

WMH PROFESSIONAL COUNSELING & ASSESSMENT SERVICES, INC.

W. MYLES HASSLER, M.S., L.P.C., CEAP, NCC, MAC, SAP

1900 CENTURY PLACE, NE, SUITE 200

ATLANTA, GEORGIA 30345-4302

770-242-4437

THERAPY SERVICE AGREEMENT

Welcome! I am pleased to have an opportunity to work with you. This document is designed to inform you about my background, to give you information about protocols and practices, and to ensure that you understand our professional relationship.

Counseling is conducted as an alliance between counselor and client to increase human understanding and bring about change. It can be helpful to make the conditions of the counseling relationship explicit in order to create consistency and stability. The terms of the counseling outlined below will contribute most effectively toward this goal.

First, my qualifications and affiliations:

Professional Qualifications

Academic Preparation

- M.S. in Counseling, Georgia State University 1987
- B.A. in Psychology, University of Illinois - Springfield Campus 1990

Licenses and Certifications

- Licensed Professional Counselor, License #1453 (Georgia)
- Certified Employee Assistance Professional #4046
- National Certified Counselor #46754
- Master Addictions Counselor #46754
- Substance Abuse Professional (SAP) for Dept. of Transportation

Memberships in Professional Organizations

- American Counseling Association
- National Board of Certified Counselors
- Licensed Professional Counselors Association
- North Georgia Chapter Employee Assistance Professionals Association
- The Psychotherapy Guild

Nature of Counseling

I only accept clients in my practice who I believe have the capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months or even years of counseling.

Please be aware that the duration of the counseling work varies. It is also voluntary, meaning it can terminate at any point that you choose. I recognize and respect that it is your right to make this determination at any point that you choose. When our work is approaching termination, it would be helpful to have at least one full session prior to the termination to process this transition.

If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention. Although I cannot promise any particular outcome, I can promise my dedication and commitment to working in this process of discovery with you.

Our sessions may be very intimate emotionally and psychologically. Therefore, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will

be limited to the paid sessions you have with me. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. You may learn a great deal about me as we work together during your counseling experience; however, it is important for you to remember that you are experiencing me only in my professional role.

It is also important to realize that due to the nature of the work of counseling, we, at one time or another, may address issues that may have an emotional impact or be emotionally stirring for you. In some instances, it is possible that you might even experience feeling worse before you begin to feel better.

If we are working on relationship issues, it must be understood that the counseling we do together ultimately holds no promise that the relationship will remain intact - this decision remains between you and your partner. When both individuals' goals are to improve the relationship, my work focus will be to facilitate this process of relationship enhancement to the best of my ability.

Legal Concerns

By signing this agreement you agree to advise me during the initial sessions if your intention is to use this therapy as any part of a legal proceeding. You also agree to inform me, at any point during the counseling, of any legal proceedings that develop which might impact your counseling.

If I am subpoenaed, my door-to-door fee is \$110.00 hour.

Records and Confidentiality

Confidentiality will be maintained by me according to the criteria outlined below. However, if you wish to use your insurance to cover a portion of the costs for your counseling, you need to be advised that your insurance or managed care company will require me to provide a diagnosis, a treatment plan, and other personal information divulged to me by you during the course of our sessions. They use this information to determine whether or not your counseling warrants authorization for reimbursement. Please know that your case may be managed by people who do not know you and/or may have limited experience or clinical knowledge. Your clinical information may become part of the medical data base maintained by the insurance industry at large and may be identifiable by your social security number, name or other means within the system and that I have no control over their dissemination of this information at present or in the future.

Georgia State Law requires that mental health professionals must report to Child Protective Services or Department of Family and Children Services any situation of suspected sexual, physical or psychological abuse between an adult and a minor. Therefore, any disclosure made during counseling sessions of sexual involvement with a minor will be reported to either of those agencies. I am committed to handling such situations in a therapeutic manner.

Georgia State Law also requires that mental health professionals comply with "Duty To Warn" standards, which mandates that I must report to law enforcement officials any direct threats to physically harm another person. This statute applies ONLY to direct and specific threats which I have evaluated are in imminent danger of actually being carried out.

