



AGREEMENT FOR THERAPY SERVICES

Walter Rhoads

Birds of a Feather Counseling

1110 North West End Blvd., Quakertown, PA 18951

Welcome to the therapeutic practice of Walter Rhoads, Birds of a Feather Counseling. This document contains important information about my professional services and business policies. It also contains information about my policies and practices to protect the privacy of your health information. Please read this document carefully and let me know if you have any questions or concerns. By signing this document, you will be stating that you were provided with this information, representing a binding agreement between us. Although these documents are long and sometimes complex you must read them carefully before our next session. We can discuss any questions you have about the procedures at that time.

MENTAL HEALTH SERVICES

Walter Rhoads Counseling offers these researched-based counseling services;

- Adult
- Children
- Adolescent
- Family
- Marriage
- Relationship
- Co-Parenting
- Groups
- Presentations
- Business Development
- Professional Development

What to Expect:

Counseling is not easily described in general statements. It varies depending on the personalities of the therapist and patient and the particular problems you are experiencing. There are many different research-based based counseling methods a counselor may use to deal with the problems you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. For the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Remember: We base our therapy and recommendations on what you tell us and what we observe.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience in the counseling experience.

Some clients ask about spirituality issues and whether they can discuss them with me. The answer is yes. Spirituality is an important facet of being human and an important part of your journey with me. You may bring up spirituality in your therapy.

Understand, however, that I am a non-denominational therapist, and any chosen religious or spiritual beliefs, including atheism, are more than welcome and accepted.

Therapy involves a large commitment of time, money, and energy, and no guarantees exist. This is an intentional process that requires self-awareness and self-acceptance. Therapy can, especially initially, make you feel worse. This is often part of the process of exploring difficult issues. However, in time, most clients feel better when they make a committed, long-term effort in therapy.

Voluntary Participation:

All clients voluntarily agree to treatment and accordingly may terminate at any time without penalty. Counseling involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. In the first couple of sessions, you should be deciding whether I am the right one for you. If you feel it is not a good match, then I will be happy to assist you in finding a new therapist.

Counselor responsibilities:

- Keep what you tell me and what we discuss to myself unless I have concerns that you are or have plans to seriously harm yourself, if someone else is hurting you or if others are at risk.

- Support you to share this information with an appropriate person yourself. If you feel that you can't, I will speak for you. I will do my best to tell you before I share anything with anyone, but in exceptional circumstances, I might need to share this before speaking to you.
- Let you know if I am unable to make a session for any reason
- Work within the ethical framework of my professional organization
- To offer a quiet, appropriate, and undisturbed space
- To maintain safe, professional boundaries
- To regard all contact and information as confidential unless there is reasonable doubt concerning the actual safety of the client or others
- To encourage client autonomy
- In the unlikely event of an appointment cancellation, an alternative appointment will be offered ASAP

Client responsibilities:

- To attend punctually
- To give a minimum of 48 hours' notice when canceling/changing an appointment (or up to 50% of the session fee becomes payable)
- To keep up with your payments for counseling services
- Communicating with the therapist outside agreed counseling sessions to be limited to making, changing, or canceling an appointment unless by prior arrangement.
- To be respectful to the counselor and his property
- Discuss in advance with the therapist if you ever feel you are ready to end therapy
- Let the therapist know if you are in or are considering entering another therapeutic relationship.
- Respect each other's wishes in regards to confidentiality and decide together whether or not to discuss or otherwise share what has been brought to your sessions.
- Not attending sessions while under the influence of alcohol and/or drugs.
- Keep to our agreed session time. If, for any reason, you are running late, please let me know, but be aware that our session will still end at the usual time despite starting later than usual.

Target Behaviours Agreement:

These are of vital importance and are prioritized in the following order:

Eliminating behaviors that are harmful to self or others:

Reducing suicidal or self/other-harm behaviors is a primary therapy goal. The basic agreement is that I will work towards solving problems in ways that do not include intentional harm to self and others, attempts to die, or suicide.

Eliminating therapy-interfering behaviors:

I agree to work on any problems that interfere with the progress of therapy. Therapy is about working together and requires the participation of both me and my therapist. I agree to give feedback to my therapist on how I am finding therapy, especially if I am concerned about anything that occurs in therapy. I agree to do everything in my power to reduce and eliminate illicit drug use. Similarly, my therapist agrees to provide feedback on how they are finding therapy.

