

Counseling Services
Earnest Ford, MC, NCC, LPC
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OUTPATIENT COUNSELING SERVICES CONTRACT

Welcome to my counseling services. This document contains important information about my professional services and business practices. **Please read carefully and jot down any questions you might have so that we can discuss them prior to beginning counseling services.** **PLEASE NOTE THE FOLLOWING BEFORE PROCEEDING: **** I do not provide services such as medication services, expert witness testimony, child custody matters, divorce/separation matters, writing letters/statements of proof, ***FMLA assessments/form completions, verification of determination of fitness for duty ,disability short or long term disability, social security benefits and / or other work-related matters.** This means if you have pending FMLA, SHORT TERM DISABILITY ETC CASES PENDING OR PLANNED and/or Pending court matters i.e. child custody, divorce, lawsuits etc, this needs to be discussed before we determine if my services will provide your needs. **Details: What Providers Can Sign Fmla Forms?** A podiatrist, dentist, clinical psychologist, optometrist, chiropractors, nurse practitioners, nurse-midwife, clinical social worker, and physician assistant **can** all certify leave. **Not a Licensed Professional Counselor (LPC).** Also if you are requesting services for a minor child and there are other agencies and/or parental, court involvement, please notify me prior to proceeding with services.

It is a privilege to be invited to share in the life of another person, and counselors respect that privilege. Counselors express that respect by being available to clients, supporting and encouraging them, and not being judgmental. Counseling is different from visiting a medical doctor in that it requires active effort on your part. In order to be most successful, you will need to work both during your session and at home.

By the end of our assessment period, I will be able to share with you what I think our work together will include. If you decide to continue, you should evaluate this along with your assessment or whether I am a person with whom you feel comfortable working. Therapy involves a commitment of time, money and energy, so you should be very careful about the therapist you select. If you have any questions about my effectiveness as your therapist, together, we should discuss them whenever they arise. If doubt persists, I will be happy to help you secure an appropriate consultation with another behavioral health professional.

SPECIFICS ABOUT MY INDIVIDUAL PRACTICE

I am a private practitioner in this office and hold no formal or legal association to the other practitioners providing behavioral health services here. We share an office building, a fax and copy machine that is located in our general work area. At times, another provider in this office may inadvertently view faxed or copied information about you. You can be assured that each provider is held to the same privacy and confidentiality laws individually and collectively. We

are committed to the confidentiality of our clients both ethically and under Federal and state privacy laws (HIPPA of 1996).

We are all licensed and registered with the State of Arizona Board of Behavioral Health Examiners to practice independently as Licensed Professional Counselors. We specialize in various techniques and are required to complete yearly training in various areas of our specialties. If you should have any questions or concerns about the way that your treatment is proceeding, please bring your concerns directly to me.

PROTECTED HEALTH INFORMATION

Privacy is a very important concern for all who come to this office for help. Due to the complicated nature of federal and state laws regarding your protected personal health information, a copy of the Health Insurance Portability and Accountability Act (HIPAA), Notice of Privacy Practices for Protected Health Information, has been included in your intake packet. I recommend that you review this information and ask questions about anything contained in this document. You may also request a personal copy of this at any time. It is important for you to understand that if you chose to use your private health insurance that they have the right to access your records for the purpose of verifying that services were delivered as billed.

EMERGENCIES

To reach your therapist by phone, you can leave a message on the office line (480-507-3340 ext.1), which I check frequently. **If you are having a clinical emergency and are unable to reach us, please call the Maricopa Crisis Hotline @ 602-222-9444. This crisis line is available 24 hours a day, 7 days a week. Remember you can always contact 911 for assistance.** A copy of Emergency Telephone Numbers is also available. Additionally, I will provide you with a list of emergency numbers Your signature below indicates that on the date signed, you were informed and provided a list of emergency numbers by your therapist.

