# Melissa Guard, Licensed Mental Health Counselor

# License Number: LH60732062

360.370.5441

### 

# PROFESSIONAL SERVICE AGREEMENT

In order to have a clear and professional working relationship, it is important for us to have a common understanding of our mutual obligations and expectations. The following is a description of policies and procedures for your clarification.

# PROFESSIONAL RESPONSIBILITIES AND ETHICS

As a licensed Mental Health Counselor in the State of Washington, I am bound by the ethical standards of the state licensing board and the laws of the State of Washington, to act always in your best interest, according to good professional judgment. You deserve and will receive my continuing respect and best efforts in our work together. Please see the attached sheet for a copy of the “Acts of Unprofessional Conduct”.

# CONFIDENTIALITY

As a client with this office you can be assured that I am committed to protecting your privacy and confidentiality.

Information obtained in this office will not be disclosed to any outside person(s) or agency without your written permission. Exceptions to this rule of confidentiality, in addition to what is listed above include:

* a serious threat of intent to harm yourself or another;
* information regarding the abuse of a child or elderly person;
* communication that reveals the contemplation or commission of a crime or harmful act;
* if a minor is the victim or subject of a crime and is the subject of inquiry;
* if a client brings charges against therapist; or
* in response to a subpoena from a court of law

# RECORDS

It is my practice to keep a written record of our work together. To protect your privacy, it is my practice to keep minimal treatment information in your file. Please initial below to confirm that you understand this policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials

# CONSULTATION

As a matter of good professional practice, I may consult with colleague, Shahn McGuire in a confidential manner when deemed appropriate. Shahn McGuire is also held to the same confidentiality standards of our profession as noted above.

# PROFESSIONAL LIMITS

As a professional therapist, I am qualified to provide only therapeutic services. I am not available for court testimony and do not provide medical or legal services. In the case that you need medical or legal services, I will encourage you to seek appropriate services and will be happy to assist you with referrals.

# APPOINTMENTS AND CANCELLATIONS

All appointments are for 50 minutes, unless arranged otherwise. Please assist me in keeping the appointment to 50 minutes; it is helpful for all if I take a few minutes in between sessions to center myself for the next appointment.

If you need to cancel or reschedule your appointment please do so with at least 24 hours notice. As a courtesy to all involved, you will be charged for appointments rescheduled, canceled or in which you fail to show without 24 hours notice.

\_\_\_\_\_\_\_\_\_\_\_\_

Initials

# TELEPHONE CALLS

Telephone calls are returned as soon as possible between appointments and at the end of the working day. Telephone calls received after hours or on weekends or holidays will be returned on the next working day. Telephone contact 10 minutes or less is provided as a courtesy. If you desire a longer telephone contact it is recommended that we schedule an appointment in the office. If you require emergency assistance please call 911 or the Crisis Hotline at 1-800-584-3578.

# FEES AND INSURANCE

Payment of all fees is due at the time of service by check or cash. The normal 50-minute session is $120, an intake (75 minutes) is $150.00 and any 90-minute sessions are charged out at $170.00. Your health insurance may or may not reimburse you for part of the fee for services provided. I will be happy to provide you a suitable statement for submission to your insurance company. This office is not able to bill insurance companies directly. It is your responsibility to determine if your insurance company will reimburse you for services received here.

Although I do not anticipate the following, should it become necessary, a collection agency, small claims court or other third party means may be used to collect payment on unpaid accounts. Additionally, there will be a $25 dollar charge for checks returned.

# AUTHORIZATION TO PROVIDE THERAPEUTIC SERVICES

I have read, understood, accept and received a copy of this agreement along with a copy of the “acts of unprofessional conduct” and “Clinician’s Disclosure”.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Melissa Guard Date