Reducing quality-of-life interfering behaviors:

These unhelpful problems may block my chances of living a life of reasonable quality. Guidelines for addressing these problems are as follows: Problems linked to higher priority targets or to my own life goals,

- 1.) A distinction is made between suicidal and/or self-harm thoughts (which may be in my mind) and actually developing and carrying out a plan to harm myself (which involve my actions).
- 2.) If this is not one of my goals, then this will not be an appropriate therapy for me.

Commitment to the process

By signing this agreement, you are authorizing and requesting that Birds of a Feather Counseling may carry out counseling treatment and/or diagnostic procedures that now, or during the course of your care as a client, are advisable. Participation in therapy can result in a number of benefits, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behaviors. Birds of a Feather Counseling will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes, more than one approach can be helpful in dealing with a certain situation. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Birds of a Feather Counseling may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes, another family member views a decision that is positive for one family quite negatively. Change will sometimes be easy and swift, but more often, it will be slow and even

frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Birds of a Feather Counseling is likely to draw on various psychological approaches, according, in part, to the problem that is being treated and an assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, existential, system/family, person-centered, developmental (adult, child, family), or psycho-educational.

Having made the decision to attend counseling or therapy, it is important that you attend regularly. The process of counseling or therapy is working towards healing or overcoming an issue or working towards therapeutic goals, and attending regularly ensures that this process is being undertaken. Too many gaps between appointments usually slow down the progress of our therapeutic work when we are aiming for a satisfactory resolution of these issues. Walter Rhoads suggests you not go more than 2 weeks between the time you last saw a therapist. Preferably, your therapy sessions should happen on a consistent weekly basis. However, individuals also need to reflect on their therapeutic needs and what is reasonable for them in terms of therapy attendance. Therapy can be challenging at times, and it requires a personal commitment to work through personal emotional, behavioral, and psychological change. It is important to discuss your process with me to ensure you receive the appropriate therapeutic support and pacing.

Please note that while you may have many goals to work towards, you may meet them. Therapy is not something we believe you graduate from. Your sessions are never over with us, and while you may leave at any time, we will never suggest you be done with your process. Therapy is maintenance for the mind and spirit and, therefore never truly ends.

Non- Discrimination

Mental health counselors do not condone or engage in any discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Therapist/Patient Relationship

The therapist and the patient have an exclusive professional relationship for the purpose of providing mental health services. Mental health counselors are aware of the intimacy and responsibilities inherent in the counseling relationship.

They maintain respect for the client and avoid actions that seek to meet their personal needs at the expense of the client.

Romantic or sexual relationships with clients are strictly prohibited. Mental health counselors do not counsel persons with whom they have had a previous sexual relationship. Mental health counselors are aware of their own values, attitudes, beliefs, and behaviors, as well as how these apply in a society with clients from diverse ethnic, social, cultural, religious, and economic backgrounds. Mental health counselors are aware of their influential position with respect to their clients and avoid exploiting the trust and fostering dependency of the client.

Groups

When working in groups, mental health counselors screen prospective group counseling/therapy participants. Every effort is made to select members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience. In the group setting, mental health counselors take reasonable precautions to protect clients from physical, emotional, and psychological harm or trauma.

Multiple Clients

When working with multiple clients, mental health counselors respect individual client rights and maintain objectivity.

When a mental health counselor agrees to provide counseling services to two or more persons who have a relationship (such as husband and wife or parents and children), the counselor clarifies, at the outset, the nature of the relationship they will have with each involved person.

Collateral consent informs family members or significant others involved in counseling of the parameters and limitations of confidentiality. If it becomes apparent that mental health counselors are unable to maintain objectivity, resulting in conflicting roles, they must appropriately clarify, adjust, or withdraw from their roles. Rules of confidentiality extend to all clients who receive services, not just those identified as primary clients.

Dual/Multiple Relationships

Mental health counselors make every effort to avoid dual/multiple relationships with clients that could impair professional judgment or increase the risk of harm. Examples of such relationships may include but are not limited to, familial, marriage counseling, family counseling, social, financial, business, or close personal relationships with the clients.

When deciding whether to enter a dual/multiple relationship with a client, mental health counselors will seek consultation and adhere to a credible decision-making process prior to entering this relationship. All parties must be in agreement on the said dual relationship.

When a dual/multiple relationship cannot be avoided, mental health counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation has occurred.

Conflict of Interest

Mental health counselors are aware of possible conflicts of interest that may arise between the counselor and the client, the employer, consultant, and other professionals.

