**SERVICE AGREEMENT FOR:Lani Kish Counseling PLLC**

***Lani A. Kish, MA, LMHC, NCC***

License #LH61152575

6626 Wagner Way NW, Ste 200

Gig Harbor, WA 98335

(253) 858-2224, ext. 316

**This outlines the terms of service regarding mental health therapy between Lani Kish Counseling PLLC and the client.**

**Cost of Services and Payment Policies**

The initial assessment/intake is the first step, which typically lasts 85 consecutive minutes, helping the client identify the challenges, set goals and objectives, and discuss preferred methods of treatment. Following the intake, a standard therapy session runs 55 consecutive minutes. The fees apply as follows:

* ***Individual Sessions*** are 55 minutes - $125.00
* ***Individual Intake/Evaluation*** sessions - $185.00
* ***Couples Sessions*** are 55 minutes - $150.00
* ***Couples Intake/Evaluation*** sessions - $195.00
* ***Individual Sessions exceeding 60 minutes up to 90 minutes -*** $62.00
* ***Family Sessions with the client present*** sessions are 55 minutes ***-*** $150.00
* ***Phone Calls*** 10-minute increments of $21.00 per increment
* ***Late Cancellations and/or No-Show appointments*** - $125.00

If a session exceeds the established time frame, a prorated rate, based on the current hourly rate, will be charged. In the event there is a change in fee/rate, the client shall be notified in writing to include one of the following; letter, e-mail, or a revised fee sheet provided at a session, 30 (thirty) days prior to the increase in fee/rate going into effect.

***Additional Fees Outside of Sessions***: In the event additional services outside of sessions are required or requested, pro-rated fees, based on the current rate of a standard session, in 10-minute increments will be charged. These additional services could include (but are not limited too); phone calls, consultation with another professional, letters written at the client’s request or on their behalf, review of a file, summary of treatment, or any other relevant request. Phone calls between sessions lasting less than 10 minutes and addressing administrative issues of scheduling, payments, or other non-therapeutic issues, will not be charged any fee, unless they exceed 10 minutes, wherein every additional 10-minute segment is charged at the prorated rate.

***Limits of Outside Services***: Please note, this therapist does not write letters wherein the intended use is for court, trials, disputes of any kind, legal matters, medical conditions/issues, financial, employment, or any area perceived as a medical and/or legal opinion. This therapist does not write letters used for recommendations in any legal matter, parental conflict or custody disputes, employment, financial, or any perceived recommendation pertaining to any legal and/or medical opinion.

***Payment Policies***: Payment in full is expected at the time of service. I am considered an out of network provider for several insurance companies but many insurance companies will offer reimbursement; you will need to verify this with your insurance carrier. As a therapist, I can provide you a monthly ‘super bill’ (statement) to submit to your insurance company which will include all applicable codes, the amount paid to your therapist and times of service, allowing you to work with your insurance company for reimbursement. Insurance companies will require a diagnosis code which becomes a part of your health record, as part of the reimbursement process and will be included on any superbill. There are times when clients may want to keep any clinical mental health diagnosis confidential.

***Insurance Coverage***: If I am paneled with your insurance company you will need to contact my medical insurance billing company prior to your first appointment: ***Puget Sound Medical Billing, Inc***, 704 228th Avenue NE #133, Sammamish, WA 98074, Phone number: **425-503-6739.** Any co-payments required will be charged at the time of service using a credit card kept on file with the therapist.

***Overdue Payments***: There are times when a client may have an outstanding balance due to a missed appointment or extra services requested. A current Credit Card # is required to be held on file for the client for any outstanding balances. The client will receive an invoice by mail and/or e-mail (client preference), and will have 30 (thirty) days to remit payment. If the payment is not received within 30 (thirty) days, the credit card on file will be charged.

**Appointments and Cancellation Policies**

***Appointments***: After the initial intake/assessment, the therapist and client will identify and secure a specific and regular meeting time for the therapeutic sessions. The client may request weekly or biweekly sessions, with the day and time for the appointment reserved for the client, building structure and security for the client.

***Late Arrivals/Early Departures to Appointment***: All therapy sessions are scheduled for 55 consecutive minutes and are billed for the full 55 consecutive minutes. If a client is late or leaves early, the start and stop times remain fixed and the billing will remain consistent for the full session. In the event a session is scheduled for a longer duration, (i.e., an intake lasting 85 minutes), that session will also remain fixed and will be billed for the scheduled time frame regardless of the arrival time or departure time of the client.

***Cancellation Policy***: The client is responsible for remembering their scheduled appointment dates and times, albeit the therapist will work at sending an e-mail one day before the session as a courtesy reminder. If the e-mail is not received by the client, this is not a basis for a missed appointment or reason for not showing. Notice of cancellation is required at least 24 hours in advance via phone or e-mail to the therapist. Exceptions to this policy are a genuine emergency or an illness. The therapist reserves the right to request documentation to either of these exceptions in order to waive the session fee, which the client will provide documentation within the 30-day invoice period. Albeit, the policy appears stringent, a cancellation with less than 24 hours advance notice does not provide time for the therapist to fill that session time with another client. ***Important*:** Once the therapist receives notification of cancellation, a confirmation e-mail/text/or returned phone call wherein the therapist speaks directly to the client, will affirm your cancellation was received and no charges will be levied.

***Therapist Cancellation***: In the event the therapist is ill or has an emergency, the therapist will notify the client as soon as possible through either e-mail, text, or phone call (whatever is expeditious and appropriate). If the therapist must cancel an appointment, there is no charge to the client and the standing appointment will remain for the following session. In the event of holidays, vacations, planned absences, and/or scheduled professional conferences, the therapist will provide the client with advance notice as soon as possible (at least one week), prior to the event.

**Emergency and Crisis Procedures**

There are times when a client may have a mental health crisis. In the event of a crisis, the client should call the Pierce County Crisis Line at (800) 576-7764. If living in Kitsap County, please call (800) 843-4793. If the client refuses to call the crisis line, please call 911 or go to a local emergency room. The suicide prevention line may be reached at (800) 273-TALK (8255). Due to my schedule, I am typically not available for emergencies, but for existing clients you may reach out to me on my business phone, (listed at the top of this form). If there is an established crisis safety plan, please refer to the crisis plan and use the supports identified while creating the plan. Do not wait for a return call from this therapist, leaving a message does not guarantee an immediate response, but this therapist will return your call as soon as possible. If in crisis follow the steps outlined above.

**Contacting the Therapist**

***Phone calls***: I will typically return phone calls within 24 hours Monday through Friday, although I do not return phone calls on the weekends. If you need a phone appointment for a therapy session, standard fees apply based on 10-minute increments (refer above to fee schedule), but may not be a reimbursable expense for insurance, verify with your insurance agency.

***E-Mail***: If you have an administrative question, e-mail is the best way to reach me as I check my email frequently, but do not use this method when in crisis, follow the steps listed above. Do not use e-mail for confidential or sensitive information as this is not a secure means of communication and is not a replacement for therapy.

**The client’s signature below is evidence that they have read, understand, and agree to all the terms and conditions presented in this Service Agreement.**

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**Client Signature Date**

**Lani A. Kish**

**Therapist Signature**