#### **CLIENT AGREEMENT**

Welcome to my practice. This Agreement contains important information about my counseling services and business policies. Your signature on this document represents an agreement between us. You have the right to revoke this agreement in writing at any time. This and all documents you sign with me will automatically expire on the date of termination of our work together. In addition, The Health Insurance Portability and Accountability Act (HIPAA) requires that I provide to you and obtain your signature on a summary of your rights to privacy. That information is in a separate document and also constitutes a part of this Agreement. You can seek a second opinion from another counselor or terminate counseling with me at any time. Other mental health supports are available in the community, such as other individual counselors, group therapy, and more intensive treatment programs. Please be aware that terminating counseling suddenly, without a plan for ongoing support, can lead to emotional distress.

Underwood Counseling Services Margie Underwood, MA, LCPC Maryland Licensed Clinical Professional Counselor #LC5740 Colorado Licensed Professional Counselor #5123 (240) 712-4215 margie@underwoodcounseling.com

I am Licensed Clinical Professional Counselor (LCPC) in Maryland and a Licensed Professional Counselor (LPC) in Colorado. In order to obtain these credentials, I completed a Master of Arts Degree in Counseling Psychology and Counselor Education from the University Colorado at Denver, with an emphasis in Couple and Family Therapy. That degree included a semester-long practicum, during which I conducted counseling sessions at the University's student counseling center, as well as a semester-long internship in the community, conducting home-based family therapy. Following that degree, I obtained 2000 hours of supervised counseling experience, while working as a counselor for a community agency. I then sat for and passed a National Counselor Examination, as well as Mental Health Jurisprudence Examinations in both Colorado and Maryland. At that point I was able to apply for and obtain my clinical licenses. In order to maintain my credentials, I am required to obtain 40 hours of continuing education credits every 2 years, for each clinical license.

# **REGULATION OF THE PRACTICE OF COUNSELING**

The practice of Licensed Clinical Professional Counselors is regulated by the Maryland State Board of Professional Counselors and Therapists. If you ever have a concern about the services you are receiving from me, I encourage you to raise them with me directly. I will make every effort to address your concerns in treatment. You also have the right to contact the State Board to inquire about my counseling record and/or file a grievance. Their contact information is below.

Department of Health and Mental Hygiene 201 W. Preston Street Baltimore, MD 21201 (410) 767-6500

#### THE THERAPEUTIC RELATIONSHIP

The relationship between a therapist and client is unique. A therapist is different from a friend, but can become an important part of an individual's support system. Therapy is effective in part

because he therapist is able to offer a neutral, objective perspective, which can be hard to obtain from friends or family members. In our work together, we will get to know each other, but most of our time in session will be spent discussing you and your life. This can feel like a one-sided relationship at times, but I am providing a service and my role is to support you toward your goals. In order for therapy to be beneficial, we must both work to maintain the integrity of our professional relationship. Toward this end, I do not accept friend requests from clients on social media and we will not spend time together outside of sessions. If we run into each other in public, I will smile and might say hello, but I will not approach you, so as to protect your privacy. You are welcome to approach me if you like, but we should keep any conversation brief. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that regulates clinical licensees.

# BENEFITS AND RISKS OF PROFESSIONAL COUNSELING

As is true of any medical service, professional counseling can have both benefits and risks. Often the issues which bring people to counseling are challenging or upsetting in nature. Counseling often involves discussing unpleasant aspects of your life. You may experience uncomfortable feelings including sadness, confusion, guilt, anger, frustration, loneliness, or hopelessness. I will do my best to support you as you process and begin to understand these feelings and what drives them.

Psychotherapy has been shown to have many benefits as well. The more you are able to actively engage in the process with me, the more benefit you are likely to experience over time. Counseling can empower you to develop and maintain healthier relationships; find solutions to specific problems; set and make progress toward your goals; heal from past hurt and trauma; and significantly reduce feelings of distress.

It is not possible for me to guarantee any particular outcome for you of our work together. What I can promise is that I will work hard to create a space where you feel fundamentally heard, supported, and understood. If either of us feels at any point that our work together is not benefitting you, you may discontinue counseling or I can help you connect with another provider who may be a better fit for your needs.