Mental health counselors may choose to consult with any other professionally competent person about a client, assuring that no conflict of interest exists. When conflicts occur, mental health counselors clarify the nature of the conflict, inform all parties of the nature and direction of their loyalties and responsibilities, and keep all parties informed of their commitments.

Social media Policy

The patient agrees not to take pictures or videos of sessions or at the office. The patient agrees that no personal information discussed during sessions will be shared online.

Contacting

Due to the therapist's work schedule, I am often not immediately available by telephone.

Birds of a Feather Counseling will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform the therapist of some times when you will be available. I am not usually available immediately by telephone. I monitor my voicemail and text messages regularly throughout the day and will return your call as soon as I am able. If you are difficult to reach, please leave times and numbers when you will be available. I do not normally make calls or check messages on evenings, weekends, or holidays.

Walter Rhoads and Birds of a Feather Counseling DO NOT provide emergency services and are not responsible or available for emergencies. If you feel you or a loved one are in an emergency situation, please call 911 immediately or go to the nearest emergency room.

Emergency & Crisis Numbers

Suicide Prevention and Crisis Support: 988

- **Autism Services 1-866-539-7689**
- **Benefits Helpline (Cash Assistance, SNAP, MA etc.) 1-800-692-7462**
- **Children's Health Helpline 1-800-986-KIDS**
- **ChildLine (State Child Abuse Registry) 1-800-932-0313**
- **Disability Services 1-866-286-3636**
- **PA Consumer Service Center 1-866-350-4355**

Pennsylvania Child-serving systems

- **Department of Education 717-783-6788**

- **Department of Public Welfare (DPW) 1-800-692-7462**
- **Office of Mental Health & Substance Abuse Services (OMHSAS)
717-787-6443**
- **Pennsylvania Commission on Crime & Delinquency (PCCD) 1-800-692-7292**

Crisis and Hotlines

National Suicide Hotlines - Toll-Free / 24 hrs / 7 days a week / USA

- **National Graduate Student Crisis Line, 1-800-472-3457 (1-800-GRAD-HLP)**
- **National Hopeline Network, 1-800-784-2433 (1-800-SUICIDE)**
- **National Suicide Prevention Lifeline, 1-800-273-8255 (1-800-273-TALK)**
- **Postpartum Depression - Talk to a Mom who's been there, 1-800-773-6667 (1-800-PPD-MOMS)**
- **The Trevor Project - Crisis intervention and suicide prevention for LGBTQ youth, 1-866-488-7386**
- **Vet2Vet Veteran's Crisis Hotline, 1-877-838-2838 (1-877-VET-2-VET)**
- **Veteran's Crisis Line, 1-800-273-8255 press 1**
- **Youth America Hotline - Counseling for Teens by Teens, 1-877-968-8454 (1-877-YOUTHLINE)**

HIPPA:

This agreement contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for the use and disclosure of PHI for treatment, payment, and healthcare operations. The notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session.

Confidentiality:

In general, the law protects the privacy of all communication between a client and a mental health provider. I may only release information about your treatment to others if you sign a written authorization form. You may revoke any such authorizations at any time, which must be in writing.

However, in the following situations, your authorization is not required to release your personal information:

- Therapist's duty to warn another in the case of potential suicide, homicide, or threat of imminent, serious harm to another individual.

- Therapist's duty to report suspicion of abuse or neglect of children or vulnerable adults.
- Therapist's duty to report prenatal exposure to cocaine, opiates, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, and excesses and habitual use of alcohol.
- Therapist's duty to report the misconduct of mental health or health care professionals.
- Therapist's duty to provide parents of minor children access to their child's records. Minor clients can request, in writing, that particular information not be disclosed to parents. Such a request should be discussed with the therapist.
- Therapist's duty to release records if subpoenaed by the courts.

Other Client Rights:

You agree that you understand the following:

- I have the right to request and receive confidential communication of my protected health information by alternate means or at alternative locations. For example, clients may request the therapist send any correspondence to an address other than the clients' home address if they do not want family members to know about therapy.
- I have the right to request that the therapist change information in my record. I understand I am required to make such requests in writing, along with reasons for the requested changes. The client's request will be noted.
- I understand I generally have the right to receive an accounting of any disclosures the therapist has made of protected health information that did not require client authorization.
- I understand my therapist may use or disclose my health information for treatment purposes, including the presentation of my case in consultation with other professionals or consultants who are bound by the legal framework of privacy and confidentiality for professional development and guidance purposes. This case consultation may include case consultation with other therapists and team members at Birds of a Feather Counseling. In most cases, outside consultation will be undertaken without the use of any identifying information.
- I understand my therapist may use or disclose my health information for the purposes of payment and health care operations, including internal administration, participating in periodic file reviews, and normal business accounting procedures.

