

**SUNRISE COUNSELING**  
**Christine Burrell Townsend, LCSW, ACSW**  
**Child, Adolescent, Adult and Family Therapy**

Office Location:  
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**THERAPIST-CLIENT SERVICES AGREEMENT**

Welcome to my practice. Please read this information carefully. This document (the Agreement) contains important information about my professional services and business policies. When you sign this document, it will also represent an agreement between us. I reserve the right to change the privacy policies and practices described in this agreement at any time and will provide you with a revised notice.

**PSYCHOTHERAPY SERVICES**

I am a Licensed Clinical Social Worker with both GA State and National Certifications and have over 20 years of experience. I received my Masters in Social Worker (MSW) from Adelphi University in NY. I work with children, teenagers, and adults, individually, in families, couples, and in groups. If the problems you or your family experience is outside of my expertise, I will help you with appropriate referrals to other professionals.

Therapy is not easily described in general statements. It varies depending on the mix of our personalities and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable and possibly intense emotions. On the other hand, psychotherapy has also been shown to have many benefits. 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.

**CONTACTING ME**

My practice is not setup to handle immediate emergency situations. In the case of a life-threatening emergency, please call 911 and inform the operator of the nature of the emergency. Second, go to your local emergency room and seek their services. Third, call the mental health clinic in the county where you reside.

Due to the nature of my practice, I am not often immediately available by telephone and I do not answer the phone when I with a client. My telephone is answered by an automated, confidential voice mail that I monitor frequently. I will make every effort to return you call on the same day you make it with the exceptions of weekends and holidays. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

**CONFIDENTIALITY AND YOU**

The majority of information discussed during the course of therapy is confidential and protected by law. However, there may be several important exceptions when confidential information may be released to others without your permission. These possible exceptions are listed below:

- 1. Georgia state law requires the reporting of suspected child abuse, either physical or sexual. Any suspected abuse must be reported to the Georgia Department of Family and Children Services. The law is designed to protect children from harm. The obligation to report actual or suspected abuse or neglect is clear and reporting is not optional. I do make every effort to discuss these with you, if needed.**
- 2. There are times when someone's life may be in danger. Suicidal or homicidal intent means placing someone in danger, either you or another person. Under those conditions, I may be required to take the necessary actions to protect the person in danger. Such actions may include involuntary hospitalization, notification of the police, notifying an intended victim, etc.**

Please be aware that therapists discuss suicidal and homicidal thinking with patients without feeling the need to take action. Such thoughts tend to be more common than most people realize. However, action may be taken only if I believe that actual harm may result from such thinking. To protect life, yours or someone else's, is primary.

3. If you are involved in litigation and inform the court of the services received in a mental health setting (thereby making your mental health an issue before the court), you may be waiving your right to keep your records confidential. Please consult with your lawyer before doing so. **PLEASE BE AWARE THAT I AM NOT A FORENSIC PROVIDER, WHO PROVIDES PSYCHOLOGICAL SERVICES OR TESTIMONY FOR THE PURPOSES OF COURT RELATED MATTERS. IF YOU ARE SEEKING A FORENSIC PSYCHOLOGIST OR CLINICIAN, PLEASE LET ME KNOW AND I WILL GIVE YOU THE APPROPRIATE REFERRALS.** See Fees and payment for information about court related involvement.

4. In Worker Compensation cases, Georgia law requires disclosure of available records before payment is rendered to the therapist. In such cases, I attempt to provide a summary of treatment without specific details. This approach is not always successful.

5. In many cases, managed care companies require significant disclosure of clinical information so that they can make clinical judgments concerning the need for treatment. I cannot be responsible for what they do with the information they request even though I believe that every company is committed to maintaining confidentiality.
6. Should you desire that information be communicated about you to someone else, your written permission will be required. Should therapy include others, such as a spouse, written permission will be required from EACH person before any records will be released.

