



## Peace and Purpose Counseling, PLLC

*Outpatient Services*

**Brittany Gilchrist, MA, LPC, CEDS**  
*Licensed Professional Counselor*  
*Certified Eating Disorders Specialist*

### **Intake Clinician/Client Agreement**

Although group, family, marital, and individual psychotherapy are beneficial, as with any treatment, there are inherent risks. During therapy, you will have discussions about personal issues which might bring to surface uncomfortable emotions such as anger, guilt, and sadness. But bringing such issues to light are often the only way to work through them. Some of the possible benefits of therapy are improved personal relationships, reduced feelings of emotional distress, and specific problem solving.

Discussions with therapist are confidential. No information will be released without your written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: in the case that the client is a minor; child abuse; abuse of the elderly or disabled; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations in which the client(s) is in danger of harming self or other(s). If you have any questions regarding confidentiality, please ask me and we can discuss your concerns. At times, exceptions will also take place for necessary consultation with other professionals, but attempts to conceal identity will be made.

Email and voicemail are strictly for scheduling purposes. Anything of substance is to be discussed during psychotherapy sessions. Therefore, if you are needing to get in sooner than your scheduled appointment, contact therapist immediately to schedule. Peace and Purpose Counseling, PLLC will use reasonable means to protect the security and confidentiality of information sent and received via e-mail and phone. However, Peace and Purpose, PLLC cannot guarantee the security and confidentiality of email or text communication and will not be liable for inadvertent disclosure of confidential information.

Please be aware that I do not provide consultation, evaluation, or legal testimony in child custody, child visitation, or molestation cases. If you require these services, you will be referred to professionals who work with these issues.

Peace and Purpose Counseling, PLLC is not responsible for e-mails, texts, or phone calls sent during an emergency situation. If an emergency situation should arise, call 911 or go to your local hospital emergency room. As an outpatient clinician, I am not equipped to handle emergencies.

Clients under 18 years of age, should be aware that the law may allow parents to examine their child's treatment records. Please be certain that if you are bringing a minor in for evaluation or treatment, you have the legal (custodial) right to do so. If you do not have custody, **you must inform me. Counseling cannot be provided for children (below 18 years of age) of divorce without a copy of custody documents.**

Payment is due in full at time of service. Checks, Visa, and Mastercard are accepted. It's not our policy to carry balances forward. If an outstanding balance accrues, you will be billed a 2% finance charge, compounded monthly, starting 5 days after your appointment date. There is also a \$10 rebilling fee for every statement and a \$40 NSF fee if applicable.

**Session fee:** For individual/family clients - \$145 (50-minute duration)

Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. All money is due at time of appointment. If you must cancel or reschedule your appointment, call me at least 24 business hours (meaning Monday appointments must be cancelled by the Friday prior) in advance. This will free your appointment for another client. Appointments not cancelled within 24 work hours will result in a full appointment charge.

As needed, an invoice/receipt can be issued to you for your convenience in filing with your insurance carrier. I am not in-network with any insurance providers. What I can do, upon request, however, is provide a thorough receipt for services that you can file to your insurance company seeking reimbursement. Understand that insurance companies require disclosure of health information to certify the necessity of care. This includes but is not limited to a diagnosis or description of the mental condition, the type of service received, and the dates of said service. At times, files may be audited and treatment plans, progress notes, and summaries will be provided to your insurance company.

The entire balance of your bill is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Please be aware that perhaps all of the services provided may be non-covered services.

Charges for professional services when corresponding through e-mail or phone calls, are prorated on the basis of \$125 per hour, in 15-minute increments.

Discharge paperwork will be completed by your counselor and put in your file after two consecutive months of non-communication (i.e. no counseling facilitated, no plans for scheduling an appointment). Once discharge paperwork has been completed, you will no longer be considered an active client of Peace and Purpose Counseling, PLLC. If you are interested in resuming counseling at any point, you are welcome to contact me to discuss reopening your file and setting up an appointment. However, please take note that I cannot guarantee availability once a discharge has occurred, which may result in you being placed on a waiting list or being referred out.

I hereby seek and consent to take part in the treatment by Brittany Gilchrist, MA, LPC, CEDS, and I understand the limits of confidentiality. If the patient is a minor (under 18 years of age), I consent for that child to receive this treatment or evaluation.

\_\_\_\_\_  
Client Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone numbers \_\_\_\_\_

### **Consent to Leave Telephone Messages**

Consent to leave telephone or voicemail messages: From time to time in caring for our patients, it may become necessary to contact you by telephone. Current HIPAA regulations do allow me to contact patients via telephone and leave generic, non-protected health information on answering machines and voicemail systems. However, often my patients are not available when I call them and I would like to be able to leave a detailed telephone message whenever possible. In order to protect your privacy, I need your written permission to leave detailed messages on your email or voicemail system.

\_\_\_\_\_  
Client Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
Telephone numbers and e-mail addresses that can be used:  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the clinician is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communication of PHI by alternative means.
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The clinician may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, the clinician will discuss with you the details of the request and alternative ways to address it.
- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The clinician may deny your request. Upon your request, the clinician will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). Upon your request, the clinician will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from your clinician upon request, even if you have agreed to receive the notice electronically.

Clinicians Duties:

- The clinician is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
- The clinician reserves the right to change the privacy policies and practices described in this notice. However, the clinician is required to abide by the terms currently in effect, unless they notify you of such changes.
- If Peace and Purpose revises the policies and procedures, we will post a notice in the office of the change and a copy of the new revised policies and procedures will be available upon request.

I understand my rights and clinician duties:

---

Client Signature(s)

---

Date