# Heather Bedell, MA, LCPC

# Licensed Clinical Professional Counselor

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Overland Park, KS 66210 (913) 213-3760

**Policies and Procedures Contract**

Welcome! This document contains important information about my professional services and business policies. Please read carefully and let me know if you have any questions that we can discuss. When you sign this document, it will represent an agreement between us.

**PLEASE READ, SIGN AND RETURN THIS DOCUMENT AT FIRST SESSION**

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. There are variations dependent on therapists, clients and issues addressed. Therapy is most effective when a client or family is motivated and committed to the therapy process. While much therapeutic work is done in session, work towards change, healing, and growth happens between sessions as well.

Therapy has benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.

On the other hand, therapy has also shown benefits for people who utilize their experience to the fullest. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Our first session will involve me learning about what is bringing you to therapy, your family system, relationships, and what you hope to gain from therapy. Together we will discuss a treatment plan to focus on your therapeutic goals.

**OFFICE POLICIES**

Hours:  Office hours and counseling sessions are by appointment only.  Based on the nature of my practice, I am unable to provide counseling services to clients who require 24-hour care.  I do not carry a pager.  However, I check my confidential voicemail several times per day and strive to return phone calls within 24 hours. Calls made over the weekend or during holidays will be returned on Monday.

Emergencies:  The practice of private outpatient psychotherapy with adults, and/or children living with capable adults, makes the assumption that the adults are functioning, self-responsible individuals with legitimate concerns, needs and pain.  Private outpatient psychotherapy cannot, by its structure, assume responsibility for day-to-day functioning of its clients in the same way agencies and inpatient institutions can.  At times, however, some clients may require special attention or assistance.  I am not ordinarily available for therapy or crisis calls apart from our scheduled appointments.  I will, however, consider exceptions to this policy as the appropriate need arises. If you have a counseling emergency and I am not available, please go to the nearest emergency room, contact the police or dial 911.

Confidentiality: Any and all information that we discuss is kept confidential, however there are a few exceptions to this. As a Licensed Clinical Professional Counselor, the State of Kansas considers me a Mandated Reporter. This means I am mandated to report suspected abuse of children, elderly and disabled persons. Also, if I believe you are in danger of harming yourself or someone else, I must report this to the appropriate authorities. Lastly, if I am subpoenaed to court, or your records are subpoenaed for any reason, I must comply with this order. Outside of these exceptions, your records and information are kept confidential. If there are other professionals who you request that I speak to or send records to, I will have you sign a release of information for that professional or business.

I will not send any information to your insurance company. I will provide you with the pertinent information required for reimbursement so that you may see what your insurance company will pay for our therapy.

Records:  Records are safely stored with attention to your privacy for at least 10 years, as required by Kansas Statute.  They will only be released with your written permission and direction.  If you were seen in a Couples or Family Session, *all* adults present would have to authorize the release of that record.  Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. *Patients will be charged an appropriate fee for any professional time spent in responding to information requests.*

Minors: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. However, I ask that parents be considerate of the therapist/client relationship and allow for confidentiality. A limitation to this is if I feel you are in danger, engaging in dangerous behaviors, or your general wellbeing is in question. If I feel that your parents need to be made aware of any concerns, I will first speak with you about it as well as ask that you be a part of discussing the concerns with them.

Credentials: I have a Master of Arts in Counseling and Guidance, which I received from the University of Missouri-Kansas City.  I am a Licensed Clinical Professional Counselor in the State of Kansas.

Fees:  Sessions are typically held either once a week or every other week depending on a client’s needs. Therapy is most effective when sessions are consistent. The hourly fee for a 50-minute session will be determined before our first session and will need to be paid at the time of each session. Payments can be made with cash, check or credit card. *If you are late for a session, your time may be shortened but you will be charged for the entire time schedule.*

Please list an active credit card that can be kept on file in a secure manner:

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Insurance: I am a Licensed Clinical Professional Counselor and thus, some insurance plans will help you pay for my services. To understand your benefits completely, call the number on your health insurance card and ask about “Out of Network” benefits for mental health care.

To gain reimbursement from your insurance company, obtain a claim form from your employer or your health insurance company. I will supply a statement to go with the form and you can then submit this for reimbursement.

Appointments:  I understand that at times it may be necessary to cancel an appointment.  If you are unable to keep a scheduled appointment, *please notify the office 24 hours ahead of time in order to avoid a late cancellation fee which will be equal to the full fee of your scheduled session.* I understand that things can arise and I will waive this fee is in the case of serious or contagious illness, family emergency or extreme weather.

**PLEASE READ, SIGN AND RETURN THIS PRINTED PAGE AT FIRST SESSION**

**AGREEMENT**

1. I have read the Policies and Procedures contract and agree to it in entirety.

2. I have read the preceding information and understand my rights as a client.

3. A copy of this agreement will be given upon request

*If the client attending therapy is a minor:*

4. I have legal custody or guardianship of the following child or children and have the legal right to authorize the care, treatment and counsel of this/these children:

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Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date\_\_\_\_\_\_\_\_\_\_\_

(Client)

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date\_\_\_\_\_\_\_\_\_\_\_ (Parent or guardian, if client is a minor)

Witnessed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date\_\_\_\_\_\_\_\_\_\_\_ Heather Bedell, MA, LCPC