

Kelly Ewalt, LCPC, NCC
305 1st Ave. West
Columbia Falls, MT 59912
406-249-9153 fax 406-892-4606

Client Rights

Welcome to counseling. As a client you have the following rights:

- ❖ Recognition and respect of your personal dignity and privacy in the provision of all care and treatment.
- ❖ The maintenance of confidentiality of all written or verbal communications between client and therapist. Limits to this confidentiality are as follows:
 - Abuse or harmful neglect of children, elderly or disabled or incompetent individuals is known or reasonably suspected
 - The validity of a will of a former client is contested
 - Information related to counseling is necessary to defend against malpractice action brought by the client
 - An immediate threat of physical violence against a readily identifiable victim is disclosed to the counselor
 - If the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding
 - The client is examined pursuant to court order
 - In the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue
- ❖ Please be aware that this office cannot guarantee the privacy of email or cell phone communications including text messages.
- ❖ There may be times when your therapist may need to consult with a supervisor, colleague, or another professional, such as an attorney, concerning counseling issues raised by you in therapy. Confidentiality is not waived during these consultations. By signing this disclosure statement, you give me permission to consult with other professionals as needed to provide professional services to you and/or your child.
- ❖ Information obtained in sessions with a minor may be shared with a legal guardian(s) of said minor in the best interest of the child.
- ❖ Access to your records, except as it is indicated that this may cause harm to you or others.
- ❖ Reporting of diagnosis as well as information regarding treatment process, goals, and progress may be necessary for third-party (insurance companies, Medicaid, etc...) payment. In order to maintain complete privacy from these third parties, you may choose to not utilize third-party payment reimbursements as part of your payment plan. This information will be shared with Imagine Health Billing, as they are the entity used to conduct the medical billing process.

Purposes and process of counseling

Counseling is a partnership. You are encouraged to actively participate in your therapy. Please let Kelly know if you have any questions or concerns about the therapy process. The purpose of counseling is to help people process their feelings, needs, wants, and hopes for themselves and/or their families in honest, realistic, and appropriate ways. These qualities imply that no specific results can be guaranteed by counseling, for example, counseling cannot guarantee that two people will agree on any particular issue or one will do what another person wants.

Kelly uses an integrative and developmental psycho-educational approach to counseling. This means that she will share any idea, theory, model, philosophy or life experience that will support the client's growth and development in counseling. Kelly provides counseling and education to help clients understand what may be going on in their lives, and let them decide what they want to do about it.

In working with minors, Kelly uses collaborative problem solving, Play Therapy, and cognitive behavioral techniques to help youth function at their highest level. Kelly is aware that families vary greatly in their values, wants, and hopes. She will keep in mind and respect parental preferences when working with youth. Kelly promotes open communication between family members as much as possible.

Client After Hours Emergencies

Emergencies are situations where a client feels their life is in jeopardy. Emergencies occur very rarely. Kelly is available after office hours only on a case-by-case basis. In cases of an emergency, when you do not have a prearranged agreement with Kelly about after hours contact, call 911 or contact your local emergency room. They have trained personnel to assist you.

Client Responsibilities

Kelly is a counselor who wants to help people help themselves. Your responsibilities as a client include (please initial on the lines below):

- ❖ Understand Kelly's credentials and training to your satisfaction. _____
- ❖ Understand the counseling process to your own satisfaction. If you do not understand any part of the process, please discuss this concern with Kelly. _____
- ❖ Be honest and direct about your counseling experience. Tell Kelly how you feel about the things you are experiencing. _____
- ❖ If you are the guardian to a minor, it is very important that you are involved in the counseling process; therefore, you must be present (in the waiting room) during the entire duration of the appointment, unless prearranged with Kelly. If you are unable to

do so, you will need to decide if you would like to continue services or not.

- ❖ Keep appointments made. If you cannot keep an appointment, please notify Kelly at least 24 hours in advance. Kelly understands that emergencies arise where 24 hour notice of cancellation is not possible (sick children, schedule changes). A no-show charge will be applied if this becomes a pattern. _____
- ❖ Please arrive on time for your scheduled appointment. If you arrive 15 minutes after your scheduled treatment time, you may not be seen for your appointment. This appointment will be counted as a cancellation without prior notice. _____
- ❖ There is a \$25 service fee for each no-show or cancellation without prior notice (being 15 or more minutes late for your appointment). This charge will not be covered by insurance and a bill will be sent to you directly. The charge will need to be paid in full prior to the next treatment session. If you no-show or cancel without proper notice a third time, you/your child will be discharged from services and you will need to transfer to another therapist. Kelly will be happy to assist you in finding another therapist if necessary. _____

Financial Agreement

- ❖ Payment is due at the time of service, unless other arrangements have been made in writing. _____
- ❖ The fees for services are 30minutes \$70, 45 minutes \$100, 60 minutes \$140.00. Intake sessions are billed at \$160.00. If you prefer to pay cash at the time of service, the hourly rate is \$100. _____
- ❖ Kelly accepts most insurances, however it is your responsibility to know what your insurance does and does not cover concerning mental and behavioral health services. _____
- ❖ Imagine Health billing services will bill your insurance company; however, if a problem arises with your coverage, you may be asked to assist in the process. If the company chooses not to pay for counseling you will be responsible for the cost of the sessions at the insurance rate. _____
- ❖ Please provide a copy of your insurance card at the time of service. _____
- ❖ If you need Kelly to attend court the cost per hour is \$200. This begins starting at the office door as she leaves to appear in court and ending when she returns to her office. A minimum of one hour must be paid in advance. Preparing for court will be at the hourly rate of \$100. Insurance companies do not cover the cost of court; therefore, you will be responsible for full payment. _____
- ❖ A \$30 fee will be charged for any returned checks. _____

- ❖ Once your bill has reached \$200, payment arrangements will need to be decided prior to scheduling another appointment. _____

Credentials

Master of Science, Eastern Washington University
Licensed Clinical Professional Counselor Montana #683
Nationally Certified Counselor #39821
Certified EMDR Clinician

As a professional counselor, Kelly Ewalt adheres to the Code of Ethics of the American Counseling Association.

The preceding information is required by the Montana Board of Social Work Examiners and Professional Counselors, 301 South Park, 4th Floor, PO Box 200513, Helena, MT 59620. 406-841-2369.

Responsibility

I agree to assume responsibility for payment to Kelly Ewalt as described above. I authorize the release of any information to process any claim and I request that payment of insurance benefits go directly to Kelly Ewalt. This authorization and assignment shall be valid for the duration of the counseling process. I authorize Kelly Ewalt to release appropriate financial information to other agencies to assist in any collection actions of my account if it is not paid in full.

I have read, understand, and agree to the information in this document.

Client Name: _____

Signature: _____

(Guardian for minors)

Print Name: _____

(Guardian for minors)

Date: _____