

Counseling Professionals Of Northeast Texas
737 Lamar Avenue, Paris, Texas, 75460
Telephone: 903-785-0400

POLICIES & PROCEDURES AGREEMENT

Welcome to the counseling practice of **Ronikaye Rusak, MS, LPC, Marcie Temple MS, LPC, Deborah McLaurin-McCraw, MS, LPC, Melissa R. Ladd MS, LPC, Melissa Pierce MS, LPC, LCDC, Marla Anderson MS, LPC.** Thank you for choosing our practice for services. We do realize that starting counseling services is a major decision and you may have many questions. If you have any questions or concerns, please feel free to ask and we will make every effort to give you all of the information available.

Counseling Professionals of Northeast Texas exists to provide the residents of Northeast Texas and Southeast Oklahoma with quality counseling services. This mission is carried out by offering individual, couples, marital, and family counseling and specialized groups.

Ronikaye Rusak is a Licensed Professional Counselor and Approved Supervisor engaged in private practice providing mental health services directly and as a provider for various managed care companies. Mrs. Rusak is also a facilitator for the Kids Hurt Too class which is required by the court for all divorcing parents of minor children. She has conducted classes in tobacco cessation and drug and alcohol prevention and education programs. In addition, Mrs. Rusak is a contractor with Texas Department of Family and Protective Services to provide counseling services to their clients.

Marcie Temple is a Licensed Professional Counselor. She earned her Master of Science in Counseling from Texas A&M - Commerce. She has worked with teens through Zone 32 on an individual and group setting. She contracts with North Texas Youth Connection and Fannin County Children's Center providing crisis intervention counseling for youth and their families. She also provides parenting education for caretakers.

Deborah McLaurin-McCraw is a Licensed Professional Counselor and a Certified School Counselor. She works with children, adolescents, and adults. Mrs. McCraw has a Master of Science degree in counseling from Texas A&M University-Commerce and a Master of Education from Northeastern State University. She has received training in Love and Logic strategies for parents and educators and has completed 50 hours of Play Therapy training. She has extensive training in Sand Tray Therapy and is a Registered Integrative Sand Tray Therapist. She is a member of Northeast Texas Counseling Association, Texas Counseling Association and The American Counseling Association.

Melissa R. Ladd is a Licensed Professional Counselor and a Licensed Chemical Dependency-Intern in private practice providing mental health services directly and as a provider for various managed care companies. She works with Juvenile Probation Departments in three counties and has conducted Social Skills/Anger Management on an individual and group setting, as well as Drug and Alcohol Prevention and Education Work. She provides services to individuals, children, adolescents, families and couples.

Michael R. Rhodes is a retired banker with over 45 years experience in the financial service industry. He has a degree in accounting/finance and attended Southwestern Graduate School of Banking at Southern Methodist University. He employs his life experiences and communication skills in a meaningful way by providing supervised visitation services for area youth and their families.

Melissa Pierce is a Licensed Chemical Dependency Counselor, and Licensed Professional Counselor. She earned her Master of Science from University of North Texas. She conducts DWI and Drug Offender Education Classes. Ms. Pierce works with adult probation and other entities providing individual, group and family counseling for individuals with substance use related issues. She provides services to individuals, children, adolescents, families, and couples.

Marla Anderson is a Licensed Professional Counselor and a Certified School Counselor. She has a Master of Science in Counseling from Texas A & M University - Commerce. Mrs. Anderson has worked in education for over 25 years with ages 5 through 15, including 7 years working with gifted and talented programs. She provides services to individuals, children, adolescents, families and couples.

Mark R. Falkenstine is a Licensed Professional Counselor - Intern and a Licensed Chemical Dependency - Intern. He earned his Master of Arts in Counseling from Amberton University. He also earned a Bachelor of Arts from The University of North Texas, as well as a Bachelor of Science from The University of Texas Southwestern Medical Center of Dallas, where he graduated from the Allied Health Sciences Physician Assistant Program. He is a retired physician assistant with twenty years of experience in direct patient care. Mr. Falkenstine has served as facilitator for "Zone 32", which provides a safe place for teen students to support and share among peer groups led by professionals. He currently facilitates interactive process groups for the



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Hunt Regional Outpatient Behavioral Health Center in Commerce, TX and provides individual and group counseling for the New Hope Center of Paris. He is a member of the Northeast Texas Counseling Association, and the American Counseling Association.

Services are provided to adults, children, adolescents, couples, and families. Although no one can solve problems for you, it is hoped that you will be better able to understand your situation and feelings and move toward resolving your difficulties. The therapist is to use her knowledge of human development and behavior to make observations about your situation and suggestions for new ways to problem solve. It is my responsibility to listen, understand and be helpful to the fullest extent of my professional ability. It is your responsibility to help me understand your life situation, thoughts, feelings and to have the courage to try new approaches in order for change to occur. It is important that you share with me the goals you have for therapy and realize that entering therapy does not always guarantee anticipated outcomes.