Mutual Confidentiality Agreement:

You agree to keep my privacy safe just as much as I agree to keep your privacy and confidentiality.

Frequency of Counseling:

Once psychotherapy is initiated, we will decide on a regular schedule of meetings, usually at least one session a week. You may discontinue therapy at any time, though I strongly encourage you to discuss it with me first. I can provide you with referrals to other therapists if that seems needed.

It should never be longer than 2 weeks before you schedule an appointment with me.

Fees & Payment:

Walter Rhoads and Birds of a Feather Counseling does not accept health insurance, FSA's, or HSA's as a form of payment for service.

60 Minutes Session: Starts at \$60

90 Minute Session: Starts at \$90

120 Minute Session: Starts at \$120

Phone Sessions: Starts at \$60 Hourly

Virtual (zoom) Sessions: Starting at \$80-100 an hour

Couples (2 people) Sessions: Starts at \$90

Family & Group Sessions: Starts at \$120

Business Consulting: Starts at \$120 hourly and Up

(Custom Packages available for business consulting)

Payment must be made by cash, check, Zelle, Venmo, or credit/debit card at the time services are rendered unless we agree otherwise or have paid in advance. Preferred payment is in cash. Periodically, my fees increase due to inflation cost of living increases, and the value of services. Services provided outside of regularly scheduled appointments, such as report writing, preparation of records or treatment summaries, extended phone consultations, and the time spent performing any other service you may request of me, are prorated. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, you will

be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement, I charge a separate legal fee.

Fees and Payment Policies:

The fee scale and payment policies have been discussed with me, and If I remit payment for services by personal check and that check is returned, I agree to pay, in cash, the amount of the returned check plus a \$30.00 returned check service charge. If a check is returned, I agree to pay cash only for services in the future.

Missed or Canceled Appointments

Please notify me 48 hours in advance if you need to cancel or reschedule your appointment. Unless you give me 48 hours' notice, and without exception, missed or canceled appointments will incur the usual charge of 50% of the cost of the scheduled session.

Grounds for Termination

There are some circumstances under which I may choose to terminate therapy. Therapy will be terminated if there are any verbal or physical threats or acts of violence/harassment towards myself, the office, or my family. I require that you inform me of any legal involvement you may have at the time of our initial meeting. This is important since my file may be requested, or I may be asked for an opinion by legal professionals involved in your case. If you do not disclose this information at the assessment/evaluation stage, then I reserve the right to terminate treatment. I reserve the right to terminate treatment if there is a pattern of missed or canceled appointments. I and Birds of a Feather Counseling have the right to terminate this agreement at any time for any reason.

Confidentiality for Online Bookings

If you are attending Online counseling psychotherapy via Zoom or Google Meet, please ensure that you book your appointment at a time that you are unlikely to be disturbed and also that your therapy can be provided in a confidential space (without interruption by your colleagues or family members depending on where your online therapy is being received). Should there be someone in your shared space (room), please let me know at the beginning of our appointment. We may need to end the therapy session and reschedule. Also, in the spirit of therapy provision and in the interests of confidentiality for the client and the therapist, I require that the confidentiality of our appointments be maintained and that they are not recorded by the client.

Please indicate that by signing this agreement, you agree to this. The content of our sessions is confidential to you, the client, and to me, the counselor.

Guarantees:

Although the majority of people do get better in therapy, some do get worse. Accordingly, I make no guarantee of results. It is not possible to guarantee the results.

Risks of Therapy:

Just as medications sometimes cause unexpected side effects, counseling can stimulate painful memories, unanticipated changes in your life, and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases, the client's symptoms become worse during the course of therapy, occasionally necessitating

hospitalization. Another risk of therapy is that throughout the process of therapeutic change, it is not uncommon for clients to reach a point of change where they may feel they are different and no longer able to be the same person they were upon entering therapy. At times, these feelings can be unsettling.

Benefits of Therapy:

The benefits of therapy can include a higher level of functional coping, solutions to specific problems, new insights into self, more effective means of communicating in relationships, symptomatic relief, and improved self-esteem.

Patient-Therapist Contract

Your signature here below indicates that you have read and understood the Patient-Therapist Contract and agree to all terms within the document:

Client name: _____

Client signature _____

Date _____

Date of birth _____

Parent/Guardian Signature (If the client is under 18 years of age):

Signature of person responsible for payment: _____

Date: _____