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# River Counseling

## Office Policies General Patient Information and Professional Service Agreement

**INSTRUCTIONS:** [Download this PDF to your computer. Open in Acrobat or Acrobat Reader. Fill out form. Save form. Email form.](#)

Welcome to River Counseling. This document contains important information about our professional services and business practice. It also contains a brief summary of information about HIPPA, a federal law that provide privacy protection and patients' rights with regard to the use and disclosure of your Protected Health Information (PHI). In compliance with HIPPA, we are also providing you with a Notice of Privacy Practices, which explains this in greater detail. It is very important that you read the document carefully, and we can discuss any questions you may have at any time. After reviewing the information, please sign this form, which constitutes an agreement. You may revoke this agreement at any time.

**Counseling Services:** Psychotherapy is not easily described in general terms. It varies depending on the personalities of the clinician and patient, and the particular problems and symptoms you are experiencing. There are many different modalities we may use to deal with the issues you hope to address. Psychotherapy calls for active participation on your part to reflect carefully on the issues you are struggling with, to be mindful of your efforts at solution and why the do or do not work of these issues in sessions and in between when at home or work. Our first few sessions will involve assessment and rapport building. If you have any questions about your treatment, please discuss them with your therapist when they arise. Sessions will be scheduled weekly unless otherwise discussed. A session will last 53 minutes. Once an appointment is scheduled, barring an emergency you will be expected to pay for your session. If you are unable to attend and give less than a 24-hour advance notice you will be charged for the session. Your insurance cannot be charged for a no-show or late cancel, you will be responsible for this fee.

**Professional Fees:** Your Therapist, Karen Shinnars, will charge \$200 for an initial assessment, \$180 for individual or \$200.00 for a family sessions once you have been assessed. This hourly fee will also apply to all reports written at your request, telephone consultations of 15 minutes or more, or other services requiring professional time. Fees will be adjusted to the amount of time spent for each activity.

If you become involved in a legal proceeding that requires our participation, you will be expected to pay for all of our professional time, including preparation and transportation cost to court. A \$500.00 retainer fee will be required. Please note that it is our policy to avoid being a party to litigation under most circumstances.

**Billing and Payments:** You are responsible for the fees for your therapy, and are expected to pay for each session at the time of service. You will be responsible for any co-pays or deductibles, per your managed care contract. Determining what insurance benefits, you have is important, but may be difficult. Some insurance require approval prior to services, while others do not. Some allow open access to any clinician and pay a fixed amount per session, no matter how long you are in treatment, while others require a specific type of therapist and pay a small portion if a provider is out of network. Some will pay a percentage of the fee; others will pay a fixed amount regardless of the service charge. Check with your insurance company, ask questions about your coverage and carefully document who you talk to and what information they may provide. Most of this information is stored in computer data bases and while insurance companies claim to maintain the security of this information, lapses in security and careless handling of sensitive information can occur, often without the patient or clinician's knowledge. Once the insurance company has received the information from us, we have no control over how it is treated or stored. Some clients choose not to use insurance benefits because of their concerns about confidentiality. We will complete the paperwork the insurance company requires from us, and will provide copies for your records, if wanted. In the event that you encounter some unusual financial hardship, such as losing your job, we can arrange a reduced fee or payment plan so that the therapeutic process will not be jeopardized. If your balance due becomes very large, or if no payments are made for two months, we have the option of resorting to legal means to obtain payment. This may require the involvement of a collection agency or small claims court. The cost of collection effort will be passed on to you. Such efforts typically require disclosure of some otherwise confidential information, but we will limit to minimal information. If legal actions are necessary, the cost will be included in the claim.

My signature below signifies that I agree to the above terms and have received the HIPPA pamphlet noting your rights to privacy as a patient or guardian. The signature also attests to your agreement to abide by these terms during our professional relationship and consent to treatment with Karen Shinnars to release information about you to your insurance company for payment services.

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Signature of Patient or Guardian

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Date

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Therapist Signature

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Date

May we contact your Physician? ☐ Yes ☐ No

Physicians Name & Number: \_\_\_\_\_

**Patient Rights:** HIPPA; provides you with a number of rights, which include the right to amend the information in your record, to limit what information is sent and to whom, to request restrictions as to how you are contacted, and to receive a list of information that has been released about you. You can also file a complaint about our policies and procedures, regarding your records with the Federal Department of Health and Human Services. We are legally bound to break confidentiality in a very limited scope which includes reporting abuse, neglect or domestic violence, via court order or subpoena, and to avert a serious threat to your health and safety, or the health and safety of another.

Our Telephone Number is 216-352-4256. We check our messages daily and will return your call promptly.

[Save this document to your computer and email to \[kshinnars@riverscounseling.com\]\(mailto:kshinnars@riverscounseling.com\)](#)