Appointments are made to set a specific time aside for you to meet with your therapist. Appointments are made by calling 903-785-0400 Monday through Thursday between the hours of 8:30 a.m. and 5:30 p.m. Please call to **cancel or reschedule at least 24 hours in advance to avoid being charged for missed appointments. Please be advised we will require a credit card to be put on file in the event of a missed appointment. Clients will be charged \$25.00 for any missed appointments. The no show policy is that following two unpaid no show/late cancellations, your case will be closed.** A referral can be made at your request. We are committed to provide to the best of our ability convenient appointment times for you. There is often a waiting list for prime time appointments. **Please make every effort to keep your appointment times and honor the time set aside for you.**

On-going therapy is a negotiated process, and the need for follow-up appointments will be discussed with you at the close of each session. Whether or not you reschedule is always your choice. However, when therapy is completed or if you decide to discontinue therapy, a closure session with your therapist should be scheduled. Therapy may be discontinued if you cease to benefit from counseling, or if the therapist deems that your situation requires Intervention beyond the scope of services she is qualified to provide.

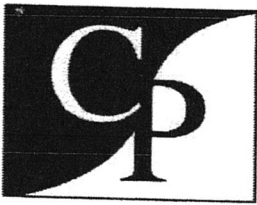
Counseling sessions are 45 minutes in length and are scheduled to begin on the hour. This provides a break for the therapist between sessions and facilitates privacy for clients coming and going. Complex issues may require a longer session. If you think your situation will require additional time, please request this when you schedule. Late arrivals should expect to forfeit the portion of the hour missed. Cancellations must be received 24 hours before your scheduled appointment to avoid being billed for the missed appointment. You are responsible for calling to cancel or reschedule your appointment. When you schedule an appointment with us, we are agreeing to set aside that time for you. When you no show or cancel without a 24 hour notice for two consecutive appointments, it will be necessary for you to pay in full for the second missed appointment prior to rescheduling. Successful therapy requires a commitment that is reflected in your willingness to utilize the time scheduled for you. The therapists will be happy to discuss this with you if you have questions.

When making an appointment for a child, consent for counseling must be signed by the parent or in the case of a divorce, by the managing conservator of the child, prior to contact with the child. An initial appointment is scheduled with the parents to obtain a history regarding the child's problem. (Please be prepared to provide a copy of the court order naming the managing conservator of the child.) It is our policy that both parents may be involved in a child's therapy.

Fee for Services: Individual Counseling Fees are \$110.00 per 45 minute session. Fees for marriage therapy, family therapy, and telephone emergencies are \$125.00 per 45 minutes. We will look to you for full payment of your account at the time of your session. Gifts, bartering and trading services are not appropriate.

Initial assessments are very important to the overall successful outcomes of counseling. It is important to gather essential information and to clarify and set goals for our time together. The fee for the initial assessment and development of a treatment plan to reach your goals is \$150.00. After the initial assessment, you and your therapist will decide the treatment option(s) for you.

The therapists do not normally provide forensic evaluation. However, should they be subpoenaed to provide court testimonies regarding your therapy, fees are \$150.00 per hour. You will be billed at the court testimony rate for the therapist's time preparing for testimony, consulting with either attorney (if subpoenaed or a release is signed), for a written report, for reproducing records, for travel to and from court, for time waiting at the courthouse and time spent testifying. A payment deposit of \$500.00 is required in advance of the court date. Any portion of the deposit not billed will be refunded. Your signature on this form is your agreement to pay for this service if requested.



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Professional Supervised Visitation Fees are \$30.00 per hour. Fees should be paid before visitation begins. Please note if court testimony is expected, then a **payment deposit of \$250.00** is required in advance of the court date. The court fee for testifying, time waiting at the court house, travel time, and time spent consulting with attorneys will be billed at \$50.00 per hour. Your signature on this form is your agreement to pay for these type services.

Insurance Coverage often includes benefits for the treatment of mental health issues. We are willing to bill your insurance company directly for the portion of the fee they are responsible to pay for individual therapy, **PROVIDED**, we have a contract with your company and **PROVIDED** the services are preauthorized. **It is your responsibility to ensure that the requirements of your particular insurance company for preauthorization of services are met.** Your signature denotes your understanding and agreement that if your insurance company fails to pay **FOR ANY REASON**, including bankruptcy of the insurance company, you are responsible for any unpaid balances and upon notification will promptly pay what is due.

In the event a therapist is not a provider for your particular insurance company, we will accept you as a private pay client and provide you with the appropriate information necessary for you to submit a claim to your insurance company and be reimbursed directly.

