



## Work in Progress, LLC

### Therapist–Client Services Agreement

Work in Progress, LLC is committed to providing direction, guidance, and support in a safe environment for those who desire emotional, relational, and spiritual healing. Please discuss any questions or concerns with your therapist after reading through this Agreement.

#### **I. COUNSELING SERVICES**

Counseling requires INTERACTION and a WILLINGNESS TO WORK. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, embarrassment, anxiety, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there can never be any guarantee in counseling for a specific result.

**There are no guarantees of what you will experience.**

Although you may terminate treatment at any time, it is recommended that this be discussed in advance with your provider. Your therapist may also terminate treatment if s/he determines it to be necessary or in the best interest of the client or him/herself. Any such termination will be discussed with you, and referrals to other providers will be offered

#### **II. Cancellation Policy**

Appointments are based on the 50-minute clinical hour. If you are less than 15 minutes late for a scheduled appointment, you will be seen for the remainder of the time allotted. If you are more than 15 minutes late, it will be treated as a missed appointment. A 24-hour notice from your scheduled appointment time is required for all cancelled or rescheduled appointments.

This must be done by phone/ voicemail with your therapist or the main office 205-994-4563. Otherwise, you will be charged \$50. Please keep in mind that insurance companies typically do not provide reimbursement for cancelled or missed sessions, so clients using such benefits would be responsible for the fee.

#### **III. LIMITS ON CONFIDENTIALITY**

Communication between a client and psychotherapist is considered confidential and protected under law. However, there are some situations where your therapist is permitted or even required to disclose information without either your consent or authorization. Every effort will be made to discuss this with you prior to action being taken, and the disclosure of such information will be limited to only what is necessary. These exceptions to confidentiality are outlined in the HIPAA Notice available on the Work in Progress website [www.Workinprogresscounseling.com](http://www.Workinprogresscounseling.com).

**Please discuss any questions or concerns that you may have about confidentiality with your therapist.**



#### **IV. WORK IN PROGRESS COUNSELING EXPECTATIONS**

As WIP LLC provides services, it is expected:

that the client will be present and on time for appointment, or will call in advance to cancel or reschedule; that clients will participate in service planning; that clients will not exhibit abusive, threatening, or assault behaviors; that clients will not be under the influence of chemicals during services. WIP reserves the right to deny services and make referrals to other agencies based on the above criteria.

The information provided to counselor for client demographics and insurance information is true to the best of my knowledge, and I authorize WIP LLC to contact emergency person listed if counselor is unable to contact client. Your signature below indicates that you have read the HIPAA/Client Rights/Informed Consent/Fee and agree to abide by its terms during our professional relationship. I authorize my insurance benefits be paid directly to the provider. I understand that I am financially responsible for any balance. I also authorize WIP LLC and my insurance company to release any information required to process my claims. By signing below I have also agreed that I have read all forms including the Client Rights, Informed Consent, and the HIPAA Notice of Privacy Practices and understand I can request a copy of those at anytime.

#### **V. BILLING AND PAYMENTS**

**Payment is due at the beginning of each session.** Cash, checks, and credit/ debit cards are acceptable methods of payment. For those paying with checks, please have them written out prior to your session to avoid the unnecessary use of your time. There will be an additional \$30 fee for returned checks. Although we will assist you in verifying your coverage as best we can. **Client is ultimately responsible for services not covered by insurance provider.**

**ALL CLIENTS ARE REQUIRED TO HAVE A CARD ON FILE.**

Work in Progress, LLC reserves the right to refer unpaid past due balances to third parties for collection. In the event that any past due balance is placed, you agree to pay any costs of such collection including agency fees, legal/attorney fees, and court costs.

#### **VI. Social Media Policy- Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc.:**

It is WIP policy for clinicians or employees not to accept "friend" or "connection" requests from any current or former clients on personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. Doing so may compromise your confidentiality and blur the boundaries of the therapeutic/working relationship.

**WIP has OPEN to the PUBLIC professional Facebook, Twitter, Instagram, and YouTube pages/accounts.** You are welcome to "follow" WIP on any of these pages where we post upcoming events, groups, and workshops at WIP, along with psychology information/counseling information & therapeutic content.

Please refrain from contacting your WIP clinician using social media messaging systems such as Facebook Messenger, IG, or Twitter. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you. Additionally, please note that if you post a review of WIP or your clinician/provider on Google or another rating website, know that you may be revealing your relationship with WIP.



## **VII. TeleHealth Policy:**

Telehealth means the remote delivery of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery.

### **Limitations of TeleHealth Therapy Services:**

While Telehealth offers several advantages such as convenience and flexibility. It is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, various details may not be visible such as facial expressions. Or, if audio quality is lacking, your therapist may not hear differences in your tone of voice that could easily be noticed if you were in the office. Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. Your therapist will take every precaution to insure technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private quite location where the sessions may be conducted. Consider using a "do not disturb" sign/note on the door. The virtual sessions should be conducted on a WIFI connection for the best connection and to minimize disruption.

## **VIII. In Case of Technology Failure**

We understand that during a Telehealth session we could encounter a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, your therapist will call back on the number you have on file. Please make sure you have a phone with you, and we have that phone number. We may also reschedule if there are problems with connectivity.