

## COUNSELING AGREEMENT

### PLEASE READ AND SIGN THE FOLLOWING PRIOR TO SEEING Thompson Neurofeedback (Ross Thompson, LMFT)

#### **CONFIDENTIALITY**

Confidentiality means that Thompson Neurofeedback 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, Thompson Neurofeedback is not required to inform you of his 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.

#### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)**

Thompson Neurofeedback is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Thompson Neurofeedback 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

#### **THE BENEFITS 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.

**THE RISKS OF COUSNELING**

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. Ross Thompson will do his 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.

**COST OF SERVICE**

Thompson Neurofeedback and I/we have agreed on \$100 or \$\_\_\_\_\_ per session (50 minutes) of Therapy, or Insurance with co-pay.

I am choosing to purchase a Neurofeedback package price of: \$900.00 for 10 sessions (prepay) or \$1700.00 for 20 sessions (prepay). If the price changes then the new price will be noted above original price and both Client and Ross Thompson will initial around it.

QEEG assessment costs \$600.00, for pre and post QEEG the cost is \$1100.00 (prepay).

Any legal fees and time spent talking with a legal representative will be charged \$150.00 per hour or partial hour for amount of time taken paid before the next session.

**PAYMENT OF FEES**

All fees should be paid at the time the service is rendered. Cash, Personal Check and Credit Cards are welcome. I do not take American Express.

Blue Cross Blue Shield Insurance is accepted with Mental Health Benefits, Co-payments are made each session.

**CANCELLATIONS**

Cancellations must be made twenty-four hours in advance to avoid charge. Less than 3 hours' notice will result in a \$30.00 fee due before the next session. Missed appointments will be charged the regular fee or will be taken out of package payment.

**NSF CHECKS AND REJECTED CREDIT CARD CHARGES**

There will be a \$25 charge for each NSF check rejection.

**WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING**

I have read and accept this agreement and herewith consent to Counseling/Neurofeedback treatment with Thompson Neurofeedback.

\_\_\_\_\_  
Client Signature or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ross Thompson, LMFT

\_\_\_\_\_  
Date