

# Joey Fennell, M.Div., LPC, NCC, CPCS

*Master of Divinity, Licensed Professional Counselor, National Certified Counselor, Certified Professional Counselor Supervisor*

**Fresh Start Counseling Services**

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## COUNSELOR-CLIENT SERVICE AGREEMENT

Welcome to our practice. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

## **INFORMED CONSENT TO TREATMENT**

I am requesting services by Joey Fennell, M.Div., LPC, NCC, CPCS. I apply for and consent to the prescribed counseling treatment. I understand therapeutic treatment methods/services may include diagnostic assessment, individual, and crisis management services. Joey Fennell is a Licensed Professional Counselor, Parent Coordinator, and Certified Professional Counselor Supervisor. He subscribes to the Code of Ethics and Standards of the practice of the Georgia Composite Board of Professional Counselors and the National Board of Certified Counselors. As a Licensed Counselor, he is required to participate in ongoing continuing education. This is not only to maintain his license, but also to continue growth as a counselor and for the benefit of his clients. In addition to continuing education, he is committed to seeking consultation and supervision in his practice as needed.

**Counseling** has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. The counseling relationship is a collaborative one and requires mutual participation and cooperation.

The first 1-2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your initial treatment goals. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, you should feel free to initiate a discussion with me whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

When utilizing Play Therapy, it is important to note that touch is a natural part of the process. This not sexualized touch in any way, but may result in the therapist hugging or comforting a child.

**Confidentiality** and privacy is maintained on all communication between the client and therapist. Clinical information will not be released about your treatment unless written permission is obtained. As a mandated reporter, there are circumstances where, by law, information must be reported. Those instances are suspected or actual child abuse, the risk of imminent harm to self or others, disclosure of abuse or criminal activity, and a court order to disclose information outside of the scope of privileged communication. **When counseling a minor**, Joey asks the legal guardian grant permission to maintain confidentiality with the child. He will report to the guardian themes of the child's play and such information that he believes to be in the best interest of the child and the overall healthy functioning of the family. Maintaining confidentiality with the child helps to build a trusting, therapeutic relationship between the client, child, and the therapist.

## **FEES**

Each session is normally one standard clinical hour consisting of 50 minutes. Sessions are billed at a standard rate of \$150 for the intake session and \$125.00 for ongoing sessions per clinical hour (50 minutes). Each individual therapist schedules 10 minutes per hour to complete case note documentation and update clinical files. Joseph J. Fennell, Inc. accepts payment in the form of cash, check, major credit card. All checks should be made out to Joseph J. Fennell, Inc.

### **INSURANCE – How do I know how much I will pay?**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. Some insurance companies will offer partial or full coverage of counseling services. With your permission, I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. You should contact your insurance company BEFORE your initial session to determine benefit coverage. There should be a phone number on the back of your card. When inquiring, you can ask for benefit coverage for “outpatient mental health counseling in the office.” You should also confirm “Joseph Fennell” is participating in-network and ask if your benefit plan requires preauthorization. These plans are often limited to short-term treatment and may have a limit on sessions allowed. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, we will need to discuss treatment paths before the end of your allowed sessions.

Most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

If you are not sure of your benefit coverage and we are unable to obtain benefits from our computer system, you may be responsible for full payment of the fee. Many policies leave a deductible, co-insurance, or co-payment to be covered by the patient. If you have a deductible, this typically means you will be responsible to pay for the session IN FULL until your deductible has been met. The deductible amount usually starts over at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for counseling services yourself to avoid the problems described above. If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

### **PROFESSIONAL RECORDS**

I am required to keep appropriate records of the therapeutic services I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself or a determination the record would cause emotional harm, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request.

### **Court Billing**

Occasionally, therapists are called on to testify in court. Joey requires a legal subpoena prior to any court appearance. Should the therapist receive the subpoena at least 5 business days in advance of the scheduled court date, court time is billed at the regular hourly rate of \$100.00 per hour. Billing time begins from the time the therapist leaves the office and continues until the therapist returns to the office. Any preparation time, report or affidavit writing, attorney consultations, etc is also subject to billing at the standard hourly rate of \$100.00 per hour. Travel expenses are included in the standard hourly rate unless travel exceeds a total of 100 miles. Should this apply, mileage will be added to billing at a rate of \$.55

per mile. There is a minimal charge of hourly rate x3 for Joey to attend court in order to allow him to adjust his client schedule.

NOTE: If the therapist is unable to get 5 days notice prior to court, fees increase to \$150 per hour plus mileage in order to compensate for lost billing and the possibility of losing clients due to last minute cancellations

## CANCELLATION POLICY

Please note that your scheduled appointment is time with the therapist that has been specifically set-aside for you. If you are unable to attend a scheduled session and cancel the session within **24 hours** of your session, you will be charged \$40 for the session. If you do not call to cancel the session and do not show, you will be charged the regular session fee of \$125.00. Please be aware that insurance does not cover the cost incurred for missed appointments.

**I acknowledge my financial obligation and ensure payment via the credit card information provided below. I give Joey Fennell permission to charge this credit card for any cancellations less than 24 hours prior to session for any no shows.**

Credit card # \_\_\_\_\_  
Expiration \_\_\_\_\_ Security code \_\_\_\_\_  
Zip code \_\_\_\_\_

**Office hours** are Monday through Friday from 8:00 a.m. to 5:00 p.m. Please call my office, 912-489-7590 to schedule an appointment. If it is after normal business hours, please utilize the confidential voice mail and leave a message with your name and phone number and someone will return your call within 24 hours.

If you have an emergency or crisis and you are unable to reach Joey, you or your family members should call one of the following community emergency agencies; Pineland Mental Health at (912) 764-5125, the crisis hotline at 1-800-766-6041, or go immediately to the local emergency room.

Although Joey is usually in the office Monday through Friday, from 8:00 a.m. to 5:00 p.m., he does not take phone calls when with clients. If you need to get non-emergent information to Joey, you can email him [jfennell47@gmail.com](mailto:jfennell47@gmail.com). He is not available to provide therapy, advice, or consult over the phone. These services require an appointment. You may contact the secretary at 912-489-7590 for all other business or appointment related matters. If the secretary is unavailable, PLEASE LEAVE A VOICEMAIL and a CALL BACK number so your call may be returned. Every effort is made to return calls within 24 hours.

### Termination of Therapy

Joey will discuss service termination with clients when there is a reasonable belief that the client is no longer benefiting from or is unlikely to benefit from future services. Joey will not abruptly terminate counseling services without good cause or significant justification, and in such cases, will provide appropriate referrals.

### Appointment Reminders – Client Contact Information

You should receive a text message reminder the business day before the appointment. Please respond to the text by CONFIRMING or CANCELING the appointment. If you do not respond, your appointment may be cancelled and assigned to the next patient waiting. Also, there may be instances when I need to contact a client. Please indicate the best form of communication for me to contact you and provide that information below.

Email \_\_\_\_\_

Phone \_\_\_\_\_

**I have been informed of my rights as a client and have been provided a copy of the Notice of Privacy Practices.**

CLIENT'S NAME \_\_\_\_\_

Consent: I have read the above professional policies and financial obligations and voluntarily request counseling services with Joey Fennell, M.Div., LPC, NCC, CPCS in accordance with the terms and conditions. For a child under the age of 18 the signature of a legal guardian is required.

\_\_\_\_\_  
SIGNATURE OF CLIENT DATE

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN (IF MINOR) DATE

\_\_\_\_\_  
WITNESS DATE