Client/Legal Guardian: **Print Name:**

x

Sign Name: _____ Today's
date: _____

FEES

Your counselor should explain to you, prior to beginning the counseling relationship, all financial arrangements related to professional services. Insurance coverage may be based on contracted amount. Private pay and group fees vary. Each insurance company is different and your insurance deductible and **co-pay (if any), is due at the time of each session . Your provider accepts cash, check or money orders for co-payments. There are no card machines available ,Zelle or other payments for acceptance of payments: please initial here to confirm you have read & understand forms of payment accepted: Client initial here X: _____.** *** **Please contact your insurance company prior to your first session to see if you have a co-pay and the amount .Your benefits and eligibility information can be obtained by calling the 1800 number usually located on the back of your insurance card. . (Co-pays do not apply to EAP referrals such as Lifeworks EAP, Aetna EAP , Workplace Options/MHN)., Magellan EAP, Cigna EAP and other EAP services.**

Payment Policies

Your insurance company is expected to pay a contracted rate for each session or unless other arrangements have been made in advance. I accept cash and checks for payment. . I suggest that you write the check for payment before the session (if applicable), so that the entire appointment time can be spent attending to your concerns. There is a \$ 25.00 charge for returned checks.

*****Please note: If your insurance deductibles have not been met and the amount they apply to your deductible is NOT PAID TO YOUR PROVIDER, the payment arrangement should be discussed with your provider. Your provider's services are on a " fee for service basis."After billing your insurance, if your provider receives an EOB (Explanation of Benefits) explaining the above, you are responsible for payment of services.******

Cancellation Policy & Missed Appointments :

My services are by appointment only. Please inform me as soon as possible if you are unable to keep an appointment. I understand that there are situations beyond your control, i.e emergencies (car problems, work commitments, illnesses, traffic, etc) If there is an unexpected situation that requires you to cancel, or if you are running late for your scheduled appointment, you can leave cancellation messages on my answering machine (480-507-3340) 24 hours a day. Because an appointment time is especially reserved for you, I respectfully request an advance notice of at least 24 hours for cancellations or changes of scheduled appointments... X(initial here)

By signing and dating this section, I agree to abide by the payment terms above. Client signature: _____ date; _____

ADDITIONAL SERVICE REQUESTS:

Written reports, requested phone consultations, etc. are a separate charge. In cases where insurance does not pay, clients are responsible for payment of report preparation, transmittal etc. Please discuss this with your therapist. Cost of Additional Professional Services that do not involve client contact, b) are non-clinical, which means something other than therapy, or c) require travel or time outside our office Additional professional services need to be pre-paid, unless different arrangements have been made in advance. Examples of additional professional services include, but are not limited to the following: writing of reports or verification letters, attending meetings, court hearings on your behalf, or contacts with other professionals. By signing our service contract you specifically agree to pay us for all additional professional time spent on your behalf, including preparation and travel time.

MEDICAL INSURANCE AUTHORIZATION

Your signature below authorizes (write your insurance company name on this line)

____ insurance company name or eap company name _____, to pay Earnest Ford, MC, LPC directly for counseling services provided. You are also authorizing the release of information about your care to your insurance company. The information often required by insurance companies may include, but is not limited to: diagnosis, prognosis, and treatment goals

Client's name: (Print) _____

Signature: _____

Date: _____

Therapist signature/Date: _____

Date: x _____

INFORMED CONSENT

Counseling has benefits and risks. Risks sometimes include experiencing uncomfortable feelings like sadness or loneliness or recalling aspects of your personal history that you find unpleasant. Still, counseling has been shown to have significant benefits for people who undertake it. It often promotes a significant reduction in feelings or distress, improved relationships and quality of life, and the resolution of specific problems. **** Still, there are not absolute guarantees about what will happen. ****

Client: x _____ Date x _____

Signature: x _____ Date x _____

Signature: _____
(Counselor) _____ Date _____

CONSENT TO TREATMENT

Your signature below indicates that you have had an opportunity to read and review this information. Pertinent questions regarding your or your minor's care have been satisfactorily answered. Further, it indicates your willingness to abide by terms and that you authorize Counseling Services to provide counseling treatment as deemed necessary. **This consent form also verifies that you understand that the services provided by me, your provider are for mental health counseling/therapy only.** I will discuss treatment options/modalities with you, including treatment goals, estimated length of treatment and other pertinent information. I am a licensed professional counselor (LPC) and specialize in psychotherapy. ****** I do not provide services such as medication services, expert witness testimony, child custody matters, divorce/separation matters, ***FMLA assessments/form completions, verification of determination of fitness for duty ,disability short or long term disability, social security benefits and / or other work-related matters.**

