

## Client Information and Agreement

NORTHSHORE COUNSELING AND WELLNESS  
633 Asbury Drive, Suite A  
Mandeville, LA 70471  
985.624.2942

### Sessions and Payment

- Sessions typically last 50 minutes, although you and your therapist might choose to schedule sessions of varying lengths depending on the needs you might have.
- Contact with clients will be limited to scheduled sessions unless phone contact is mutually agreed upon for critical situations. You and your therapist can discuss how you will handle contact outside of the session.
- Your fee of \$\_\_\_\_\_ will be payable at the end of each session, and should be made out to Northshore Counseling and Wellness.
- If you are unable to attend a session, you should contact your therapist **at least 24 hours** in advance to avoid being charged the fee for that session. Any unpaid balances may be turned over to a collections agency.
- Although there are generally tremendous benefits associated with the therapy process, there are also some risks. These might include that you might feel “worse” before you feel “better”, you might decide that certain situations or relationships are no longer helpful to you and you need to make changes in these areas, or you might not see sufficient improvement in your life.
- When you owe money to your therapist, it can impair the counseling relationship, as it is difficult to be in the role of counselor as well as creditor. For this reason, we will ask you to provide us with a credit card number to be kept on file that we can use to collect any unpaid balances, especially if such balances are due after the termination of therapy and we are unable to collect these fees through other means.
- If you accumulate a balance over \$300, this might be a sign that our financial arrangement is putting a burden on you. If you are under such a burden, please discuss this with your therapist. If we are not able to come to helpful resolution with you, we might refer you to another therapy resource that can provide you with lower-cost counseling.
- Although we are willing to file your claim with your insurance company, you are ultimately responsible for any portion of the bill that is not paid by the insurance. Also, health insurance companies normally require that your therapist submit a diagnosis (indicating that you have an illness) before they will reimburse you. Diagnoses, once submitted, often remain a part of your medical record indefinitely.

### Code of Conduct

- All therapists at NCW adhere to the Code of Conduct for practice that has been established by our licensing board. A copy of this code is available upon request. Our relationships with clients are strictly professional. Although the process of counseling can be intimate, please do not mistake your relationship as a personal one. Because your needs as a client will best be served if your relationship remains professional, your therapist will not be able to accept any gifts or socialize outside of counseling.

### Confidentiality

- Everything that is said between you and your therapist is to remain confidential, except in certain instances. These instances include:
  - (1) when you sign a written release of information indicating informed consent of such release;

- (2) when your therapist believes you might cause physical harm to yourself or another;
- (3) cases where your therapist knows of abuse to a child, or elderly (65 years old or older) or dependent adult;
- (4) when a complaint is filed with our professional board;
- (5) when you are involved in court proceedings in which mental health is at issues;
- (6) for the collection of fees and filing insurance claims; and,
- (7) when your files is subpoenaed by a court of law. Your therapist will always assert privileged communication on your behalf, and will consult with you when possible before a mandated disclosure.
- (8) In any instances when your therapist will discuss your case with peers as part of peer supervision, the information disclosed during those meetings will also remain confidential.

### **Your Rights and Responsibilities as a Client**

- You have the right to expect that your therapist will maintain your confidentiality, except in those cases previously mentioned.
- You have the right to request to see the contents of your file or obtain clear information regarding your case records.
- You also have the right to actively participate in counseling plans. You may refuse any services recommended by the therapist, and can terminate counseling at any time.
- In the event that you are dissatisfied with my services for any reason, please let your therapist know. If you still have concerns, you may report your complaints to the State of Louisiana Licensed Professional Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809 (225/765-2515).

Clients are expected to uphold some responsibilities.

- You are responsible for following office procedures for keeping appointments, and must pay for services at the time of each visit.
- You are expected to notify your therapist of any other ongoing professional mental health services you are receiving. If you are seeing another professional for counseling, the professional must give your therapist permission to work with you.

### **Termination of Therapy**

Therapy may terminate for a number of reasons, including (but not limited to) improvement of the issues for which you originally sought counseling, if you think counseling is not helpful to you, if your therapist thinks you might be better served by working with another therapist or in a different type of setting, and if you are unable to meet your financial responsibilities in therapy.

### **Emergencies**

If you are experiencing an emergency during office hours, you should contact your therapist in accordance with your agreement about contact outside of the session. If you feel that you can not wait for your therapist to return your call, you should go to the emergency room of your nearest hospital and ask for psychiatric services. In addition, you can call the COPE line at 800-749-2673.

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Signature Page**

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**Missed Session Policy:**

The fee for a missed session is \$75.00. In order to cancel your appointment without being a charged the \$75 missed session fee, you must call NCW to cancel the appointment no later than 24 hours prior to the appointment time.

By signing below, you verify that you understand this policy regarding the cancellation of sessions:

\_\_\_\_\_  
Client signature

**Credit Card Authorization**

I, \_\_\_\_\_, authorize NCW to charge the fees related to services received to my credit card:

Card Type:    Visa    M/C    Amex    Disc

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_    Id number: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Client Name (if different from name on card): \_\_\_\_\_

By signing below, I understand that I will NOT be billed to this card automatically, but only in the event that I have an unpaid balance and have not made other arrangements to pay that balance. I authorize NCW to use this card for sessions fees, including for the collection of balances due that are not otherwise paid in full on my account, even if such balances are due after therapy has terminated.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Please check the boxes that apply:**

I give permission for NCW to send me information via email about future services such as groups, presentations, and workshops.

I give permission for my therapist to contact my referral source to thank him/her for the referral.

**I have read and understand the Client Information and Agreement statement:**

\_\_\_\_\_

Client signature

\_\_\_\_\_

Date

The following to be completed for minor children:

I, \_\_\_\_\_, give permission for Northshore Counseling and  
(parent or legal guardian)

Wellness to conduct counseling with my son/daughter \_\_\_\_\_,

\_\_\_\_\_.

(name of minor)