



## Abundant Life Counseling St. Louis LLC

This document contains important information regarding Abundant Life Counseling St. Louis LLC's professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between you and Abundant Life Counseling St. Louis LLC. We can discuss any questions you have when you sign them or at any time in the future.

### **Nature of Therapeutic Services**

Therapy is a collaborative relationship between client and therapist, with clearly defined rights and responsibilities held by each person, as the therapist assists the client in working towards the client's personal goals and/or resolving presenting problems. As a client in therapy, it is important for you to understand your rights and responsibilities, as well as the legal limitations to these rights. Abundant Life Counseling St. Louis LLC and your therapist also have corresponding responsibilities to you as the client. These rights and responsibilities are described in the following sections.

Therapy has both risks and benefits. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, frustration, loneliness and helplessness, as the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who undertake it and put in active effort. Therapy often leads to significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. However, there are no guarantees about what will happen during therapy. Occasionally, I will elect to discontinue therapy. This usually happens when I feel no substantial progress is being made, other factors are interfering with my ability to help you, or I feel another therapist would better meet your needs. If this happens, I will give you a referral to find qualified help elsewhere.

### **Appointments**

Appointments are 50 minutes in duration, usually once per week at a time we agree on. Sessions may be more or less frequent as needed. If you need to cancel or reschedule your session, please provide Abundant Life Counseling St. Louis LLC with 24 hours notice. If you miss a session without canceling, or cancel with less than 24-hour notice, Abundant Life Counseling St. Louis LLC's policy is to collect the amount of your payment. In addition, you are responsible for arriving to your session on

time. If you arrive late, your appointment will still need to end on time. Multiple cancellations may result in termination of therapy services.

### **Professional Fees**

The standard fee for the initial intake session is \$130.00 and each subsequent session is \$130.00. Fees are subject to increase, and you will be notified at least sixty days before the increase becomes effective. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash. Any checks returned to Abundant Life Counseling St. Louis LLC are subject to an additional fee of up to \$25.00 to cover the bank fee that is incurred. If you refuse to pay your debt, Abundant Life Counseling St. Louis LLC reserves the right to use an attorney or collection agency to secure payment.

Abundant Life Counseling St. Louis LLC does not bill insurance. However, a diagnostic receipt can be provided to you at your request, which you can submit to your insurance company for possible reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. You are responsible for knowing the extent of your insurance coverage.

### **Professional Records**

Your therapist is required to keep appropriate records of the therapeutic services provided to you. Your records are maintained and kept in a locked filing cabinet in a secure location. These records are typically brief, noting you were present for the session, your reasons for seeking therapy, the goals and progress set for treatment, topics discussed, records received from other providers, copies of records your therapist sends to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file once you've submitted your request in writing. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, Abundant Life Counseling St. Louis LLC recommends that you initially review them with your therapist, or have them forwarded to another mental health professional to discuss the contents. If your request for access to your records is denied, you have a right to have this denial reviewed by another mental health professional, which your therapist will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records will never be shared with anyone else, including any other provider, unless you have provided written permission for your records to be released to a specific person. If you request copies of your record, you will be billed for staff time and postage, as outlined in the Notice of Privacy Practices form.

### **Confidentiality**

Abundant Life Counseling St. Louis LLC's policies about confidentiality, as well as other information about your privacy rights, are fully described in two separate documents: Confidentiality Agreement and Notice of Privacy Practices. You have been provided with copies of those documents. Please remember that you may

discuss any questions or concerns you may have at any time during the course of therapy.

### **Contacting Me**

I (Julie Williamson, LPC, RPT) am often not immediately available by telephone and do not have the ability to send text messages. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a business day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact Behavioral Health Services at 314-469-6644, 2) go to your local hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences. Some clients prefer to contact me via email. Please be advised that email, social media, and other forms of Internet communication are not a secure/confidential means to transmit data. By emailing or direct messaging Abundant Life Counseling St. Louis via social media, you voluntarily waive your rights provided by the HIPPA law, and any other federal or state laws regarding confidentiality and the transmission of information via the Internet. Julie Williamson, LPC, NCC, RPT and Abundant Life Counseling St. Louis, LLC are not legally responsible for the transmission of this data. Also, I do not provide counseling services via phone or email. Phone calls exceeding 20 minutes may be billed at the expense of the client, and emails may not be responded to if I believe the content is better addressed in a therapy session. Email inquiries about services, fees, scheduling, etc. will be answered within one business day.

### **Litigation Limitations**

Please note that I do not provide custody evaluation recommendations, nor medication or prescription recommendations, nor legal advice, as these activities do not fall within my scope of practice. Due to the nature of the therapeutic process and the fact that full disclosures are often made regarding matters of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) during the course of treatment or after treatment terminates, neither you (client) nor your attorneys, nor anyone else acting on your behalf will call on me to testify in court or any other proceeding, nor will a disclosure of therapy records be requested unless otherwise agreed upon. If you do become involved in litigation requiring my participation, you will be expected to pay for the professional time even if I'm compelled to testify by another party. If you believe it necessary to subpoena me to testify at a deposition or a hearing, you will be responsible for my expert witness fees in the amount of \$1,500.00 for four (4) hours to be paid five (5) days in advance of any court appearance or deposition. Any additional time I spend over four (4) hours will be billed at the rate of \$375.00 per hour including travel time. If I'm subpoenaed by you, I may elect not to speak with your attorney, and a subpoena may result in me withdrawing as your counselor.

**Grievance Policy and Other Client Rights**

Abundant Life Counseling St. Louis LLC welcomes you to talk with your therapist regarding your concerns if you are unhappy with what is happening in therapy, so that your concerns are addressed. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

**Consent to Psychotherapy**

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms. Your signature below also indicates that you give permission for Julie Williamson, LPC, NCC, RPT to provide counseling to you.

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Signature of Client

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Date