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AGREEMENT FOR THERAPEUTIC SERVICES

I understand and agree to services through Summit Families First, LLC. While these services may be Court ordered, I understand that there are rules through this organization that I am obligated to follow for ongoing participation in this program.

Although some organizations may be able to bill therapeutic visits to insurance, Summit Families First does not bill any sessions to insurance. Payment is due forty-eight (48) hours before service. We accept money orders, debit/credit cards, and cash. If you use a credit card, fees will be incurred. Checks are not accepted. A 48-hour notice is required for all cancellations. Your hourly assigned fee will be charged for the missed appointment. Your appointment time is reserved specifically for you. Policies regarding charging for missed appointments appear in the Financial Policy.

Therapeutic Supervised Visitation Provider

There is a difference in rate between a provisionally licensed provider and a fully licensed provider. You may request a specific licensure level but there is no guarantee of availability. Additionally, over the course of visits if you start with a provisionally licensed provider there is a chance they will become independently licensed during your visits with them. If this happens the fee will reflect the change in licensure status.

Provisionally Licensed Professional Counselors (PLPC)

A PLPC is authorized to work within the scope of a fully licensed counselor because they are engaging in a minimum of one hour of weekly supervision with a fully licensed provider. During this time the PLPC will communicate with their supervisor the content of sessions, interventions used, responses to interventions, and all documentation of sessions. This ensures that the PLPC is engaging in the best practices possible, and means that the patient has a team of providers (those under supervision and the supervisor) contributing to their case.

The supervisor and any other members of the supervision process (other PLPCs, CITs [counselors-in-training], or fully licensed providers) are bound by the same confidentiality practices as fully licensed providers.

Confidentiality

Therapeutic supervised visitation is non-confidential: therapist-patient privilege does not apply as the supervisor will need releases to exchange information from all relevant parties including the referring body, child's therapist and parents' therapists, as well as evaluators, child's attorney, and any prior supervisors. The supervisor will be giving feedback to assist in assessment, custody evaluation, and treatment of the therapeutic needs of the child and parent. The referral to therapeutic supervision is not to be part of an investigatory process for law enforcement purposes, but the supervisor must follow rules of mandated reporting.

Security of Records

Your records are kept in secure electronic storage. Records will not be made available without court subpoena or authorization or as required by law. There is a charge for copies of records, which is in accordance with Missouri law. We will follow HIPAA Laws and will abide by HIPAA to ensure the safety and security of our clients regarding record keeping.

After Hours Emergencies

Name

Summit Families First is unable to provide 24/7 emergency coverage. You are welcome to attempt to call your therapist and if they are available they will respond. If it is a life-threatening emergency you will need to go to your nearest emergency room, call 911, or reach out to a 24 hour crisis line such as 988.

Interns
I understand that my services may include a clinical intern sitting in the session to observe. The intern will be a Master's level student and is gaining experience and training to become provisionally licensed. The intern is under the supervision of a Licensed Professional Counselor. I understand the intern does not work alone and will be under the supervision of an LPC and will practice under the same guidelines.
Yes I consent to interns observing (Initial here) No I do NOT consent to interns observing
Authorization to Treat
I understand that my child(ren) will be identified as the patient in treatment and visitation will be based on the parent-child relationship being beneficial to the child(ren). The emotional and physical welfare of the child/ren is the principal concern. I give consent to my therapist to provide assessment and therapeutic services to my child(ren), within the scope of their license.
I also understand that although there will be goals for therapeutic services there is no guaranteed outcome.
I understand and agree to the above terms of service.

Date