



Cognitive Counseling Therapy, LLC
Allison Spangler, MA, LMHC
allison.cognitiveconfidence@gmail.com

APPOINTMENTS AND CANCELLATIONS

Cognitive Counseling Therapy, LLC asks that you give 48 hours' notice for cancellations or rescheduling of appointments. Cancellations and re-scheduled sessions WITHIN 24 HOURS of original scheduled session will be subject to the full price of service for clinician time. This is necessary because a time commitment is made to you and is held exclusively for you.

If you are late to session, you may lose some of that session time. The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions.

FEES AND PAYMENT METHODS

Cognitive Counseling Therapy, LLC's fees for counseling services include:

- \$0 for initial phone consultation (15 minutes)
- \$180 for an intake session (60 minutes)
- \$160 for ongoing individual session (50 minutes)

Payment for each counseling session is collected at the time of services or billed following service.

Cognitive Counseling Therapy, LLC accepts credit/debit card payments. Payment of services are automatically charged at the time of service unless previously discussed with the provider on payment dates.

INSURANCE

If you choose to use insurance to cover the cost of counseling, your insurance company requires access to all records that are kept regarding your counseling services. The insurance company requires that a medical diagnosis be given and that you must meet "medical necessity" with a diagnosis in order to cover the cost of sessions. If you do not choose to use insurance to cover the cost of counseling sessions, your

information will not be shared with any other third party billing or insurance company. You will also be asked to sign for electing to “self-pay” for services if your provider is contracted with your insurance company.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye

contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information that you may not recognize as significant to present verbally to the therapist.

MINORS

Parental authorization, or authorization from a person who may consent on behalf of the minor, is required for treatment of a minor under the age of thirteen under. If there is a parenting plan in place, parents with medical decision making rights must consent to treatment. Any minor thirteen years or older may request and receive outpatient treatment without the consent of the minor's parent. A minor over the age of thirteen must consent and sign a release of information designating what information they may want released to parents or guardians. A signed release of information is required in order to share any therapeutic information.

In the case of divorce or separation involving a minor child, the parent or caregiver dropping off the child for the counseling session will be responsible for full-fee payment at the time of drop-off.

ADDITIONAL SERVICES

Records requests:

A simple treatment summary or account statement that can be produced in session is available at no cost. For records requests I need to put together outside of session will incur the following charges in accordance with WAC 246-08-400. Copying of records is \$1.17 per page for the first 30 pages and \$0.38 per page for all other pages. There

Letter writing:

Simple letters that can be completed in session, such as to excuse absence from school or work are available without charge. Writing of letters I have to complete outside of our normal session time is billed at the rate of basic office visits (\$160 per hour) with a minimum charge of \$45 (ex. FMLA or medical leave paperwork).

Court involvement:

I am NOT a trained Child Custody Evaluator, and therefore I do not make any custody recommendations. Any child abuse or neglect that is reported or suspected is reported to Child Protective Services. Clients are discouraged from having their therapist subpoenaed. Keep in mind that if I am compelled to testify, even though you are responsible for testimony fees, my testimony may not be solely in your favor. I can only testify to the facts of the case and to my professional observations. I charge \$240 per hour (double my standard rate) for phone calls, depositions, time in court, and preparation time related to legal proceedings. My charge for appearing in court is \$1500 per day. In addition, you will be responsible for all attorney fees and costs incurred by me as a result of the legal action

TERMINATION:

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. I AM ALSO AGREEING THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE CONTENTS BEING SIGNED AND THAT MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. IF CLIENT IS UNDER THE AGE OF 13 Y.O. PARENT OR LEGAL GUARDIAN IS TO SIGN CONSENT/DISCLOSURE FORMS.

Name of Signer (Print)

Signer's relationship to "client"

Signature

Date