



## CLIENT CONTRACT FOR SERVICES

*It is our desire to provide the highest quality service for you or your family. Below is some information that might answer your questions as you inquire about working together with us.*

*Important... please read entire contract*

**CREDENTIALS, EDUCATION & EXPERIENCE** (PLEASE CHECK OUR WEBSITE FOR A MORE IN-DEPTH EXPLANATION OF QUALIFICATIONS.)

***Bruce Wyman Ed.M. LPC-*** holds two master's degrees in Mental Health and Guidance Counseling from the State University of NY at Buffalo. He has been working in the fields of mental illness, education, and business administration for 47 years.

***Dr. Brenda Ridgeway PhD, LSATP, CCDVC, HS-BCP*** - holds a master's degree in Human Services from Lincoln University in Pennsylvania and a PhD. in Psychology with a Specialization in Education from Walden University in Minnesota. She has 23 years' experience in the fields of Substance Abuse and Mental Health Treatment.

***Melanie Cislo LPC*** - Holds a MS in Mental Health Counseling from Capella University and has 14 years of experience in the field of Mental Health Counseling.

***Sarah Elias MA Resident Counselor*** - holds a master's degree in Professional Counseling from Liberty University and has been working in the field of Mental Health for 4 years.

***Ariel Spraggins MS MA LMHP R Resident Counselor***- holds two Master's degrees one in Clinical Mental Health Counseling from South University and the other a Master's in Psychology from the University of Phoenix. She has been practicing in the field for 8 years.

### **THERAPEUTIC SERVICES:**

There are many types of psychotherapies but most of them are successful only through *consistent and serious effort*, as it is with anything worthwhile. During the first session, we will discuss your diagnosis and plan of care. If you agree with the plan, it is very important to follow it carefully.

Missing scheduled appointments, not doing simple homework assignments, not writing down your dreams, and not taking things seriously, results in a waste of your money and my time. Please consider, carefully, your decision to enter this sacred process towards becoming more in tune with your true self and achieving your life goals.

We are not psychiatrists and if you need medication, we can be available to work in tandem with your general practitioner or psychiatrist of choice.

## **CONTACT & DAYS OF OPERATION:**

Generally, the home office is open between 9AM-5PM EST and you should also have contact information, for your Therapist. Evergreen takes great care to be available in the off hours in case of an emergency. If one arises, we suggest that you try to reach your Therapist first and he or she is unavailable, you can call, text, or email the home office at (540) 937-4923, text at (703) 622-1283, or email us at [man@evergreenbehavioralhs.com](mailto:man@evergreenbehavioralhs.com). Either we will reach your Therapist or someone from the home office will call you as soon as possible. To provide this higher level of availability, we will be charging all clients \$20.00 per month which will be charged to your credit card around the first of the month.

If you are unable to reach us in time, contact your nearest Hospital Emergency Room or call 911.

To schedule or cancel appointments, leave messages, discuss billings, or hear general information about Evergreen Behavioral Health Services, please call us at (540) 937-4923 to speak with our administrator at (540) 937-4923.

## **ATTENDANCE AND FEES | Important... *Please read carefully***

- Individual session fee is \$130 to \$180 per 50-minute therapy hour depending on our qualifications, your needs and situation, and is due immediately after the session on the day of service. We are listed as a provider for most insurances and when we receive payment, we will give you a paid receipt that you may submit to your insurance company for reimbursement.
- If you have medical insurance coverage, we can bill directly if you choose and we will also consider billing on a sliding fee scale.
- We can take check or credit card (*if you are unable to participate in this system please feel free to discuss your situation during the first session*).
- Rates for home visits, school representation, letters written, or court depositions are \$85.00 an hour. Travel time is also considered billable. Except for paperwork, half of the fee is paid a week in advance of the date and the rest is due directly afterwards.
- Testimony as a witness or expert witness is \$1,000.00 a day and half must be paid before the court date and the second half on the day of court.
- The first five minutes of telephone or text communications are free. After that you will be charged at the rate of \$2.50 per minute.

## **Missed Appointments:**

- *Making a commitment for a session and not showing up is a financial loss and cancellations must be done a minimum of 24 hours in advance, unless there is an extreme medical or personal emergency, \$85.00 an hour will be billed to clients who cancel without 24 hour notice which must be paid before another session can be scheduled. A day's notice will help fill the vacant slot.*
- Clients who miss two appointments, consecutively, will be discharged and referred to another clinic

## **CONFIDENTIALITY:**

All notes and records are the property of Evergreen Behavioral Health. There are certain confidentiality requirements that are important for you to fully understand.

- If your therapist feels that it is not detrimental to your welfare, you may review your records by submitting a written request to the administration. There will be an administrative fee, however.
- The only way that any person, other than you or any agency may review your records is by a court generated subpoena.
- If you are the parents of a minor, you may review your child's records if the therapist feels that opening the record is not detrimental or their dangerous to their welfare. If you are denied access to your child's record, at your expense, you may have a third party review the therapist's reasons for denying you access to your child's records.
- If your child's records contain confidential information about another family member, it will be not be released even at the request of a parent.
- If you or a minor are considered a danger to self or others, all appropriate parties must be informed regardless of confidentiality guidelines.
- If you have health insurance, invoices including information about you will be submitted for payment. If you do not wish this to happen, please let us know and we will bill you directly.

### **Payment Options *please check one:***

Direct Payments - generally, we charge between \$130 - \$180 per session per 50-minute session depending on the qualifications of your Therapist and your needs for services which will be agreed upon between you and your Therapist.

We accept credit cards (AMEX, Master Card, Discover, and VISA), checks, money orders (we do not accept cash). Payment is expected after the session and our Therapists will give you a receipt for your payment that can be submitted to your insurance company for reimbursement.

If you decide not to make Direct Payments, as an added service, we can bill your insurance company for the cost of the services. It is imperative that you call your insurance company and understand that your benefits are still active and that the payment arrangement prior to coming to the first Therapy Session. We will need all your insurance information and a copy of both sides of your insurance card.

By checking this box, you give us permission to contact and speak with your insurance company and you also agree, for any reason, your insurance company refuses to make payment, you will be responsible for the entire bill for services.

**Delinquent Invoices**

- We will make every effort to help you pay an outstanding bill, but If necessary, please be aware that if there is an outstanding bill that is not being addressed, that Evergreen may choose to engage in collection and legal measures, which may expose information about you to outside agencies. Evergreen will make every effort possible to limit information to maintain your confidentiality and only names, addresses, billing issues and service dates will be discussed.

I, \_\_\_\_\_, have read and agree to the above information.

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please feel free to request a copy of these guidelines before you leave.