****My signature below indicates I understand the services that my therapist will be providing.**

*******IN ADDITION TO THE INFORMATION PROVIDED ABOVE, BY SIGNING BELOW, I AGREE THAT THE SERVICES I AM REQUESTING FROM EARNEST FORD,LPC ARE RELATED TO MY MENTAL HEALTH CONDITION OF _____**

AND

BY SIGNING BELOW I AGREE THAT I AM ONLY REQUESTING COUNSELING/PSYCHOTHERAPY FOR THIS/THESE CONDITIONS ONLY. I AGREE THAT EARNEST FORD, LPC WILL NOT BE VERIFYING MY FITNESS FOR DUTY/WORK, ATTESTING TO MY MENTAL HEALTH CONDITION AS A REASON WHY I CANNOT OR SHOULD NOT WORK. I AM CURRENTLY OR WILL NOT BE REQUESTING VERIFICATION OF MY COUNSELING SESSIONS FOR THE PURPOSE OF FILING FOR SHORT TERM/LONG TERM DISABILITY, FMLA. I

**ALSO AGREE THAT I AM NOT CURRENTLY OR HAVE ANY UPCOMING
LEGAL/COURT MATTERS INCLUDING BUT NOT LIMITED TO DIVORCE, CHILD
CUSTODY, SEPERATION OR OTHER LEGAL MATTERS** THAT I WILL REQUEST
VERIFICATION OF MY COUNSELING FOR THOSE PURPOSES. IF ANY OF THE
ABOVE MENTIONED MATTERS ARISE DURING THE COURSE OF MY
COUNSELING/THERAPY SESSIONS, I AGREE TO NOTIFY MY COUNSELOR EARNEST
FORD, LPC AND AT THAT TIME HE CAN DETERMINE IF COUNSELING/THERAPY
WILL CONTINUE AND/OR CLOSURE IS APPROPRIATE BASED ON OUR AGREED
UPON GOALS FOR THERAPY.*****

Client: x _____ Date x _____

Signature: x _____ Date x _____

Signature:
(Counselor) _____ Date _____

UNDERSTANDING BENEFITS & RISKS OF COUNSELING PSYCHOTHERAPY

As discussed above, **I understand that the counseling/psychotherapy I will be a participant is different than medication treatment or other forms of treatment. The following has been explained to me re: Counseling/Psychotherapy:**

Risks of counseling/Psychotherapy may include, but are not limited to:

- may feel uncomfortable talking with a stranger about my deepest feelings and emotions and or traumatic past.
- **It can take time to see progress or results of treatment. Consider this: Medication can stabilize mood and provide rapid relief when needed. Therapy helps address underlying issues and enhance self-awareness. medications take effect faster and have stronger effects right away, while therapy takes longer to make an impact but yields lasting effects that grow stronger over time.**
- Talk therapy can feel like a major time commitment.

Benefits of counseling/psychotherapy can include:

- Helping a person become aware of automatic ways of thinking that are inaccurate or harmful (for example, having a low opinion of their abilities) and then finding ways to question those thoughts, understand how the thoughts affect their emotions and behavior, and change self-defeating patterns, in an approach known as **Evidence-Based (EBT) cognitive behavioral therapy (CBT)**
- Identifying ways to cope with stress and developing specific problem-solving strategies
- **Cognitive processing therapy (CPT)** is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events including child abuse, combat, sexual abuse and natural disasters.
- CPT helps clients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the client creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.
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- Examining a person's interactions with others and teaching social and communication skills
- Applying mindfulness and relaxation techniques, such as meditation and breathing exercises
- Tracking emotions and behaviors to raise awareness of their impact on each other
- Using supportive counseling to help a person explore troubling issues and receive emotional support
- Creating a safety plan to help a person who has thoughts of self-harm or suicide recognize warning signs and use coping strategies, such as contacting friends, family, or emergency personnel