

Tools4Life LLC.

Psychotherapy & Counseling
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Outpatient Services Contract/Practice Guidelines

Welcome to Tools4Life LLC. This document contains essential information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them during our next session. When you sign this document, it will represent an agreement between you and Tools4Life LLC.

Psychological Services

Counseling/Psychotherapy is not easily described in a general statement. It varies depending on the personalities of the practitioner and client, and the particular problems brought to the table for discussion. There are a variety of methods utilized in service to our clients but we are not medical doctors thus do not prescribe medications but will work in concert with your doctor at your request. It requires a very active effort on your part for therapy/counseling/life coaching to be most successful for you, i.e. be willing to be vulnerable, complete assignments at home and in session.

Change and growth is certainly is hard work! It has benefits and risks and often involves discussing unpleasant aspects of your life, and you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. But overall, the journey that you decide to take can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there is no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs, development of a plan of action to address your needs and, of course, determining your level of commitment and whether you feel comfortable with the practitioner. The process of change & growth involves a significant commitment of time, money and energy, so you should be very careful about the Counselor/Life Coach that you choose to help you. Do not hesitate to question if needed and if there is not a good match, no problem you will be helped to locate another professional.

Meetings

I usually conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide services you need in order to meet your goals. Meetings are scheduled for fifty (50) minutes per week at a time we agree upon, although some sessions may be longer or more frequent as needs arise. Once an appointment hour is scheduled, you will be expected to pay \$100.00 unless you provide 24 hours notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. If possible, I will try to find another time to reschedule the appointment.

Professional Fees

My hourly fee is \$130.00 for the initial intake evaluation and \$100.00 per 50 minutes session after that. In addition to weekly appointments, this fee is also charged for other professional services you may need and broken down as needed given fraction of hourly rate. These services may include report writing, telephone conversations lasting longer than ten minutes, attendance at meetings with other professionals at your request and authorization and preparation of records at your request. **Please note! Professional will not participate in any legal proceedings.** If subpoenaed by the courts at your or other's request that will be a charge in the amount of \$500.00 per hour including wait time and preparation.

Billing and Payments

You will be expected to pay for each session at the time it is held unless we agree otherwise or unless you have insurance coverage which requires another arrangement. You will be expected to pay your co-pay and/or another member remaining expense due to deductible at the time of service. Payment scheduled for other professional services will be agreed to when they are requested.

Contacting Me

I am often not immediately available by telephone but will make every effort to get back to you as soon as I am available. My office hours are 8 AM to 5 PM. I am not available to take calls while with a client so please leave your name, phone number and detailed message on a voice messaging or text me. You may also email any questions or concerns at tools4life15@gmail.com.

Professional Records

For the service of psychotherapy/counseling, laws and standards of our profession require that we keep treatment records. You are entitled to review your records, or we can prepare a summary for you instead if requested unless there is a reason to believe that to do so would be emotionally damaging. If that is the case, we will be happy to send the summary to another mental health professional who is working with you upon your written request/consent. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your files, we recommend that you review them in your therapist's presence so that we can discuss the contents. Clients are charged an appropriate fee for any professional time spent responding to information requests including photocopying, preparing summaries, and mail information.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, then they will only be given general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, they will be notified of the concern, receive a summary of the concerns and these matters will be discussed with you.

If your clinician has performed a psychological assessment or is treating a minor child and the parents become involved in a high conflict custody/divorce dispute and/or litigation, **the parent or parents agree that they will not subpoena the clinician nor the treatment records nor ask for recommendations on custody and/or visitation.** This agreement also enables the clinician to have follow-up contact with the Department of Social Services/Child Protective Services after an initial report is made regardless of whom he made the report.

Please Initial that you've been given a copy of NC Notice of Privacy Practices-HIPPA (Health Insurance Portability & Accounting Act):

Client Signature: _____ Date: _____