

A2R Counseling and Consulting LLC
"Transforming Adversity into Resilience"
Douglas Pfeifer MA, LPC, ALPS

Safe Harbor Mental Health, 100 Wood Duck Lane, Williamstown, WV 26187
Telephone: (304) 375-8800 Fax (304) 375-8801

Practice Policies and Procedures Information

Douglas Pfeifer MA, LPC is a Licensed Professional Counselor in the West Virginia and a Licensed Professional Clinical Counselor in the State of Ohio. You can find information on his licenses and certifications by requesting his Professional Disclosure Statement. As a licensed professional counselor, Douglas follows the ACA (American Counseling Association) Code of Ethics. The code of ethics can be accessed at <https://www.counseling.org/resources/aca-code-of-ethics.pdf>.

Our view of mental health is seen through the lens of What has happened to us and not what is wrong with us. We recognize that our experiences shape who we are and how we function. Just as experiences can impact our mental health in a negative way, we also have the ability, through our experiences, to build resilience. Healing is within everyone and Douglas Pfeifer will work with you to help find that healing and build resilience.

Treatment Procedure and Fee Schedule

Each new client starts off with an intake session for the purpose of completing a diagnostic assessment and treatment plan. The goal of the assessment is to assess for treatment need and understand what is driving the problems that brought you into counseling. Based on the assessed need, you and Douglas Pfeifer will develop a treatment plan to guide treatment and help us track progress and evaluate success.

Therapy sessions are approximately 50 minutes long. To increase our chances for therapeutic success, therapy sessions are typically scheduled weekly and or biweekly. Change will happen through predictable and repetitive therapeutic intervention. See the fee schedule below:

90791 Intake Session \$250
90837 Individual Therapy (60 minutes) \$225
90834 Individual Therapy (45 minutes) \$150
90832 Individual Therapy (30 minutes) \$100
90846 Family Therapy w/outpatient \$200
90847 Family Therapy w/patient \$200
90853 Group Therapy \$50
90839 Psychotherapy for crisis \$200
90840 Psychotherapy for Crisis Additional 30 Minutes \$180

Attendance is a crucial factor in therapeutic success. Appointment times are reserved for you by the professional counselor. Douglas Pfeifer makes a commitment to you and your treatment and we expect our clients to make the same commitment to their own treatment by keeping their scheduled appointments. If for some reason, you are unable to make your scheduled appointment, we require a 24-hour notice. Any no show or late cancellations (under 24 hours) will be charged a \$50 fee.

Confidentiality

Confidentiality is very important to effective psychotherapy and is a legally protected right of the client. Any information about you as the client will be kept strictly confidential and will not be revealed to anyone outside of the treatment without your expressed and written consent. The exception to this is information deemed as a threat of grave bodily harm to yourself or others. Douglas is not liable for any breach of confidentiality made by others who are permitted access to your confidentiality information. If you are under 16, you should know that

your parents, in most cases can examine your records without your permission, However, such an examination can be refused without a court order.

Your therapy record will be kept for seven years following your last appointment. After this time, your records will be destroyed. If your health insurance company is involved in providing payment for services, they will often require certain information including clinical diagnosis and sometimes a treatment plan and treatment progress note. By utilizing your insurance company for payment of services, you are allowing them limited access to your records and to creating a record outside of this office.

HIPAA Privacy Rule

To save paper, please go to the following link for the HIPAA rules this office is required to follow.

<https://www.hhs.gov/hipaa/index.html> If you want a physical copy, please notify front desk and one will be provided for you.

Minors

In cases involving minors, the first session must include at least one parent and parents may be asked to be available regularly for sessions. Parents are encouraged to understand that therapy is most effective when the child's privacy is respected. When minors are involved in individual therapy, confidentiality will be upheld. Parents are entitled to regular progress updates. Information will be divulged to parents with the minor present in a manner that is deemed acceptable by the client. The exception to this policy is when the information disclosed indicates a threat of harm to self or others. Parents may contact Douglas between sessions, but that contact will be disclosed to the client and content of the discussion will not be kept secret from the client.

