John Beck, MA, Med, LCPC
1940 West Dickerson Street Suite 205
Bozeman MT 59718
Phone: 406 581 – 6415 email: jrbeck11@gmail.com

Client- Therapist Consent Agreement for Therapy Services

Welcome to my office. Please take a few moments to review and complete this information. Let me know if you have any questions.

Qualifications

My qualifications include a Masters degree in counseling psychology from the University of British Columbia and a Masters degree in educational psychology from University of Northern Colorado. I am licensed in the State of Montana (LCPC 1034) with over 20 years working in the field focusing on relationship, individual, group counseling. During this time I have received additional counseling training in mindfulness, Brain Spotting, EMDR (Eye Movement Desensitization and Reprocessing) sensory motor/ attachment, psychodynamic, Dialectical Behavioral Therapy (DBT), and Emotionally Focused Therapy (EFT).

Approach to Therapy: The process of therapy is designed to assist a person or a couple more deeply understand their own nature and make changes to be more satisfied in life. It is rooted in the belief that a trusting therapy relationship affords a person or couple to move through obstacles that keep them stuck and unfulfilled. My therapy is treatment and recovery focused and therefore, **I do not testify in court or legal related situations**.

Confidentiality

Confidentiality is an essential part of therapy that allows for trust and self-exploration. This means that I cannot disclose information about you without your written consent. There are the following legal exceptions to confidentiality rights: (a) if you are at eminent risk of harm to self or others, (b) I become aware of actual or suspected abuse of a minor, disabled, or elderly person, (c) in the event I am ordered by the court to disclose information, (d) you authorize the release of information to your insurance company as detailed below. Confidentiality may be also waived in certain legal proceedings, or if you authorize disclosure of your records through a signed document. I sometimes consult with other professionals to enhance my clinical services. In the consultation process, no identifying information is shared and with professionals I consult with are bound legally by an ethical obligation to maintain confidentiality. A HIPAA (Health Insurance Portability and Accountability Act) Notice of Privacy form is provided to separate from this document.

Appointments: Generally sessions are scheduled for the same time each week and are 55 minutes in duration. Sometimes longer sessions are recommended depending on the issues at hand and the treatment intervention being utilized. Your regular appointment time is reserved for you, thus you are financially responsible for your scheduled time. Essentially, you are agreeing to "rent" that time slot each week. In the event that you are not able to keep your appointment, please notify me immediately. If an appointment is canceled without **48 hours advanced notice,** you will be responsible for the full amount of the session you missed (not just your copay), as insurances will not reimburse for missed appointments. A minimum of 48 hours notice is required for cancelation of your appointment for any reason, including emergencies and illnesses.

- However, if you call any time prior to your appointment and we find a time to reschedule in the same week there will be no additional charge. If that is not possible, due to my schedule or yours, you will be responsible for the payment of the missed appointment.
- You will be allowed one free cancellation without 48 hour advanced notice - any additional appointments will be billed at the regular session rate.
- If you arrive late to your appointment, you will have until the end of your appoint time for your session. If you are more than 15 minutes late without calling, I will assume you are not coming to my office and I may leave my office. You will be responsible for the payment of the appointment. If you request another appointment time in the same week, you will be responsible for the second appointment.

Phone Calls- Emergencies – Therapist Absence: My office number is (406) 581 – 6415. I regularly check my voicemail messages: however if I am unavailable you may wish to speak with another a therapist or other mental health professional. This can be arranged by contacting the Help Center at (406) 586 – 3333. If you call in the evening, on weekends, or holidays, I may not be able to return a call until the next business day. If you feel like you may need frequent crisis support, please discuss this with me so I can make a referral if necessary. Occasionally, you may feel the need to talk at a time other than our scheduled therapy appointment. If this need arises, I will be happy to speak with you for a few minutes. Phone calls are not intended to take the place of an office visit and extended phone calls (longer than 10 minutes) are prorated and billed at the same rate as regular sessions and are not billable to insurance.

Payment for Services: Hourly fee for individual services*, payable in cash check or credit card, will be due at the conclusion of each session and is $ 160 for a 55 minute session (*see Service fee schedule for specific details on all services). Longer sessions and telephone calls will be prorated accordingly. Fees typically remain constant during the course of therapy. If fees change for any reason, you will be notified in writing 30 days in advance. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. Should an account remain unpaid with

no prior arrangements, after 30 days an interest rate of 18 % per annum will begin to accrue. There will be a $ 25 fee charged for any checks returned due to insufficient funds. If your account has not been paid for 30 or more days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure that payment. I understand that I am financially responsible for all charges whether or not paid by my insurance. I understand that should I default on payment of my account and collection agency services are required, all costs of collections up to 50 % of the balance, including attorney/court costs will be added to the balance of my account. In most collection situations, the only information I release regarding the client is the name, nature of services provided, and the amount due.

Billing: I use a billing service to provide prompt and professional handling of claims. The service is bound by strict confidentiality requirements. If you do not wish to have your account recorded with this service, or you do not wish to have your insurance billed, notify me immediately. If you choose not to authorize billing services, you will be responsible for payment at my usual and customary rate and full payment will be required at the time the service is rendered. If requested, I will provide you with the necessary receipt so you can submit to your insurance company for reimbursement.

Insurance: My billing service will submit claims at your request. You are responsible for all co-pays and fees not covered by your insurance company. If you have not met insurance deductible, you are responsible for payment of full fee at time of service and this will be credited towards your deductible via billing service. You will be responsible for the payment if the insurance company, for any reason, refuses to coverage for therapy services. Billing your insurer involves release of a diagnostic code. Some insurance companies require further details to support the diagnosis, treatment goals, and progress towards those goals. The insurance carrier is responsible for HIPAA compliant confidentiality. If you have questions or concerns about this process please discuss them with me as they arise.

Records: Your clinical file with consist of (a) legal forms, (such as this document), (b) record of your visits and payment, (c) clinical progress notes and treatment plans, (d) documentation of professional consultation. Your notes contain documentation to justify your treatment, should justification ever be warranted (i.e. by an insurance company).

If you have any questions please feel free to ask me and I will be happy to discuss this with you.

I have read, understand and agree to the informed consent as detailed above and the terms of this professional practice and policies. I understand that I am voluntarily entering into a therapy treatment process.

Client Signature Date

Your signature below authorizes the release of HIPPA compliant information necessary to process your insurance claims and payment by your insurance to John Beck for therapy services.

Client Signature Date

Service Fees: Fees may vary depending on the type of services and duration. The fee charges are as follows for each session:
Initial Intake (time can vary from one hour to one and one-half hour): $225
Regular Therapy:
Initial session, $ 180
One Hour (55 min) individual, $ 160
One hour and half (85min) $ 225.

Charges for additional time are prorated at the same rate based on 15-minute increments. Example: an extra 15 minutes will be charged at $ 37.
Phone therapy charges will be assessed for time greater than 10 minutes and will be prorated on 15-minute increments.

I have read, understand and agree to the fee schedule as listed above and as pertain to the type of therapy I am seeking at this time.

Client signature: Date