

## **Counseling Services Agreement and Informed Consent**

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### **Description of Services**

As a therapist I am specially trained to understand and treat mental, emotional, and relational problems. Your counseling may include various forms of psychotherapy depending on your needs and motivation. I may work with you individually or as a member of a couple, family or group. This is a voluntary agreement and you may choose to terminate at any time. While I have a Master's degree in Counseling, have passed the National Counselor Examination, and am a Licensed Professional Counselor with the state of South Carolina, no guarantees can be made regarding treatment outcomes.

### **Client Rights**

1. To receive help, regardless of socioeconomic status, physical attractiveness, race, religion, sex, creed, or physical disability.
2. To know that therapy involves hard work, personal risk, discomfort, and pain, and that progress is unlikely without consistent, concerted effort on your part.
3. To understand the meaning of confidentiality – how data will be handled, who else has access to privileged communication, and in what circumstances it may be broken.
4. To review, revise and have an active part in the design of the treatment plan.
5. To a contractual arrangement, with fees and conditions clearly spelled out.
6. To refuse treatment to the extent permitted by law.

### **Contract for Therapy**

1. **Scheduling:** All appointments are scheduled directly with me. It is generally best if a mutually agreeable time were arranged on a set weekly basis. There may be special circumstances when more than once weekly is desirable.
2. **Fees:** As of January 1, 2020, **my fee for counseling is \$120** per 45 to 50-minute session. After hours sessions will be charged \$180/hr.
3. **Payment:** I will only accept payment by either PayPal or Bank online transfer (sent to my email Sarneson@aol.com). **Payment must be made prior to each session.** This will allow the maximum amount of time to be spent on counseling and not on the payment. If two session payments are missed, your regular time slot may be given to another person. You will also be put on hold for counseling until payment is made in full. If I agree that you may write a check. Checks should be made payable to LMCC (Lake Murray Counseling Center). Any checks that are returned for insufficient payment will be charged an additional \$25 bank and handling fee. No sessions will transpire until these fees are collected in full.
4. **Insurance:** I do not take or file for any type of insurance. I am not in network with any provider. Please check with your insurance provider before counseling with me if you want your insurance to cover any out-of-network provider. If you desire, I will give you a receipt that you may send to your provider. You are responsible for any insurance related reimbursements. If you have any questions regarding insurance, please ask before we begin the counseling process. I will not communicate with any insurance company directly or indirectly.
5. **Sessions:** A counseling session runs forty-five to fifty minutes. The 45 to 50 minutes includes counseling, payment, and scheduling our next appointment. This gives me 10 to 15 minutes between sessions to finalize session notes, return phone calls, and prepare for my next session.
6. **Cancellation:** If cancellation is necessary, make the cancellation at least 24 hours in advance of your session. The full session fee will be required for any cancellation not made before this time frame. Additionally, if 2 regular sessions are cancelled during a 6-week period then the probability of keeping that regular timeslot will likely be in jeopardy.

7. **Missed Appointment:** Any and all missed appointments will be charged the full session rate.
8. **Confidentiality:** What you say and do in sessions with me will be kept in strict confidence. South Carolina laws and HIPPA laws requires the therapy relationship to be both professional and confidential. What is revealed in this setting is protected by legal, professional, and ethical standards, such that, with a few important exceptions, all material is confidential and not released without your written consent. These exceptions include A) When a client is potentially dangerous to themselves or others. B) Child abuse. C) Court order. D) Elder abuse. E) Diagnosis for insurance billing receipt.
9. **Records:** Your file is kept under my locked personal supervision. The file includes your information sheet if completed, potential notes on a session, and this contract. I do not normally take any notes and therefore will produce only a HIPPA summary sheet if asked for records. State and Federal (HIPAA) laws will dictate all record retention and protection.
10. **Phone Calls:** If you need to get in touch with me only call Lake Murray Counseling Center (803) 781-1003 ext. 1, or my work cell number (843)-640-0222. If you cannot reach me in an emergency, please call 911 or go directly to the hospital. Do not call me at my home, on my cell phone, or at any other number. Any calls received at my home or on my personal cell phone will be billed for one full session of \$120.
11. **Court Appearance:** While I do not make court appearances, if I am subpoenaed for a court appearance, I must have two weeks prior notice to make arrangements and cancel other client appointments. My rate for 1 day at a court appearance is two full days (16) hours at \$120, totaling \$1,920 for each day's appearance. This is for one day of preparation work as well as one day of actual court time. Therefore, if I were at court for 3 days, I will charge 6 days of wages. Even if the court time is one hour the full rate will apply for my scheduling/preparation/and actual court appearance time. Additionally, any travel expenses or extra preparation charges will also be added if necessary. Payment for a court appearance must be made in full one week prior to the court date and is non-refundable.
12. **Termination of counseling occurs when:**
  - A) Treatment and goals are completed successfully, and counseling is no longer necessary, or
  - B) the counselor and/or the client believe counseling for any reason is no longer necessary or
  - C) a client has not seen the counselor for a period of 60 days.

