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INFORMATION AND CONSENT FORM

*This is a service agreement between the client and Abound Psychological Services PLLC.
This must be signed before any services can be provided.*

AVAILABLE SERVICES: Abound Psychological Services PLLC offers a wide array of psychological services, including comprehensive psychological and psycho-educational assessments, individual therapy, group therapy, and family therapy provided by skilled and experienced licensed mental health professionals. Effective services are founded on mutual understanding and positive rapport between client and therapist. It is our intent to clearly communicate the policies and procedures of Abound Psychological Services PLLC. We will be pleased to discuss any questions or concerns you may have. **Prior to starting services, you will be required to sign this document and return it to Abound Psychological Services PLLC, indicating that you have carefully read and understand this service agreement.** Please note that this service agreement is subject to change at any time. You will be informed of any changes in writing and given the opportunity to review and discuss them. You may also request a copy for your records.

CLIENT/THERAPIST RELATIONSHIP: Services provided often involve a large commitment of resources including your time, money, and energy as well as active participation from both you and your therapist. You and your therapist will establish a professional relationship existing exclusively for therapeutic assessment and/or treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts or any sort of trade of service for service are not appropriate.

BENEFITS AND RISKS: With any treatment, there are inherent risks. During your evaluation or therapy sessions, you will likely have discussions about personal issues that may bring to the surface uncomfortable emotions such as anger, guilt, or sadness. The benefits of therapy, however, can far outweigh any discomfort encountered during the process. Some of the possible benefits are reduced feelings of emotional distress, improved personal relationships, and resolution of specific problems. Though we cannot guarantee these benefits, it is our desire to work with you to attain your personal goals.

APPOINTMENTS: Some clients may arrive early for their scheduled appointment. We ask that you respect the privacy of other clients who may be in the waiting room. We also ask that you turn all electronic devices on silent or vibrate and take any calls outside.

Therapy appointments are typically scheduled face-to-face on a weekly basis. More frequent sessions are available if determined appropriate by your therapist. If you must cancel or reschedule your appointment, please email or call with at least 24 hours advance notice. This will free your appointment time for another client. Regular attendance at scheduled appointments is crucial to effective counseling. **Clients who continually do not show up for their appointments, without giving proper 24-hour notice, will be responsible for paying fees associated with missed appointments or improperly cancelled or rescheduled appointments.** This fee will be billed to the credit card on file (required). Clients arriving 16 minutes late or later will be regarded as a no-show and will be billed for the missed appointment. If you become ill or have a legitimate emergency and must miss an appointment, Abound Psychological Services PLLC may or may not waive the associated fee, on a case-by-case basis.

EMERGENCIES: Abound Psychological Services PLLC does not provide emergency psychiatric care, intensive psychiatric treatment, or inpatient treatment. In the event you encounter a personal emergency/crisis, you may contact our office during regular office hours. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, we will make every effort to respond to your emergency in a timely manner and schedule you as soon as possible or offer other options. If you are experiencing a life-threatening emergency, please call 911 or have someone take you to the nearest hospital.

PAYMENT/INSURANCE FILING: Abound Psychological Services PLLC accepts select private insurances. However, filing for services is no guarantee of payment. Should your insurance deny the claim, you will be responsible to pay the remainder of the fees for services rendered. Clients who wish to use their out-of-network benefits may request a receipt for services rendered to submit to their insurance company for partial reimbursement. Abound Psychological Services PLLC cannot guarantee any reimbursement from your insurance provider. Ultimately, it is your responsibility to determine what mental health coverage you have with your insurance provider, particularly for out-of-network providers.

Payment for services is expected at the time of each appointment, before services begin, including your deductible, co-insurance and co-pay amounts. We do not “bill” or allow for payment at a later date without prior approval of management. Cash, checks, and all major credit cards are accepted. Note: A \$35.00 fee will be charged for each returned check in addition to the owed amount.

Abound Psychological Services PLLC requires credit card information be kept on file for missed appointments, cancellations or rescheduled appointments with less than 24-hour notice, returned checks, and approved payment installments. Please be sure that we are very respectful of your privacy and personal information. We will not share this information with any party without your written consent.

Outstanding balances will be subject to a 10% late fee, compounded monthly, for any balance not paid in full or otherwise addressed by your therapist or management. If your balance is not paid within 60 days, we will refer the account to an attorney or collection agency. Any costs of such legal action will also be included in the claim. NOTE: information pertinent to such actions includes the client’s (and/or guardian’s) name, the nature of the services provided, the amount due, and any correspondence regarding the account in question. No confidential information will be provided.