Insurance companies normally pay for a 45 minute therapy session. Insurance companies normally **DO NOT** pay for telephone emergencies, court testimony, and the fee for marriage or family therapy, additional time spent in session or no shows. Your co-payment and any services not covered by your insurance benefits are your personal responsibility and must be paid at the time of service. (Please be prepared to present a copy of your insurance card at the initial appointment. Medicare and Medicaid cards must be presented at each visit.) Insurance and managed care companies require a therapist to provide a diagnosis and information about your therapy in order to determine your eligibility for benefits. In addition, it may be necessary to coordinate services with your primary care physician.

Confidentiality: Discussions between the therapist and you are private. It is our goal to protect the confidentiality of your Private Health Information (PHI). In almost all cases it is my intent to use your PHI or share with other professionals only for the purposes of providing treatment to you, arranging for payment of services, or for business functions called health care operations. (These routine purposes are called TPO). In addition, you may at times give the therapist written authorization to use your PHI or to disclose it to another person for the purposes you designate. However, there may be times when disclosure of your records or testimony will be compelled by law, such as mandatory reporting of child/adult/disabled abuse or neglect; situations where the therapist has a duty to disclose, or where, in the therapist's judgment it is necessary to warn or disclose possible danger; child custody cases, or suits in which the mental health of a party is in question. A therapist may use or disclose a client's PHI to defend a complaint to the licensing board or a negligence suit brought against them by that client. Living in a small community, there may be occasions where you see your therapist outside this office. In an effort to protect your privacy, the therapist will not initiate conversation or discuss clinical issues with you in social situations. Your relationship with the therapist is professional and therapeutic. Personal and/or business relationships undermine the effectiveness of therapy and should be avoided. If you have any questions regarding confidentiality or the Privacy Practices of Counseling Professionals of Northeast Texas, you should bring them to the attention of the therapist. By signing this Policies and Procedures Agreement, you are giving your consent to use and disclose your PHI as outlined above and as clarified in the attached NPP. You are also releasing and holding harmless: Your therapist from any departure from your right of confidentiality that may result. The Privacy Practices of Counseling Professionals of Northeast Texas are discussed in further detail in the brochure attached to this form. This notice describes how medical information about you may be used and disclosed. Please review it carefully. Your signature on this Policies and Procedures Agreement denotes that you have received a copy of the Notice of Privacy Practice (NPP) and understand we operate under these practices as mandated by law. While we make every effort to provide confidentiality, we cannot assure the confidentiality of family members or other individuals you may include in the therapy process.

Duty to Warn: In the event that my therapist reasonably believes that I am a danger, physically or emotionally, to myself or another person, I specifically consent for her to warn the person in danger, contact medical and law enforcement personnel, and notify the following person (s):

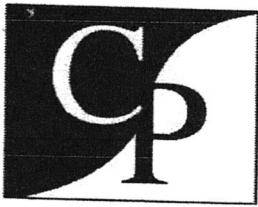
NAME

TELEPHONE NUMBER

I consent for my therapist and the office manager to communicate with me by e-mail and phone at the following location, and I will IMMEDIATELY advise the office in the event of any change:

E-MAIL ADDRESS

TELEPHONE NUMBER



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Risks of Therapy: Therapy is the Greek word for change. You may learn things about yourself that you don't like. Often, growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy. Specifically, one risk of marital therapy is the possibility of exercising the divorce option

After-Hours Emergencies: Emergency situations may necessitate immediate attention. Situations can escalate and become quickly unmanageable. If an emergency situation for which the client or their guardian feels immediate attention is necessary, they are to contact emergency services and their physician or psychiatrist or go to the nearest emergency room. You may also call 911. Emergencies are urgent issues requiring immediate action. I will follow those emergency services with standard counseling and support to the client or client's family. Appointments may be scheduled by calling the office at 903-785-0400 during office hours.

Therapists/Client's incapacity or Death: I acknowledge that, in the event my therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this form, I give my consent to allowing another licensed mental health professional selected by my therapist to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice.

Confidentiality also extends beyond your death. In the event of your death, you would like your records released to:

Informed Consent to Treatment: I voluntarily agree to receive mental health assessment, care, treatment or services for myself and family members noted below and authorize my therapist to provide such care, treatment or services considered necessary and advisable to myself and others listed below:

I understand and agree that I will participate in the planning of my care, treatment or services, and that I may stop such care, treatment, or services that I receive through my therapist at any time.

I agree to discuss with my therapist any questions or concerns I have about my therapy and to schedule a closure session when therapy ends. Should a dispute arise between me and my therapist, I agree to good faith mediation to find resolution.

By signing this Policy and Procedures form, I, the undersigned client, acknowledge that I have read and understand all the terms and information contained herein; that I have received a copy of the Notice of Privacy Practices (attached); and that ample opportunity has been offered to me to ask questions and seek clarification.

Client/Parent

Date

Therapist

Date