In divorce cases, either pending or settled, both parents are expected to be involved in treatment and at the very least, they are entitled to basic information regarding the child's treatment. Please provide your therapist with custody orders, parenting plan and any other legal documents pertinent to treatment.

Payment Policies

All payment is ultimately the responsibility of the client or legal guardian of the client. Payment of deductibles, copayments and self pay amounts are due at the time of service. In divorce situations, the parent bringing the child to the appointment will be responsible for the payment.

Policy for Couples and Families

When I work with a couple or family, one person is designated as the client for record keeping and billing. They will be the person to sign a release of information for the record. If they are a minor, the rules outlined above will apply. During the course of therapy with a couple or family, I may work with a smaller part of client unit (i.e. an individual, siblings, parents) for one or more sessions. These sessions should be seen by the client as part of the work that I am doing with the family or couple, unless otherwise specified. Please understand that generally these sessions are confidential in the same that I will not release any confidential information to a third party unless I am required by law, or unless I have the named client's authorization. I may need to share information learned in an individual session with the entire family in order to effectively serve the couple or family being treated.

Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult an individual therapist who can treat you individually. This "no secrets" policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interest of the unit being treated.

Client Bill of Rights

To the extent provided by law within your therapist's capacity, every client has the right to:

- Receive respectful treatment
- Refuse treatment or a particular intervention strategy
- Ask questions at any time
- Know how available the counselor is to see you or what the waiting period is
- Have full information about fees, method of payment, insurance reimbursement
- Have full information regarding the counselor's qualifications to practice, including licensure or registration, training and experience
- Have full information regarding counselor's areas of specialization and limitations
- Have full information about this counselor's therapeutic orientation and any technique which is routinely used
- Have full information regarding diagnosis, if your counselor uses one
- Consult as many counselors as you choose until you find someone with whom you feel you can work with
- Experience a safe setting, free from physical, sexual or emotional abuse
- Agree to a written contract of counseling goals and treatment plan
- Talk about any part of your counseling with anyone you choose, including another counselor
- Ask questions about the counselor's values, background, attitudes that are relevant to your counseling and to be provided with respectful answers
- Request that the therapist evaluate the progress of counseling
- Have full information regarding the limits of confidentiality and with whom and under what circumstance the counselor may discuss your case
- Have full information regarding the extent of written or taped records of your counseling sessions and whether you have access to these
- Terminate therapy at any time
- Disclose only that information which you choose and to refuse to answer any questions if you choose
- Require the therapist to send a report regarding your therapy with your written authorization, which may require a charge for the service
- Have access to summaries of written files about you at your request, when legally possible

Client Responsibilities

- Provide to the best of the individual's knowledge, accurate information related to his/her health and personal situation
- Accept personal responsibility to follow a treatment plan
- Accept personal responsibility if I refuse treatment
- Assume financial obligations for services rendered
- Respect the rights of other patients, clients and Safe Harbor Mental Health Personnel with whom he/she may come in contact
- Keep scheduled appointments or give 24 hour notice of cancellation

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Acknowledgement of Receipt of Practice Policies and Procedures, Client Bill of Rights, Privacy Information, and HIPPA Guidelines and permission to bill your insurance.

I _____ have received copies of this office's Practice, Policies and Procedures, Client Bill of Rights, Privacy Information and HIPPA Guidelines.

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature of minor child (12 or older)	_____ Date
_____ Office Professional Signature	_____ Date

Office Use Only

Written acknowledgement of receipt of Practice, Policies and Procedures, Client Bill of Rights, Privacy Information and HIPAA Guidelines was attempted but could not be obtained because:

_____ Individual refused to sign _____ Emergency Situation
_____ Communication Barrier _____ Other (specify) _____

Signature of Professional

Date

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