FEE SCHEDULE: Fees vary depending on the service provided. Any necessary changes to service rates will be presented in writing, at which time you will have the opportunity to accept or decline continuation of services.

COURT APPEARANCES/SUBPOENAS: Clients should carefully consider whether or not to ask or issue a subpoena for the therapist to testify in court. There is no guarantee that what the therapist says in court will be of benefit to the client’s case. Additionally, this service will require a large financial commitment from the client. If the therapist is subpoenaed or asked to attend a court proceeding, the therapist will have to clear her schedule and be “on call” for court. There is a 4-hour minimum retainer of \$660.00, payable in advance, regardless of whether the therapist testifies in court or how long he or she is there. This retainer is non-refundable, unless the client provides 48-hour notice of cancellation of the court proceeding. If the therapist is required to remain available for court beyond the first four hours, a fee of \$165.00 will be charged at the start of each additional hour that he or she is “on call,” regardless of whether he or she testifies or not.

INCAPACITATION OR DEATH: Treatment records are stored for seven years, after which they will be destroyed. In the event of the death or incapacitation of your therapist, it will be necessary to assign/refer you to another therapist and for that therapist to have possession of the treatment records. The assigned party will contact all active clients should their therapist no longer be able to provide services. At which time, if you need to access your records, you may submit your request in writing to Abound Psychological Services, PLLC.

CONFIDENTIALITY: Abound Psychological Services PLLC follows all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your treatment. These

records are kept confidential with the exceptions noted below and noted in the Notice of Privacy Practices provided to you.

Discussions between a therapist and client are considered confidential. No information will be released without the client’s written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: *abuse or neglect of a child, the elderly or disabled; public safety/situations where the therapist has a duty to disclose, or where, in the therapist’s judgment, it is necessary to warn or disclose; when commanded to do so by court ordered subpoena; suits in which the mental health of a party is in issue; fee disputes between the therapist and the client; a negligence suit brought by the client against the therapist; or the filing of a complaint with the licensing or certifying board.* If you have any questions regarding confidentiality, you should bring them to the attention of the therapist.

In order to protect our clients’ right to confidentiality, any therapist of Abound Psychological Services PLLC will not acknowledge a client outside of the office. The client, however, may initiate a greeting or introduce the therapist to friends or family members as his or her therapist, if he or she chooses.

DUTY TO WARN/DUTY TO PROTECT: If the therapist believes that a client is in any physical or emotional danger to their self or another human being, he or she will contact any person who is in a position to prevent harm to the client or another, including, but not limited to, the person in danger.

Please provide the name and contact information for any person(s) you wish the therapist to contact in addition to any medical or law enforcement personnel deemed appropriate:

Name:	Relationship	Telephone Number:
_____	_____	_____
_____	_____	_____

CONSENT TO TREATMENT: Please initial by each statement below.

_____ I acknowledge that I have received a copy of the Notice of Privacy Practices describing in detail the conditions in which my PHI (protected health information) may be used and disclosed as well as my rights regarding access to and control of PHI.

_____ I acknowledge that I have read, understand, and agree to the terms and conditions contained in the Information and Consent Form, and hereby authorize the release of necessary medical information with all persons mandated by law, with my physician (or PCP) : _____), and with my insurance carrier for payment of services. I am also releasing and holding harmless Abound Psychological Services PLLC from any departure from my right of confidentiality that may result from release of information.

_____ I understand that I am responsible for payment of fees at the beginning of each appointment. I understand that filing for services is no guarantee of payment. Should my insurance provider deny a claim, I understand that I am responsible to pay the remainder of the fee for services rendered. I also agree to notify my therapist at least 24 hours before my appointment if I need to cancel or reschedule my appointment. I will otherwise be charged the associated fees.

_____ I am voluntarily seeking mental health services for myself and hereby consent to clinical evaluation and treatment by Abound Psychological Services PLLC. Although the chances for obtaining my goals will best be met by adhering to therapeutic recommendations, I understand that I have a right to refuse or discontinue services at any time. I understand that I am responsible, however, for any balance due prior to a decision to stop.

NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, Abound Psychological Services PLLC will not render services to your child until we have received and reviewed a copy of the most recent applicable court order.

_____ As the parent/legal guardian of _____, I have legal power to consent to medical, psychological, and mental health assessment and treatment of my child. I hereby consent to proceed with a clinical evaluation and treatment of my child by Abound Psychological Services PLLC.

I, _____ (print name), have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. If I have further questions, I understand that I can ask my therapist through the contact information provided to me.

Client Signature (or parent/guardian, if client is minor)

Date

Signature of Therapist

Date