# **ELECTRONIC COMMUNICATION**

During our work together, you may choose to communicate with me via email or text message. I will take every precaution I can to ensure the confidentiality of the information exchanged electronically; however, I am unable to guarantee such confidentiality. It is always possible that an email or text message exchanged between us could be viewed by a third party, and the privacy of information regarding your treatment could thereby be compromised. For this reason, I recommend that you save any and all updates regarding your mental health or well-being for our scheduled sessions. It is best to utilize electronic communication for logistical check-ins only (for example, rescheduling sessions).

# CONFIDENTIALITY

Generally speaking, the information exchanged between us during counseling sessions is legally confidential and cannot be released without your consent. There are exceptions to this rule, some of which are listed in the HIPAA Notice of Privacy Practices you were provided, as well as other exceptions in Maryland and Federal law. For example, mental health professionals are required to report *suspected* child abuse or neglect to authorities. In addition, if at any time during our work

together, I have serious concerns that you may be at risk of committing suicide or taking the life of someone else, I am legally permitted to break confidentiality in an effort to keep you and others safe. If a legal exception to confidentiality arises during our work together, when possible, you will be informed accordingly.

If you are a minor (under 18 years old) and engaged in counseling with me, your parent(s) or legal guardian(s) are entitled to receive some information from me about our work together. In most cases, I will share high-level summaries only, such as the general topics we discuss and updates about your progress toward treatment goals. If at any time I have a concern about your physical health or well-being, we will make a plan for how I may support you in discussing those issues with your parent(s) or legal guardian(s). If you are not comfortable doing this, I may share my concerns with your parent(s) or legal guardian(s) myself.

# FINANCIAL AGREEMENT

Before you and I meet for your initial intake session, we will have agreed upon a rate you will pay for each counseling session. My standard out-of-pocket rates are \$200 for the initial intake and \$150 for ongoing counseling sessions of 45 minutes in length.

You are responsible for payment of the agreed-upon rate at the conclusion of each session. **Since a time slot has been reserved for you that cannot be offered to anyone else, you will be charged the full rate for the scheduled session, for any missed session with less than 24 hours' prior notice. In addition, if you have not signed on to the Telehealth platform by 20 minutes after a scheduled session time, we will need to reschedule and you will be charged for the missed appointment.** If you have not paid for our last session together, we will not be able to meet again until your financial obligations have been met. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. Such a process would require me to disclose otherwise confidential information. In most situations, the only information I release regarding a client's treatment is their name, the nature of services provided, and the amount due (if such legal action is necessary, its costs will be included in the claim).

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$500 per hour for preparation and attendance at legal proceedings.

Due to the fact that my practice is entirely online, I accept payment for sessions by credit card only. I utilize an application called Ivy Pay/Ivy Labs, Inc. as the processor for all credit card payments. During your initial intake session, you will save your credit card information in the Ivy Pay app. Ivy Pay was created specifically for mental health professionals. All information saved in the system is encrypted and HIPAA-protected, and I do not have access to saved credit card data. I will charge your saved card as payment for each session, as well as for any late cancelations or no-call/no-shows. You may update or change your saved credit card information at any time.

#### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances when disclosure is reasonably likely to endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. In those situations, you have a right to a summary and to have your record sent to another mental health provider. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional, so you can discuss the contents together. Please refer to the Notice of Privacy Practices for further details. Please be aware that following the termination of our professional relationship, your clinical record may be destroyed after 7 years.

# **EMERGENCIES**

In my small private counseling practice, I am not always able to offer emergency response or crisis intervention. By signing this document, you affirm your understanding that in a crisis

situation when you need emergency assistance, you should contact local emergency services, rather than contacting me by phone, text, or email. It is very important to me that you receive appropriate and timely support. Once your situation has stabilized and you are safe, please feel free to contact me to check in, and/or schedule a follow-up counseling session. The following emergency services are some options available to you in the case of a crisis:

Dial 911 or your local hospital's emergency department Montgomery County's 24-hour Crisis Center: Dial (240) 777-4000 Mental Health Association of Frederick County: Dial 211 National Suicide and Crisis Lifeline: Dial 988 National Crisis Text Line: Text HOME to 741741

Thank you for taking the time to thoroughly review this Agreement. Please sign and date below.

Client's or Responsible Party's Signature	Date
Client's or Responsible Party's Signature	Date
Margie Underwood, MA, LCPC	Date