

# Counseling Agreement/Informed Consent

## ***Confidentiality***

Confidentiality is an essential and necessary part of good therapy. This means that your name and any information about you will not be discussed with anyone without your and/or your guardian's permission. There are three important exceptions to confidentiality that are important for you to understand before you share information with your therapist in session:

- (1) By law, all suspected abuse and/or neglect of a child or dependent adult must be reported.
- (2) Action must be taken if it is assessed that the client is a danger to themselves or others.
- (3) It is possible that client information/records will be released if court-ordered.

Lastly, in order to provide the best overall treatment, I will collaborate with other professionals or treatment agencies with which you may be involved, only with your permission.

## ***Policy of Minors in Treatment***

All clients under eighteen years of age are considered minors, and parent(s)/legal guardian(s) will sign an informed consent for the treatment of all minors. As minors, the law may give parents and legal guardians the right to examine treatment records. However, confidentiality is vital in helping minors feel safe to explore feelings they may not be comfortable sharing with other adults. With the minor's involvement, I will provide parents/legal guardians with general information about sessions, treatment goals, and progress. If at any time I assess that there is a high risk that the minor may seriously harm him/herself or another person, then I will notify parents/legal guardians immediately of the concern.

## ***Fees***

The cost of telehealth services is as follows:

- \$150- initial individual assessment (1hr)
- \$160- initial couple/family assessment (1-1.5hrs)
- \$125- 50 minute individual sessions (\$60 for each additional half hour)
- \$140- 50 minute couple/family session

**Payment is expected at the end of each session.**

The fee for written reports (court, employment, medical, etc) requested by clients is \$75.00 per hour.

*Maleka Walters, MS, LMFT*

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Any court activity will be charged \$120 per hour. There will be a \$200 fee that must be paid in full before any court proceeding.

### ***Insurance Reimbursement***

My services are reimbursable by most insurance companies. It is very important that **you** find out exactly what mental health services your insurance policy covers. If you are uncertain, you can call your plan administrator and inquire.

**It is the patient's responsibility to ensure I am an in-network provider and that your plan approves telehealth.**

### ***Cancellation and Missed Appt Policy***

Clients are expected to keep appointments as scheduled. In the event that a session will be missed, please contact me by phone at 703-474-7410 or email: [malekawalterslmft@gmail.com](mailto:malekawalterslmft@gmail.com)

Sessions canceled **less than 24 hours' notice**, will be assessed a \$50 late fee.

A session will be considered a no-show/missed session and assessed a full therapy rate if you are not present on the telehealth portal within 10 minutes of the start of the session.

Payments will be expected at the next scheduled session.

### ***Emergency Situations/Telephone Sessions***

Please feel free to contact me by telephone between our sessions. I will return phone calls within 24 business hours. I do not charge for telephone conversations less than 10 minutes. Phone conversations over 15 minutes will be charged \$30 and prorated thereafter.

**If you are experiencing a mental health emergency and cannot speak directly to me, please call 911, or go directly to the nearest hospital emergency room and ask for the psychiatrist on staff.**

### ***Consent for Treatment***

I have read and understood the preceding statements. I have had an opportunity to ask questions about them, and agree to enter a professional relationship with Maleka Walters and agree to abide by the terms of this contract.

*Maleka Walters, MS, LMFT*

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In the event that a person other than you is responsible for paying the bill, please have the party read this document and sign it. Thank you.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Maleka Walters, MS, LMFT*