### PROFESSIONAL RECORDS

As I am sure you are aware, I am required to keep appropriate records of the professional services I provide. Because these records contain information that can be misinterpreted by someone who is not a mental health professional, it is my general policy that patients may not review them. However, if you request, I will provide you with a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to forward the summary to another appropriate mental health professional working with you. You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly.

Your clinical record will be closed if you are not seen within 90 days – unless prior arrangements have been made. If you choose to return to counseling, after 90 days a new clinical record will be created.

### PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

### MINORS & PARENTS

I respect the right of children to independently consent to and receive mental health treatment. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment and this requires that some private information disclosed by a child or teen be shared with parents. **It is my policy not to provide treatment to a child or teen under 16 unless he/she agrees that I can share whatever information I consider necessary with his/her parents.** For teens 16 and over, I request an agreement with my client allowing me to share general information about the progress of the teen's treatment and his/her attendance at scheduled sessions. I expect parents or guardians to respect that communication between myself as therapist and their child/teen/ward is confidential. The exception would be if I believe that the child is in danger or is a danger to someone else. In such a case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child or teen, if possible, and do my best to handle any objections he/she may have. In situations involving separated or divorced families, the person who initiates services for a child is the person responsible for payment, regardless of any other arrangement made with the ex-spouse.

### Payments and Fees

Fifty (50) minutes constitutes a therapy hour for which I charge \$110; the initial session is \$150. There is a \$50 fee for missed appointments. That gives me time to schedule someone else. If there are vacancies in my schedule and you are able to reschedule during the same week, the \$50 charge is waived

Should you have any questions about fees, payment arrangements, insurance benefits, or other financial questions, please do not hesitate to discuss them with me.

Payment is due at the time of your appointment. I accept check, cash or credit cards.

Many insurance policies include coverage for counseling. My services are covered by **some** of the major insurance and managed care companies. However, if these companies do not pay for services, you are responsible for payment.

**I will provide invoices for clients to file for reimbursement. This arrangement is in the best interests of both my practice and my client's privacy. Paying out of pocket gives you the maximum protection and control over your treatment and privacy because it denies insurance/managed care providers access to your personal records and confidential information on file. This may change if you file for reimbursement, so be sure to check with your insurance company if this is important to you. You should also be aware that if you submit my bill to your health insurance company, they often require me to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and I have no control over what the company does with it once it is in their hands. I will provide you with a copy of any report I submit for your initial review, and have you send it to the insurer directly. By signing this Agreement, you agree that I can provide requested information to your carrier.**

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, even if I am called to testify by another party on your behalf. As a result of the difficulty of legal involvement, I charge \$400 per hour for preparation, transportation and attendance at any legal proceedings. This cost is not reimbursable through insurance plans.

There is a \$50 fee should you miss a therapy appointment or fail to cancel within 24 hours. Insurance or Medicaid does not cover this fee. Please help me to prevent this situation by giving me the courtesy of a 24-hour cancellation notice.

Returned checks are costly. To offset these costs, there is a \$35 returned check fee plus any bank charges.

See fee schedule attached for additional fees.

A late fee of \$50 per month will be assessed against any balance outstanding over 45 days. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

**Your signature on this page and initials on each page indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. I look forward to working with you!**

Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_

DATE \_\_\_\_\_

**Sunrise Counseling**

2014 Fee Schedule

90791	Diagnostic Interview .....	\$150.00
90834	Individual Psychotherapy (45-50 min).....	\$110.00
90837	Individual Psychotherapy (75-80 min).....	\$150.00
90847	Family Therapy.....	\$150.00
90853	Group Therapy.....	\$50.00

Informational Consultation (<15 min).....n/c

Telephone Consultation (>10).....prorated based on \$110/hr

Court Fees

(preparation, reports, availability and travel time).....\$400/hr

Missed appointment fees (without 24 hr notice).....\$50.00

Preparation of a report.....\$75.00

Returned Check Fee.....\$35.00

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Signature \_\_\_\_\_ Date \_\_\_\_\_