



THERAPY SERVICES CONTRACT - CONSENT TO TREATMENT FORM

WELCOME TO NEW LEAF COUNSELING & COACHING, LLC!

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

NEW LEAF COUNSELING & COACHING, LLC's APPROACH

I take more of a psychoanalytic approach, believing that the problems with which people come into counseling are much like branches on a tree. It is our job, in therapy, to trace those branches to the "trunk" to address why these branches grew, acknowledge and process the emotions that may surface, then design new thoughts and behaviors that will ultimately grow healthier branches and new leaves.

Counseling is a collaborative effort, where we will first create some realistic goals for you to achieve. You can expect to have various assignments in between sessions, so you will see positive results from our work together. My job will be to identify certain patterns you may not see, provide clinical information and observations, and to offer a safe, therapeutic relationship in which to place your trust and practice new skills.

List of My Specialties

Anger Management	Family Conflict
Anxiety or Fears	Life Coaching
Career Counseling	Parenting
Coping Skills	Relationship Issues
Couples Counseling	Self Esteem
Depression	Sexuality Issues
Divorce	Spirituality

OFFICE-BASED COUNSELING

I provide therapy in my office located at: **7588 Central Parke Blvd., Suite 306, Mason, OH 45040.**
To set up an appointment there, call 513-795-2562.

ONLINE COUNSELING

I also offer a limited amount of online counseling sessions for existing clients at an out-of-pocket rate. The initial assessment will need to take place in my office. At that time, we can determine if you are eligible for continuing therapy via Skype or other telecommunication platform.

Although online therapy is effective and can be a good alternative to face-to-face therapy, there are some possible disadvantages that you need to be aware of:

- Problems associated with technology failures (i.e. power outages, crashes).
- Risks to confidentiality due to technology (Skype is not HIPAA compliant)
- Potential difficulties in verifying the identity of either party.
- Problems in helping a suicidal or homicidal client.
- The requirement of being comfortable with computers and keyboards.

If you believe that online therapy would be a good choice, I would be happy to discuss the details of treatment with you in a free, one-time 20 minute session.

FEES

For an initial 20-minute phone consultation, there is no charge. Upon agreeing to enter into treatment, I will charge \$140 for your first one-hour initial assessment, then \$125 for a one-hour individual session. I charge \$177 for a one-hour couples/marital session.

INSURANCE

I am in-network for Anthem Blue Cross/Blue Shield plans only. If you have other health insurance, you may have out-of-network benefits that would cover a percentage of my fee. In order to determine if your insurance company would reimburse you for the cost of therapy, contact them directly. I will gladly provide you with an invoice to submit for reimbursement.

Questions to Ask to Determine Reimbursement Eligibility:

- Do I have out-of-network benefits to see a licensed professional counselor?
- If yes, what percentage do you cover?
- How many sessions are covered and within what time period?
- What forms do I need to submit to qualify for reimbursement?

BILLING

I accept personal checks*, PayPal, most HSA cards (you'll have to double check), and all major credit cards. Payment is required at the end of each session. (*unless a check is returned, then there will be a \$25 charge and I will no longer be able to accept checks from you)

CANCELLATION POLICY (PLEASE READ!)

I do offer a courtesy text reminder of your appointment 24 hours ahead of time. **Any cancellations made *after* this text will be considered a 'Late Cancel' and is subject to a \$50 charge.** If you cancel your appointment **with less than 3 hours' notice, or if you don't show up for your appointment, then you will be charged the full rate of the session.**

CONTACTING ME

If you are in the midst of an emergency, please dial 911 or go to your nearest Emergency Room or Urgent Care. For all other calls or texts, I can be reached at **513-795-2562** or by email at: **tanya@mynewleaf.org**.

When I am unavailable, my telephone is answered by voice mail that I monitor frequently, and I make the same effort regarding email messages. I will make every effort to return your call/email within 24 hours.

If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist/psychiatrist on call. If I will be unavailable for an extended time, I will let you know in advance, and may also provide you with the name of a colleague to contact, if necessary.

HARRASSING AND/OR INAPPROPRIATE BEHAVIOR

If at any time in our work together, you should become inappropriate or harassing in your contact with me, I will give one warning and after that, terminate all contact with you. If you continue to contact me after termination, I will take the appropriate ethical measures to protect myself from any further harassment, up to and including working with law enforcement officials. There are strict laws governing internet harassment with severe penalties in all states. Examples of this type of behavior include (but are not limited to):

- Excessive phone calls, emails, or video calls
- Inappropriate attire during counseling sessions (you should be wearing clothes that you would wear when walking in public)
- Lewd, inappropriate, or sexually-based comments, language, or images via email/online therapy
- Threatening language or behavior in any form

CONSENT TO TREATMENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

PRINT NAME: _____

SIGN NAME: _____