

LEE JACOBS RIGGS, LPC, LCPC

P 773.797.2261 E LJACOBSTRIGGSLCPC@GMAIL.COM

### **Counseling Agreement**

*Please keep this copy for your records.*

**Confidentiality:** What you discuss in your counseling sessions and the fact that you are participating in counseling here is confidential. I will not share or discuss this information with anyone else, unless you give me written permission to do so, except under a few specific circumstances: if you are planning to seriously harm yourself or someone else OR in the case of suspected child, elder, or dependant adult abuse. I may be also be required by law to share information if you are involved in a legal proceeding and the judge orders with a court order your records or testimony from your counselor or if you file a complaint or lawsuit against me and I need to disclose relevant information in order to defend myself. Lastly, I may also share information for purposes of consultation. The consulting counselor is also bound to protect your confidentiality.

**Sessions & Fees:** Initial intake sessions are up to 90 minutes for individuals, couples, or families. Subsequent "ongoing" sessions are 50 minutes. Fees for both the intake and ongoing sessions are \$150/session. Longer sessions may be available under certain limited circumstances and will be prorated based on \$30/10 minutes. Shorter sessions due to your late arrival will still be charged the full fee.

**Sliding Scale:** I reserve a number of sliding scale spaces in my caseload for clients who are unable to pay my full fee. Sliding scale fees are secured for four months at a time, after which we will review and may adjust your fee. We will determine together a fee for the 90 minute intake as well as a fee for ongoing 50 minute sessions.

**Insurance:** I am currently in-network with BCBSIL PPO, including Blue Choice Preferred. I am happy to bill BCBS directly for services rendered. Please note that you will be responsible for the remainder of my full fee if insurance does not cover the total cost, unless we have made other arrangements or prohibited by the insurance company.

If you have a different insurance provider, you can contact your insurance company to request information regarding out of network mental health benefits, reimbursement rates, and how to self-submit claims. I would be happy to provide you with a monthly invoice that you may be able to self-submit to your insurance provider for reimbursement.

**Payment:** You may pay with cash, check, or credit card.

When using a credit card, Square charges %3.5 +\$0.15 for each transaction. You will be responsible for this service fee, rounded to the nearest dollar, at the time of service. Please let me know if you would like me to keep a credit card on file for you.

Please keep in mind there is a \$12 fee for checks returned due to insufficient funds. If you are not able to pay at the time of the session, you may be permitted to carry a balance of up to one session using a payment plan.

## COUNSELING AGREEMENT, cont.

### Additional Fees:

**Verification of services letter:** free

**Letter for gender affirming surgery:** \$300 (or the cost of 2 sessions at the agreed upon sliding scale fee)

**Copying of records:** \$20

**Phone calls or crisis intervention beyond 10 mins:** \$30 per 10 minutes or prorated according to sliding scale fee)

**Late arrivals, Cancellations, & No-shows:** If you are running more than fifteen minutes late or need to cancel your appointment, please give me as much notice as possible. If you cancel **less than 24 hours** before your appointment, or if you miss a scheduled appointment, for whatever reason, you will be charged a late cancellation fee. Please do call me to check in, even if it is after the missed appointment. I will want to know that you are okay and to confirm your next session.

**Late Cancellation Fee:** The late cancellation fee is the cost of your session or the amount of your copay if you are using insurance. If you are using insurance and do not have a copay, a \$40 late cancellation fee will be charged. I understand that there are factors outside of your control that may result in a late cancellation. The fee is not intended to be punitive, but instead compensates for the fact that in the case of short notice, I am not able to schedule another client in that time slot. The fee allows me to continue to reserve space in my schedule for our work together, regardless of extenuating life circumstances.

**Phone Calls & Emergencies:** If I am unavailable when you call, I will return your call as soon as possible, within 48 business hours. Routine phone counseling is not recommended, but I am open to full phone sessions on occasion if needed at our agreed upon rate. Phone calls that are 10 minutes or longer will be considered partial sessions and will be billed prorated according to your 50 minute session fee. If I am unavailable for an extended period of time, we will work together to establish a plan for support in my absence. **In the event of an emergency, please call the National Suicide Hotline 800.273.TALK (8255)), call 911 or go to your nearest emergency room.**

**Text, E-mail & Social Media:** I reserve text and e-mail communication for scheduling purposes only. Due to the public and informal nature of social networking sites I discourage communication between us on such sites.

**Cell Phones:** Please turn off your cell phone before entering your session. I believe that counseling is a way for you to care for yourself and invest in your healing, which includes dedicating this time just for yourself. If you have the need to be reachable by phone during your session, please let me know before the session begins.

**Ending Counseling:** We may at some point decide to end our work together. Ending is an important part of the therapeutic process; please allow a few weeks to complete the termination process if you decide to end counseling.

*Thank you.*

*Please let me know if you have any questions or concerns about the above Counseling Agreement.*