

M. J. Murphy Counseling Services, Inc.

9824 White Oak Swamp Court ~ Fredericksburg, Virginia 22407 ~ Phone 678-793-5014

murphy.maryjane@gmail.com

COUNSELING AGREEMENT

This **Counseling Agreement** contains information that informs you about policies and procedures. You will be given a copy of this agreement to keep for your records.

1. ATTENDANCE AT APPOINTMENTS

- A. The length of a full counseling session is 50 minutes.
- B. If you are unable to keep a scheduled appointment, please call 678-793-5014 at least 24 hours in advance or you will be charged for the appointment.

2. CONFIDENTIALITY

- A. The confidentiality of the counseling relationship is strictly maintained. Any communication with an outside party or other professional providers occurs only if the client signs a *Release of Information Form* authorizing the terms of such communication.
- B. There are certain situations in which this therapist will break confidentiality to provide information to other persons or agencies without your permission. These situations are as follows
 - a. If a client reveals information implying or indicating abuse or neglect of a child, or abuse or neglect of an elderly person, this therapist will report this information to the Department of Family and Children's Services or other appropriate state agency.
 - b. If a client threatens bodily harm or death to another person this therapist will inform the intended victim and law enforcement agencies.
 - c. If a client threatens to harm himself or herself, the therapist will inform a family member or other emergency contact and assist in the mobilization of appropriate mental health services.
 - d. If fees are unpaid after 90 days and attempt must be made to collect fees through an agency or small claims court. (In this case no details of counseling sessions would be disclosed, only name, address, dates and amount owed.)
- C. The right to confidentiality of a minor is waived for reasons above or if the minor is participating in any illegal and/or physically unsafe behavior.
- D. In the interest of maintaining a therapeutic relationship with all members of a family, it is

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agreed that at no time will one member of the family seek court disclosure of their therapy communications.

3. THERAPIST RESPONSIBILITIES, PROFESSIONAL STANDARDS, AND QUALITY ASSURANCE

This therapist practices within certain areas of competence and within ethical standards of practice for professional affiliations and licensure. A professional disclosure statement is available and offered at the initial session. The professional code of ethics is available upon request.

4. SAFETY / EMERGENCIES

- A. Please be aware of the importance of immediately informing the therapist of any extreme thoughts, feelings or circumstances that might endanger someone's life or property. Please call the therapist to arrange a time to talk about this, but please call 911 if you feel you need immediate help and the therapist is not immediately available.
- B. It is in the best interest of the client to inform the therapist of any health related issues that may develop into an emergency while attending a counseling session, such as seizure history, diabetes, etc. In case of such an emergency, the client gives the therapist permission to contact:

Name _____

Relationship to Client _____

Address _____

Phone _____

5. FEES AND PAYMENT

- A. The standard fee for a counseling session is \$140.00. Full payment for each session is expected at the time of service. Checks are made payable to M. J. Murphy Counseling Services, Inc.
- B. Insurance may apply to the cost of your sessions. Your insurance company determines the amount they will pay for an out of network provider. This therapist will provide a receipt that can be used for reimbursement to you by your insurance provider. Please contact the insurance company to determine if out of network benefits are available to you and decide if you want to use them.
- C. There may be a charge, prorated from the session fee, for any phone consultation over 15 minutes in length.

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- D. There may be a charge, prorated from the session fee, for consultation time with an outside

party or other professional provider.

6. AGREEMENT TO COUNSELING

Signature of Client(s) _____

Signature of Therapist _____

Mary Jane Murphy Gonzales, MS, LPC
Georgia License # 2894

Date _____