



Therapist-Client Service Agreement and Privacy Notice

Thank you for choosing Alex Brucker Christian Counseling. This document outlines important information about professional services, business policies, and your rights regarding Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA). Please read this agreement thoroughly. This document represents an agreement between us.

1. Psychological Services

Psychotherapy is a collaborative process that varies depending on individual needs. While it is not a medical service, it aims to help you address challenges and improve well-being. Psychotherapy has both benefits and risks, which may include uncomfortable feelings like sadness or anxiety, but can also lead to significant reductions in distress and improved relationships. I do not guarantee specific outcomes. Your first few sessions will evaluate our work, and I encourage open discussion about your comfort and goals with the therapy process.

2. Appointments, Fees & Payment Policies

Alex sees clients by appointment only. Sessions typically last 45-60 minutes, usually scheduled weekly. You are responsible for full payment of services provided. Fees are due at the time of service.

- Diagnostic Interview: \$175
- 60-Minute Session: \$135
- 45-Minute Session: \$105
- Other Professional Services (e.g., reports, phone consultations, preparation for court) will be billed at an hourly rate: \$150/hr
- Legal Involvement (LCPC): \$250/hr (including travel)

3. Cancellations & Missed Appointments

Your scheduled appointment time is reserved exclusively for you. If you are unable to attend, please provide at least 24 hours' advance notice to avoid being charged for the missed time.

- No-shows, including cancellations made within 3 hours of the session are subject to be charged for the full reserved session fee.
- Cancellations with less than 24 hours' notice will result in a \$50 fee. This amount reflects the time held for you and is not reimbursable by insurance.
- I understand that emergencies happen. In the case of a genuine emergency or illness, please reach out as soon as possible. Exceptions may be made on a case-by-case basis at my discretion.

4. Insurance Reimbursement

While I will provide information to help you obtain reimbursement, you are ultimately responsible for full payment of fees, regardless of your insurance coverage. It is important that you understand your specific mental health insurance benefits, as policies vary significantly (e.g., co-pays, deductibles, managed care plans, prior authorization requirements). I recommend you contact your insurance provider to verify your coverage.

5. Contacting Your Therapist

Due to the nature of psychotherapy, I am not always immediately available by phone. If you need to reach me, please leave a message. In emergencies, please contact your family physician, local emergency room, or 911.



6. Limits of Confidentiality

Information obtained in our professional relationship is confidential and will not be disclosed to others without your written permission, except in the following situations where I am ethically allowed or legally obligated to take action with or without your consent:

- **Child Abuse or Neglect:** If I have a reasonable belief that a child under 18 is being abused or neglected, the law requires me to file a report with the Department of Children and Family Services (DCFS).
- **Elderly Abuse or Neglect:** If I have a reasonable belief that an adult aged 60 or over is being abused or neglected, the law requires me to file a report with the Department of Aging.
- **Threat of Harm to Others:** If there is a specific threat of violence or imminent harm against another person, I may be required to take protective actions.
- **Harm to Self:** If you present a clear, imminent risk of death or serious physical or mental harm to yourself, I may be required to take protective actions.
- **Court Order/Legal Proceedings:** If required by a court order or subpoena, I may disclose information.
- **Collection Agency:** In cases of unpaid fees, information may be shared with a collection agency.
- **Worker's Compensation:** If your treatment involves a Worker's Compensation claim, information may be shared as required by law.
- **Protecting the Therapist:** If a client files a complaint or lawsuit against the therapist, information may be disclosed to defend myself.
- **Professional Consultation:** I may consult with other professionals to ensure quality care, but your identity will remain protected, and no personally identifying information will be shared.
- **Dual Relationships:** As an active member of a small community, dual relationships may occur. Personal Health Information (PHI) will be protected, but I cannot guarantee counselor-client relationship confidence in public settings.
- **Solo Practitioner:** This practice utilizes family support for administrative tasks. PHI will be protected, however demographic information (such as name, age, gender, marital status) may be shared with my spouse or other part-time contracted workers for scheduling, appointment reminders, and other administrative matters, in accordance with the HIPAA Minimum Necessary Rule.

7. Professional Records & Patient Rights

I maintain professional records consistent with HIPAA standards. You have rights concerning your PHI, including the right to review your records, request amendments, and receive an accounting of disclosures. You may review your clinical record in my presence; copies are available for a fee of \$5.00 per page. Psychotherapy Notes are kept separately from your Clinical Record and are not generally disclosed.

8. Minors & Parents

For clients under 18, parents/guardians typically have rights to their child's treatment records. However, there are circumstances where a minor's confidentiality may be protected, especially for those aged 12-18. We will discuss parental involvement and confidentiality specifics with you.

9. Information Changes

Please communicate any changes to your contact information or insurance provider promptly.