitive, personal data by communicating via technology with your permission, and only for administrative purposes such as billing, setting appointments, homework reminders, workshop announcements, helpful articles, etc.

SGA Services Texas, LLC will make every effort to keep all information confidential. Likewise if we are communicating via technology, we encourage you to password protect your devices and communicate through a device you know is safe. If you wish to communicate by email, text messages, video conferencing cell phone and/or fax, you may do so. However, please be aware it is not completely confidential.

Social Media Policy

SGA Services Texas, LLC and Sonya G. Adams, LCSW-S, LCDC, MAC, SAP does not engage in communication or relationships via social media with our clients. This is for the protection of your privacy as well as the therapeutic relationship. We do not accept "friend" requests from current or former clients on social networking sites due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason we request that clients not communicate with their therapist via any interactive or social networking websites.

Health Insurance Portability and Accountability Act (HIPPA)

SGA Services Texas, LLC and Sonya G. Adams, LCSW-S, LCDC, MAC, SAP is required by law to protect the privacy of your health information. Although your counseling record is the physical property of SGA Services Texas, LLC and Sonya G. Adams, LCSW-S, LCDC, MAC, SAP the information contained in your health record belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Inspect and obtain a copy of your health record
- Amend your health record as provided by regulation
- Obtain an accounting of disclosures of your health information as provided by law
- Request communications of your health care information by alternative means or locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Records

We are required by federal and state laws to keep appropriate records of the services rendered. Hand written notes and/or an electronic health record are maintained. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section of the Notice of Privacy Practices.

Cost of Services

The cost of service is \$100.00 per individual session for psychotherapy 45-50 minutes. Couples therapy sessions are \$120, 45-50 minute sessions. The fee for the first session and the assessment is \$125.00. Group session rates range from \$30-\$40 per 60-90 minute sessions. Telephone and video sessions may be arranged if necessary and follow the same fee schedule as face-to-face sessions.

SGA Services Texas, LLC reserves the right to increase fees. In the event of a fee increase, clients and/or guardians will be notified at lest 30 days in advance. If your account remains unpaid for 90 days and suitable arrangements for payment have not bee made, we have the option of using legal means to secure payment, including collection agencies or small claims court.

Court Fees and Appearances

Court appearances are billed at \$200 per hour with a minimum charge of eight (8) hours, for a total of one thousand six hundred (\$1,600) dollars. Since the client-therapist relationship is built on trust with the foundation that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition. The therapist asks that clients only request a court appearance in extreme cases. Court appearance may result in the need to terminate therapy and refer to another therapist. In such cases as the therapist is ordered to testify by the court about his/her counseling with you, the therapist will monetarily compensated as set forth below:

In the event it is necessary for the therapist to testify before any court, arbitrator or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, including travel, preparation and necessary expenditures at the rate of \$200 per hour, rounded to the nearest half hour. These expenditures included but are not limited to copies, parking, meals and the like. The client agrees to pay the \$1,600 two weeks prior to the appearance, presentation of records or testimony requested. All additional expenditures will be billed after the court appearance.

Payment of Fees

All fees should be paid at the time the service is rendered. Cash and Credit Cards are accepted. There will be a \$25 charge for each credit card rejection.

Insurance Claims

Please remember that you are responsible for payment of all fees whether or not your health insurance provides reimbursement. Most insurance plans have an annual deductible, which must be met prior to reimbursement. If you have such a deductible, this is your responsibility to pay. Some insurance plans require the insured to call prior to the first visit and obtain authorization for a specified number of visits. If you fail to obtain this authorization prior to your initial psychotherapy session, you are responsible for payment. You are responsible for all services that your insurance company will not reimburse. Please contact your primary insurance company for specific details of your coverage prior to first appointment. If you choose to file with your primary insurance company, please be advised that insurance companies require confidential client information including: diagnosis, treatment plan, progress, dates send and type of services rendered.

Appointments and Cancellations

Sessions are only by scheduled appointment. If you are late for the scheduled session time, your session will be held within the remaining time allotted, and will have to end as scheduled. If you are more than 15 minutes late, your appointment may be considered a 'no show.' Cancellations must be made twenty-four hours in advance to avoid charge. Emergencies may be taken into consideration. Missed appointments will be charged a \$25 cancellation fee. No show or cancellation fee will not be billed to your insurance company, but will be charged to you or guardian.

Termination

All clients voluntarily agree to treatment and have the right to terminate therapy at any time. If you choose to terminate therapy, we do request that you commit to a final session where you may review the progress of your treatment. If we feel your needs would be better suited by another provider, we will refer you to them.

If you do not show for a session and you do not contact us within a reasonable time-frame, or if we are unable to contact you via email or telephone, this will be considered termination. Upon discretion of therapist, you may return to therapy at a later time, but you would not be considered an active client until re-signing another Counseling Agreement.

Written Acknowledgment and Consent to Counseling

I have read and accept this agreement and herewith consent to counseling/psychotherapy treatment with SGA Services Texas, LLC and Sonya G. Adams, LCSW-S, LCDC, MAC, SAP.

I understand that no specific promises have been made to me by SGA Services Texas, LLC and Sonya G. Adams, LCSW-S, LCDC, MAC, SAP about the results of treatment, the effectiveness of the procedures used by your therapist, or the number of sessions necessary for therapy to be effective.

I agree to be responsible for all fees incurred by me or on my behalf for services rendered, including any charges denied or not covered by my insurance company.

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I understand that payment for services is due when rendered including co-payments and/or deductible for insurance.

I understand that communicating via technology is not completely confidential.

The signature also demonstrates that you have the legal authority to consent to treatment (i.e. you are either above the age 18, or are the legal/custodial parent, if the identified patient is a minor).	
Client Signature or Legal Representative	Date
Sonya G. Adams, LCSW-S, LCDC, MAC, SAP	