



## Kirby Creative Clinical Solutions, LLC

3929 Old Lee Hwy; Unit 92-D

Fairfax, VA 22030

703-409-2571

Tax ID # 27-2924949

### Counseling Agreement

At Kirby Creative Clinical Solutions, we recognize that you have a choice in providers and we take seriously our responsibility to provide the best treatment available as you entrust us with your mental health needs. The therapy relationship is unique in some ways, but in many ways is like any other relationship which requires investment from both parties to be successful. Below we have outlined the commitments that we make and ask you to make in order that we can provide you the quality treatment you deserve. Please feel free to ask any questions or discuss any items below. Please initial where indicated by a space and sign at the bottom to indicate your agreement.

#### **We commit to you:**

- We have the training and expertise to address the issues you present or will refer you to someone who does.
- We respect your right to privacy and your information is held confidential. No information will be shared with others without your written consent except in the following circumstances:
  - ✓ If you pose a danger to yourself or others
  - ✓ If there is a reason to suspect abuse or neglect of a child or adult
  - ✓ If a court orders your records to be reviewed
- We reserve the right to use professional judgment in disclosing information to a parent / guardian of a minor where there is a concern for safety, well-being or a need for additional supervision and support. Any information to be disclosed to a parent / guardian of a minor will be discussed with the client first.
- We will provide you a copy of HIPAA regulations regarding mental health services.
- When your therapist is on vacation or otherwise unavailable, we will provide you with an alternate therapist in case of emergency.

#### **We ask for your commitment to:**

- Provide accurate and honest information about past illness, history of treatment, family history, lifestyle habits and changes as they arise during the course of treatment.
  - Regularly attend scheduled appointments and provide timely notice of cancellations.
  - Actively engage in your treatment through open communication of questions, concerns or feedback.
  - Ensure that you get the most out of treatment by following through on agreed upon assignments.
  - Take medications as prescribed by your physician or be honest with us if you are not doing so.
- Contact your therapist in the case of any event involving police, drugs, alcohol, assault, injury, suicidal thoughts, hospitalization, death of someone close, or any other major event that causes significant distress.
- If, in an emergency, you are unable to reach your therapist, call 911 or go the nearest hospital.
- Pay for services on the day they are provided and pay the late cancellation fee for missed appointments or appointments cancelled with less than 48 hours notice.

**We ask that you understand:**

- Therapists adhere to a strict schedule in order to provide quality treatment to all clients. If you arrive late to your appointment, we must still end at the scheduled time.
- Most therapy sessions are scheduled for 45 minutes in order to allow time for accurate documentation and appropriate preparation for the next client. If you routinely feel that this is not sufficient time to address your needs, you may ask for a longer session with an adjusted fee.
- Your therapist will make every effort to return a call or text promptly, however, KCCS is not a 24-hour emergency practice and there is no guarantee that we can respond immediately.
- Texting is not HIPPA compliant and cannot be used to address issues of clinical significance.
- Your personal safety is our highest priority and it must be yours as well. In the event of a true psychiatric emergency, we expect that you will call 911 or go to a nearby emergency room.
- Effective therapy is a collaborative effort. To ensure that appropriate treatment can be provided, you must assume responsibility for being honest and forthcoming with all information relevant to treatment goals.

**Regarding Fees:**

- Fees vary based on the type, frequency and length of sessions that we agree will best meet your needs.
- Payment is due at the time of service, preferably at the start of the session, unless otherwise agreed upon.
- Missed sessions or cancellations made with less than 48 hours notice will be charged a flat rate of \$65, due at your next session.
- In the event of inclement weather that makes travel to a session hazardous, cancellation fees will be waived.
- Checks can be made payable to KCCS. Payment by credit card may involve a small convenience fee.

**Regarding Termination of Treatment:**

- Therapy usually ends when there is mutual agreement that you have completed your desired goals, reached maximum benefit or are in need of a service that KCCS cannot provide.
- It is best if there is a period that allows us to celebrate your gains and end our relationship in a positive way.
- If you miss your scheduled appointments and do not contact your therapist for 30 days, it is understood that you have terminated treatment and your clinical file will be closed.
- Once you have terminated your treatment in one of the above ways, your therapist has no further obligation or responsibility for addressing your mental health needs.
- If after termination, you would like to resume therapy, you may call to discuss this with your therapist.

**To be filled out with therapist:**

We agree that your therapy will begin with Individual Group Family sessions  
of 45 60 75 90 minutes in length and provided Weekly Bi-Weekly  
at a fee of \$                      per session. This can change upon mutual agreement.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_