



Partnering with churches and community for affordable care

## **COUNSELING AGREEMENT FOR NEW CLIENTS**

**COUNSELING SERVICES.** The decision to begin counseling is one which may have important consequences for the rest of your life. Research has shown that when individuals enter this type of treatment with a good understanding of what they are about to undertake, they are likely to achieve good results. This document contains important information about the professional services you will receive. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between Wellspring Counseling and yourself.

**APPOINTMENTS.** Individual appointments are generally 50 minutes in length. If for any reason you are unable to keep your appointment, it is essential for you to notify us 24 hours in advance of your scheduled appointment. If you do not, you may be charged for the time reserved for you. If you do need to reschedule an appointment, we will cooperate in accommodating your preferences.

**RATES & PAYMENTS.** It is our mission to make professional counseling services affordable for everyone. The average cost per counseling session for professionals with similar licensure and credentials is approximately \$115 per session. This is our regular rate, which we have discounted to \$85 per session, and with this, has been discounted more than 30% compared to other counselors/agencies in the area.

In addition to weekly appointments, we charge our regular rate for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time plus travel time and expenses even if we are called to testify by another party. If your counselor has benevolent care openings, clients who need assistance can possibly apply for our reduced fee scale, which is based on a clients' family income. This graduated scale, which reflects our underlying approach, is designed to enable individuals at all income levels to afford professional help to deal with emotional, psychological or spiritual concerns. Prior to filling out these forms, please check with your counselor if they have any benevolent openings. If you cannot afford our discounted rate, you can apply for this reduced fee. If this is your situation, ask your counselor for an application to apply for this rate. We base our reduced fee scale on household gross income at a rate of \$1.00 per \$1,000 earned. We have a minimum payment of \$45.00 for individual counseling and \$60.00 for marriage counseling.

Full payment is due at the beginning of each session. For any delinquent accounts, it is our policy to turn these accounts over to a collection agency. Only information which is non-clinical in nature will be given to the collection agency for this purpose.

With assistance or not, we hope that all clients, former and current, become partners with Wellspring and our ministry. It is our hope that after receiving help, clients will become donors to the ministry also helping others afford the help we offer. Because we are a 501(c)(3) organization, your donation is tax-deductible.

**INSURANCE.** Because of our commitment to quality of care and our clients' privacy, Wellspring in most cases does not accept insurance. Most insurance companies only cover approximately 50% of counseling services and with our discounted fee of \$85.00 even when the client pays this cost; the total cost is similar

when using insurance coverage. Likewise, most insurance companies do not cover marriage or family counseling.

**RECORDING OF SESSIONS.** For supervisory issues and client/counselor protection, Wellspring has the right to record client sessions. These recordings are kept confidential and secure, and in most cases, we destroy these recordings within a month.

**CONTACTING US.** We are often not immediately available by phone. Our business line is answered by confidential voice mail that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

I, the undersigned, acknowledge that I have received and read this counseling agreement & understand the above information, and agree to voluntarily receive and participate in the counseling process on that basis. I fully understand the responsibility of this agreement.

I, the undersigned, authorize the audio recording of sessions.

I, the undersigned, hereby will be paying for services at the close of each session.

I, the undersigned, understand that if a payment plan has not been established and when charges have not been paid within 30 days of the due date, I agree that I will subject to a late charge of 1.5% per month on the unpaid balance. I agree to pay for any charges for each returned check. The charge for a returned check is \$25.

I, the undersigned, understand that all CANCELLATIONS MUST BE MADE 24 HOURS IN ADVANCE OTHERWISE A FULL CHARGE WILL BE MADE. I will be fully responsible for such charges.

I, the undersigned, will be applying for the reduced rate for Wellspring's Counseling services and the rate we will be paying per session is \$\_\_\_\_\_. (Please attach Application to this document)

I, the undersigned, understand and agree that if Wellspring Counseling accrue costs in sends my past due amount to, but not limited to collections, Law firm, and/or small claims court, are my obligation to reimburse to Wellspring Counseling, therapist, and/or other affiliates.

\_\_\_\_\_  
Client, Parent or Guardian's Name (Please Print)

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Date

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Client, Parent or Guardian's Signature

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Date

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Client, Parent or Guardian's Signature

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Date