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Agreement to Services

Welcome to Connection Counseling Center. Please review this packet of documents to learn more about the nature and scope of the services we offer as well as the policies and procedures that will be important in our work together. Upon review, feel free to bring any questions or concerns to our attention.

The Practice

Angela Shuey founded Connection Counseling Center in hopes of providing a space for healing. This is a private practice devoted to assisting clients improve their relationships with others and with themselves. In our work which may consist of individual, couples, or group, the hopes is to help you become more connected to yourself and the important aspects of this world that surrounds you.

Service and Fee Policy

Intake session	\$200 for the first session
individual therapy	\$150 per 45 minute session
individual therapy	\$185 per 60 minute session
process or skills group	\$50 per 60 minute group
crisis call	\$40 after 15 minutes and every 15 minutes thereafter
legal services	\$200 per hour
copying of records	\$20

The above reflects the standard fees for services provided by Connection Counseling Center. Therapy is defined as all services provided by staff to a client that are intended to treat psychological disorder or mental health concerns. Crisis consultation refers to all services provided to a client to address a psychological emergency. These services may be rendered in person or via phone and to the client a healthcare professional, or any other individual as necessary. There is no charge for phone contact related to scheduling. Legal services is defined as any participation in legal action whether initiated by the client or by a third party and may include serving as an expert or fact witness in a legal action; being disposed in any civil or criminal matter; meeting with attorneys; transit and waiting time; and any time spent in preparation for testimony. Copy of records is defined as any request for the entire medical record. Fees may be reduced at the discretion of Angela Shuey, Director of Connection Counseling Center. Fees are subject to increase at the discretion of Angela Shuey provided written notice is given to all affected parties 30 days in advance of the fee increase.

Payment for Services

Payment for services is due at the time of each appointment, unless alternative arrangements are made. Invoices for therapy may be issued upon request at the time payments are made or on a monthly basis. Payments are accepted via personal check, cash, or credit card (Mastercard/Visa/Discover). Please see our Credit Card Authorization Form to register a credit card number on file for ongoing payments or for all unpaid fees thirty (30) days past due, including unpaid insurance claims. Prompt payment of copays/fees is required. Connection Counseling Center reserves the right to use legal means to secure payment beyond thirty (30) days past due, which may involve a collection agency or small claims court. If referred to collections, all interest and legal fees will be the responsibility of the debtor/guarantor. Unless you have worked out a specific payment plan with your therapist, balances that accrue without payment for thirty (30) days past the most recent date of service will be subject to a late charge of \$20/month. If you accrue a large outstanding balance, you may not be eligible for further services.



Cancellation Policy

Twenty-four (24) hours notice is required for cancellation without charge, with no exceptions. Clients should be aware that the fee for a missed appointment will not be covered by health insurance. In these cases, you are financially responsible to pay the full amount of the session. This amount is determined by your out-of-pocket cost or what your insurance pays toward each claim including copay/coinsurance. In signing the credit card agreement form, you consent for the account on file to be automatically charged.

Insurance

It is the client's responsibility to inquire about benefits from their insurance provider. Connection Counseling Center will assist clients in the process up on this request. Full payment for services or co-pays determined by individuals' insurance plans will be directly collected from the client or another financially responsible party at the time of service. Regardless of insurance reimbursement, all fees are the responsibility of the financially responsible party.

After Hour Emergencies

Please note that there is not a clinician on-call 24-hours a day. Should you have an emergency during non-business hours and your therapist unavailable, please call 911, proceed to your nearest emergency room, or contact Lakeland Regional Medical Center, St. Joseph Emergency Department: 269-983-8262 1234 Napier Ave. St. Joseph, Michigan 49085 or call 269-983-8300. Alternatively, you may call 1-800-273-TALK (8255) and you will be connected to the nearest certified national crisis call center. Should your treatment needs ever intensify over the course of our work, we will coordinate a crisis care plan together that may involve more frequent sessions and/or referrals to higher levels of care.

Divorce/Separation Agreement

Therapy services provided to families in separation or divorce are for the purposes of providing a neutral professional to help families through the challenges of these changes. Our clinical work cannot be used to establish custody agreements, visitation schedules, or other family court matters. To ensure we have a shared understanding of custody arrangements, you are responsible for providing the most recent copy of your divorce decree.

Risk/Benefits of Therapy

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness as we work toward understanding and growth. It is important to keep in mind that this discomfort may be a necessary part of healing, and that psychotherapy has also been shown to have immense benefit for people who go through it even though parts of it may be painful. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Throughout this process, we will strive to create both short-term awareness and long-lasting change. The success of our work together depends on the quality of the efforts on both our parts, and your commitment to the lifestyle choices and changes that may result from therapy.

Records

Although it is our goal to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and its exceptions are discussed below and in the HIPAA Illinois Notice Form. In the event that law requires the disclosure of your records, you will be responsible for and shall pay any costs involved in producing the records and for the time involved in



preparing for and giving testimony. Such payments are to be made at the time or prior to the time these services are rendered. Please review our fee schedule for payment details.

Confidentiality

Without written consent, all discussion between psychotherapist and client, including minors, are strictly confidential. Possible exceptions to confidentiality include, but are not limited to, the following situations: suspected child abuse (including neglect and emotional abuse); suspected abuse of the elderly or disabled; suspected sexual exploitation/abuse; when a client communicates threat of serious harm to another or is suicidal; when a third-party communicates to the therapist that a client is threatening harm to another; when information is required by law or ordered by the court; or addressing complaints with state board officials.

Additionally your therapist may occasionally find it helpful to consult with professionals about your care. Very importantly, consultations are also legally bound to keep the information confidential. Please see Michigan Notice Form for more information.

By signing below, I acknowledge I received the Michigan Notice Form outlining privacy regulations relevant to my care.

Consent To Treatment

I voluntarily agree to receive mental health assessment, care, treatment, or services, and authorize Connection Counseling, LLC to provide such assessment, care, treatment, or services as are considered necessary and available. I understand and agree to participate in the treatment, or services, and that I may stop such care, treatment, or services at any time. I understand that I have the right to request all medical information including reports, notes, and invoices. I recognize that case notes will be maintained by Connection Counseling Center staff for a period of at least 6 years, and that Connection Counseling Center Staff may consult with other professionals while maintaining my confidentiality rights as a client.

By signing this Psychotherapy Practice Information and Informed Consent form, the undersigned client or parent/guardian, acknowledges that you understand all the terms, and information contained herein. Ample opportunity has been offered to ask questions and seek clarification.

Your signature below grants consent to Connection Counseling Center and the clinician coordinating your services to use and disclose your protected health information for the purpose of treatment, payment, and healthcare operations. Your signature also provides consent for direct payment of medical benefits to Connection Counseling Center, LLC.

Amendments

Any amendments to this agreement must be listed below along with the signatures of both the Connection Counseling Center Provider and of the client and/or parent/guardian who is considered the financially responsible party.

Client Signature Date _____

Parent/Guardian Signature Date _____

C3 Clinician Signature Date _____