I am obligated to make an exception to confidentiality if there is a clear indication that you have any intent to harm your own body or commit suicide. In these cases, I will make every attempt to ensure your safety by contacting your emergency contact person, a family member, friend, or other person in your close proximity to ensure this safety.

In keeping with generally accepted standards of practice, I frequently consult with other mental health professionals regarding the management of cases. The purpose of the consultation is to ensure quality care. Every effort is made to protect the identity of my clients.

Client Responsibilities

You agree to participate actively in the therapeutic process by:

A. Setting realistic and concrete goals to accomplish within a mutually agreed-upon time frame.

- B. Bringing material in the 45-50 minute session which you have been working on throughout the week understanding that, at times, change requires personal work outside of the session.

Appointment Scheduling/Cancellations

- A. Occasionally, appointments may need to be rescheduled. I ask that you provide a 24-hour notice to reschedule your appointment which, often, still does not allow me enough time to fill the appointment opening. However, I understand that certain situations arise that are unavoidable.
- B. If you do not provide a 24-hour cancellation notice, you will be charged \$90.00 for the missed session which is the amount of revenue I would lose for not being able to fill the session time.

Therapist Responsibilities

I agree to practice within my level of competence, licenser guidelines and ethical standards of practice.

- A. I am committed to promoting the principles of empowerment to help you move toward your goals for healing or change. I view healing as a process not an event.
- B. I am committed to therapeutic treatment approaches that strive to promote and sustain the highest level of functioning for you throughout the course of your counseling.

Fees

The standard fee for a 45-50 minute session is \$110.00. Many insurance companies or managed care organizations have contracted for a lesser rate - you will not be responsible for the difference.

However, if there are additional services requested or required involving my time beyond the counseling session hour, with the exception of treatment planning and routine billing, additional charges will be made at \$110.00 per hour.

By signing this agreement, you are agreeing to pay the full cost of your sessions at the time of service if self-pay, or the full co-payment of your session based on your insurance plan unless other arrangements have been made between us. Please be aware that some insurance plans require a deductible that must be met before they begin to reimburse sessions - this means that your out-of-pocket expense will equal, and is, the deductible amount.

I prefer not to work with insurance companies due to the pervasive history of claims reimbursement problems over the years and the invasive nature of divulging personal information, i.e., your diagnosis, treatment plan, etc. However, as a service to you, I will agree to participate as long as the following conditions are met:

If I encounter on-going difficulty with insurance reimbursement, I reserve the right to alter our arrangement for payment of services from a co-pay arrangement to a payment in full per session arrangement and provide you with a billing form for you to file your own insurance. There is no promise that your insurance company will continue to reimburse under this arrangement which means that you may have to self-pay for the sessions, or I will attempt to coordinate a transition of your care to another therapist or service provider who will accept your insurance plan. If this should occur, I will make every attempt to make the transition as easy as possible.

If a check is returned for insufficient funds, a \$50.00 service charge will be imposed to cover service charges to my account and inconvenience.

By signing this agreement you give me permission to pursue collection activities if payments have not been made or a check is presented for insufficient funds.

Change of Address

If you change your address or any phone number, please advise me as soon as possible.

Communications and Availability Between Sessions

You may be charged for phone time in excess of 10 minutes. Phone time should be limited in order to maintain good boundaries of carrying out the counseling work within the parameters of the face-to-face session.

I will attempt to return non-emergency calls within 24 hours.

I will inform you in advance when I am planning to be out of town. Another therapist will be designated for on-call availability when I am unavailable.

Emergency phone calls should be reserved for times that you are experiencing a severe and life-threatening crisis. My direct page is 770-220-8088 - enter your return phone number. I will attempt to call you back within the hour if during normal business hours.

If, for any reason, I do not receive your call or do not call you back within a comfortable amount of time, please contact the emergency number on the back of your insurance card, or call 911, or go to the nearest hospital emergency room for assistance.

Routine calls frequently activate my pager during late hours so I turn my pager off after 9:00 p.m. during weekdays - you can still leave a message, however, I may not receive it until the next day. During the weekends, I check for message several times over the course of the weekend. If I go out of town or am out of range, I will have appropriate coverage.

By signing this agreement, you agree to the terms outlined herein and have had the chance to ask questions or express concerns.

Client(s) Date

Printed Name(s)

Therapist Date