## **TELETHERAPY SERVICES AGREEMENT AND INFORMED CONSENT**

1. Teletherapy or Remote therapy, by definition, is the delivery of therapeutic services by which the therapist and client are not within the same physical location. This includes, but is not limited to, Web Cam sessions, Telephone conversations, E-Mails, Text Messages, or any communication involving the Internet as a medium.
2. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. Any personal information you choose to share with me will be held in the strictest confidence. Just as for my face-to-face clients, I will not release your information to anyone without your prior approval, or I am required to do so by law. In South Carolina we do have a duty to inform the authorities if there is suspicion or evidence of abuse of children, the elderly (over 65) or people with disabilities.

**Steve Arneson, M.A., LPC**  
**Licensed Professional Counselor**  
**Lake Murray Counseling Center 781-1003 ext. 1**  
7511 St. Andrews Road Suite 1, Irmo, SC 29063

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3. You understand that our Teletherapy occurs in the state of South Carolina, (USA), and is governed by the laws of that state. Ethics require me to only counsel individuals located within the state. If you travel, and it is an emergency or imperative that we counsel, we may do so on as needed bases, but this will not be an ongoing occurrence.
4. Helping you build the life you want is what our exchange is all about. We should not continue any process that is counter-productive in that respect. Either of us is free to terminate our relationship at any time and for any reason. If you decide to terminate, I believe it would be to your benefit to drop me a short note stating the reasons for your leaving. There would, of course, be no charge for such a note. In the unlikely event I become convinced our Teletherapy is not in your best interests, I will explain that to you and suggest some alternative options better suited to your needs.
5. While Teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. You understand that our Teletherapy is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. You accept the distinctions made using Teletherapy vs. face-to-face psychotherapy. In particular, you accept that Teletherapy does not provide emergency services.
6. You are responsible for information security on your computer. If you decide to keep copies of our emails or communication on your computer, it's up to you to keep that information secure. Unfortunately, I cannot guarantee the security of our emails as they travel between our computers, but Skype is encrypted, so it is confidential. It is possible, though unlikely, to intercept emails in transit. If you are concerned about that possibility, please consider the option to encrypt our emails. Even if someone were to intercept an encrypted e-mail, they would not be able to read the encoded message.
7. Teletherapy should not be confused with face to face therapy, as it has the following restrictions: it is possible a 3rd party within your environment, or the therapist's environment, to overhear the conversations being conducted. In addition, a 3rd party could hack (man in the middle attack) and overhear or see the session as it is being conducted. Any documents or text messages could be obtained by a 3rd party. Viruses, Trojans, Worms, and other programs could reside on clients of therapist's computers which could send private information to a 3rd party. Due to these risks, it is important to maintain appropriate security measures. Firewalls, up to date virus scanners, and patched computer systems will help reduce the likelihood of a data breach, however no method is 100% secure. By signing this form, you, the client, acknowledge these risks.
8. It is the responsibility of the client to make sure the environment chosen to conduct the teletherapy session is as private as possible on their side. In this environment, it is the client's responsibility to keep distractions to a minimum. In addition, it is the responsibility of the client to protect confidential information within their own environment (prevent anyone from listening in to the session from someone else in the home or office). It is the therapist's responsibility to do the same in his environment.

