

## COUNSELING AGREEMENT

**PLEASE READ AND SIGN THE FOLLOWING PRIOR TO SEEING Randall R. Lyle, Ph.D.**

### **CONFIDENTIALITY**

Confidentiality means that Dr. Lyle has a responsibility to safeguard information obtained during counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your consent. In such situations, Dr. Lyle is not required to inform you of his actions. Please note the following exceptions to confidentiality:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.

Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records.

### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)**

Dr. Lyle is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Dr. Lyle the information contained in your health record belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- inspect and obtain a copy of your health record
- amend your health record as provided by regulation
- obtain an accounting of disclosures of your health information as provided by law
- request communications of your health care information by alternative means or locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

### **THE BENEFITS OF COUNSELING**

One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with marital, family and other interpersonal relationships, and /or a greater understanding of personal goals and values.

### **THE RISKS OF COUNSELING**

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. Dr. Lyle will do his best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

**COST OF SERVICE**

The cost of service is \$130.00 per session or the set package price for Neurofeedback treatment, \$1800 for 20 sessions or \$3000 for 40 sessions.

**PAYMENT OF FEES**

All fees should be paid at the time the service is rendered. Cash, personal check, MasterCard, or Visa are welcome.

Most insurance plans have an annual deductible, which must be met prior to reimbursement. If you have such a deductible, this is your responsibility to pay. Some insurance plans require the insured to call prior to the first visit and obtain authorization for a specified number of visits. If you fail to obtain this authorization prior to your initial psychotherapy session, you are responsible for payment.

**INSURANCE CLAIMS**

Please remember that you are responsible for payment of all fees whether or not your health insurance provides reimbursement.

**CANCELLATIONS**

Cancellations must be made twenty-four hours in advance to avoid charge. Missed appointments will be charged the regular fee.

**NSF CHECKS AND REJECTED CREDIT CARD CHARGES**

There will be a \$25 charge for each NSF check or credit card rejection.

**WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING**

I have read and accept this agreement and herewith consent to counseling/psychotherapy/neurofeedback treatment with Randall R. Lyle, Ph.D.

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Client Signature or Legal Representative

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Date

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Client Signature or Legal Representative

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Date

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Randall R. Lyle, Ph.D.,LMFT

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Date