

Practical Therapeutic Solutions, PLLC

Communication Methods:

- *Privacy:* I had the opportunity to review the Notice of Privacy and ask questions about any concerns.
- *Technology:* With your agreement, you and PTS can communicate by mobile or technology devices. PTS's policy is to return your telephone calls within 1-3 business days unless on vacation. Please let PTS know about any situations that required emergency interventions that occurred between sessions. Cell phones are recommended to be on airplane mode/off/or location off during your visit. PTS cannot be held responsible for what social media connects should you choose to not place the cell phone on one of the above settings. PTS does not connect on social media with clients nor can a therapist accept gifts. No recording of a session is allowed unless agreed upon by both therapist and client.
- *Texting/Email:* With your agreement, PTS may communicate with you via e-mail, mobile telephone or other contact information provided by you, limited matters relating to scheduled appointments or health and wellness related activities. With your agreement, telephones both office and mobile can be repaired according to therapist's discretion. The content in these messages may include protected health information under The Health Insurance Portability and Accountability Act ("HIPAA"). You understand and agree that by agreeing to these forms of communication, you are opting into receiving your own protected health information by email, SMS or mobile telephone notification, which is not secure. You also understand and agree that by receiving such protected health information by e-mail, SMS or mobile telephone notification, you will be charged by your wireless or internet provider. You can control by verbal or written agreement what information is sent to you, and where it is sent, and you can unsubscribe or opt-out from receiving messages via email, SMS and/or mobile telephone notification. If you prefer not to receive personal information by email or mobile notification, you agree to update your account information with us for other forms of communication.

Cell: _____ Client Initials _____

• Appointments:

- Should the PTS therapist become incapacitated to continue therapy for any reason, a designated person or persons will contact you for further planning. If PTS closes or retirement occurs, therapist will contact you with future options.
- *No-show:* If you are unable to meet with your therapist for a scheduled appointment, you must reschedule at least 24 hours prior to the scheduled appointment. If you miss a scheduled appointment and have not contacted PTS within 24 hours prior to the scheduled appointment, then you will be charged an out-of-pocket payment for the session.
- Regularly missing appointments is damaging to the therapeutic relationship and can be grounds for dismissal. I understand that as the client, I can stop treatment at any time.
- *Discharge:* PTS considers either (i) an agreed upon date between therapist and you or (ii) 2 no-shows sessions with no contact as an mutual agreed upon discharge from therapy services. The length of therapy depends upon the diagnosis and other considerations.
- *Payment Balance:* If there is a remaining client balance owed, PTS will attempt to contact the client by telephone and U.S. mail. If you do not respond, PTS will determine further steps necessary to collect payment.

3. Payment Options:

- Clients may pay by check, cash, or credit card. If a credit card is used, then a 3.5% fee is charged by Square.
- *Good Faith Estimate:* Due to the "No Surprises Act", health care workers are to give a reasonable estimate of the health care costs for goods and services based on what is known at the time. For PTS, each session is \$160.00 per 45–55-minute timeframe (90834, 90837, 90791). Typically, a patient is seen once per week. Since the length of therapy depends on many factors, only an estimate can be

given when a formal psychological diagnosis is determined. This can take 1-5 sessions. An annual estimate at once per week is \$7680 per year if therapy is needed that long. In some cases, a patient's issues may be more complicated, so we may need additional sessions. This estimate may be re-evaluated each January.

- *Other Potential Payments:* For meetings, phone calls over 10 minutes, consultations, supervisions, travel, preparation time, trainings, various paperwork, which includes preparation, travel time required and any incurred expense otherwise. These charges are out-of-pocket payments at \$40.00 per 15 minutes.
- Attorney consultations PTS charges any to the client, attorney fees that relate to legal matters: subpoenas, requests for paperwork, and any other legal matter. *Court/Legal Matters:* If legal involvement is required, PTS requires payment of an advance, non-refundable fee of \$5,000.00. In addition to the advance non-refundable fee, you will be responsible for the time PTS spends on your behalf at the rate \$160.00 per hour, and you will also be responsible for all other out-of-pocket expenses that PTS incurs on your behalf. PTS does not assess for workman's comp, disability, or any other related matter that involves extra paperwork.
- **Miscellaneous Policies**
 - *Supervisions/Consultations:* PTS does on-going case supervision/consultations/trainings with other professionals to ensure safety and thoroughness in the therapy process. PTS maintains the right to consult their attorney at any time and for any issue. Client is responsible for reimburse for these fees.
 - .Client records are kept in accordance with current statutes that govern mental health professionals.
 - *EMDR:*
 - If you are considering legal action regarding your incident or event and/or Traumatic Brain Injury or Eye issues, please notify the therapist so it can be discussed prior to the initiation of EMDR therapy.
 - While obtaining EMDR therapy from PTS, your full compliance with treatment recommendations made by the EMDR therapist, neurologist and/or psychiatrist, and full compliance with the recommendations of your attorney (if any), are mandatory. Failure to comply fully with such recommendations may result in your dismissal as a client.
 - When agreeing to EMDR therapy, you are committing that you will be prompt and that you will come regularly for scheduled sessions.
 - It may take several sessions before the therapist can determine if you are eligible for EMDR which may mean referral to another therapist is needed.
 - EMDR may recover memories that a client is unaware, which may contain uncomfortable feelings.

Agreement to Communication Methods

I agree to receive my own protected health information by email, SMS or mobile telephone notification, which I understand is not secure, in accordance with the provisions of paragraph 1, *Texting; Mobil Usage, and Email*.

Agreement Summary

The Practical Therapeutic Solutions, PLLC therapist and I have reviewed together the Practical Therapeutic Solutions Client Agreement, if necessary, Release of Information, Client Intake, Adolescent Consent (if applicable) and Notice of Confidentiality forms. By signing this document, I voluntarily give my permission to Practical Therapeutic Solutions, PLLC to provide out-patient mental health services to myself. While I understand that psychotherapy services may provide significant benefits, I also understand that psychotherapy services may pose risks, including uncomfortable feelings and memories, and exposure of unrecognized difficulties in my life or relationships. I understand that my therapist is prepared to make appropriate referrals to other resources when needed. I have had all questions answered and I clearly understand what Practical Therapeutic Solution is requesting from me as a client. I agree to abide by the written policies and procedures.

Client or Parents/Guardian

Date

Johnny Powell, LCSW PTS Therapist

Date