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Child and Adolescent Counseling, LLC
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Client Contract

This document contains important information about my professional services and business policies. This is information you have a right to know and consider before making a decision about using or continuing to use my services. Please read this document carefully and discuss any questions or concerns you may have before signing it. The client's legal guardian must sign this document and once signed it will represent an agreement between us.

- 1) Counseling Relationship: It is my intention to create a safe and trusting atmosphere in which clients can begin to examine patterns of behavior, thoughts, or emotions that may be interfering with areas of their life. My goal is to assist clients to set goals for themselves and work together to reach them. In order to achieve this, I will first collect information such as medical and emotional history, present issues, prior problems with relationships, and physical and mental health.
- 2) Office Expectations: The waiting room and hallway should be quiet at all times to ensure a comfortable environment to all clients in sessions as well as persons in the waiting area. Put your cell phone on silent or vibrate, and take phone calls quietly or step outside. Disruptive persons will be asked to exit the building in order to maintain a serene environment.
- 3) Security: A security camera is installed in the waiting area of our office to ensure the safest environment for the staff and clients. If you have any questions or concerns regarding confidentiality due to the camera, please let me know.
- 4) Session Fees: The initial intake appointment fee is \$120.00. Individual session fees are \$100.00 per 50 minute session, or the amount payable per your insurance plan. A typical session will last 50 minutes. I accept some major insurance plans, including all of the Bayou Health plans for Medicaid, and can file out-of-network claims, if necessary. Preferred payment is via a credit or debit card kept on file in our office.
- 5) Substance Use Policy: If a client or family member arrives to session under the influence of alcohol or drugs, he/she will be asked to leave and the client will be billed the private rate for the session. If a person is unsafe to drive or walk from the appointment, appropriate authorities will be notified for assistance.

If during treatment there is concern that substance abuse may be interfering in the client's mental health, he/she may be required to comply with drug testing, at the client's expense, in order to proceed with treatment. I can provide referrals for drug testing, if needed. Should

he/she refuse to comply with screens, an appropriate mental health referral may be made.

- 6) Confidentiality and privileged communication remain a right of all people involved in counseling, according to the State of Louisiana. As I participate in any supervision, peer, or student contact, I may share general, non-descriptive information (no names, etc.) for the client's best treatment.

Please note: some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being or against themselves, it is the counselor's responsibility to warn appropriate individuals of such intentions. Additionally, any suspicion of child abuse in any form MUST be reported immediately to appropriate authorities. If there has been any physical or sexual abuse involving the client, I will not provide services until the abuse has been reported to the Department of Child & Family Services or the police. I will report any child abuse that is brought to my attention to the appropriate authorities without exception.

If the client uses a third party for payment (insurance), client information may be released for billing or auditing purposes. Client information will be released in order to collect past due fees, when necessary.

There are occasions when I will need to exchange information with the client's primary care physician, healthcare professional, or school personnel.

- 7) Correspondence: At times, information will need to be exchanged with another professional and it may be necessary to charge an additional fee if such correspondence is detailed and time consuming.

Texting and email is only allowed for appointment scheduling. Privacy is not guaranteed when using email, internet, or texts. I do not allow texting or email for crisis situations.

I have a confidential voice messaging system available 24 hours per day at (225) 647-5500. My assistant is not immediately available by phone. Please leave a voice message each time you call and she will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are in crisis, call 911 or report to your nearest emergency room.

- 8) Court Issues: I am not a legal service and do not involve myself in legal issues. I feel that the confidential relationship between my clients and myself is the foundation of treatment and do not intend to jeopardize the relationship. In the event that I must become involved in a court issue concerning the client, even if by a third party, you will be required to pay all legal costs incurred on my behalf as well as my professional time. Because of the difficulty of legal involvement, my hourly rate for court matters is \$200.00 for any related costs (travel time, phone consultation, letter compilation, communication with attorneys, record(s) review, etc). Half day court appearance fee is \$800.00 (plus any legal fees I incur, plus previously mentioned expenses); Full day court appearance fee is \$1600.00 (plus any legal fees I incur, plus previously mentioned expenses). Court appearance fee as well as any accrued expenses are due in advance of the court date. Insurance and/or Medicaid will not reimburse for court expenses, therefore, you will be responsible for any costs.

9) Cancellations: Once an appointment is scheduled, you will be expected to pay for it unless you cancel 24 hours in advance. A 24-hour answering machine is available at (225) 647-5500. Please leave a voice message as my assistant is not immediately available by phone. There will be a \$100 fee for appointments missed or cancelled without 24 hour notice. This is not billable to insurance and you will be required to pay the fee before scheduling or holding future appointments.

If the client misses an appointment without our office receiving a call to cancel prior to the appointment time, you will need to reschedule any future appointments the client may have scheduled in advance, regardless of whether you still receive a computer generated confirmation of a future appointment. After a 2nd missed appointment, a referral may be made to another therapist or agency. If the client is more than 20 minutes late for an appointment and you have not called to notify me, I may not be available to meet with the client, as I may move appointments up or leave for the day. In the event that the client arrives late and is able to be seen, his/her appointment will still end at the scheduled time.

If the client is sick the morning of the appointment, you may call before 8am and leave a voice message letting me know that the client is sick and the 24 hour notice will be waived pending verification of school absence. This allows me to offer the appointment to other clients who may be waiting for appointments.

Due to my work in the mental health field, crises sometimes occur with my clients, in which case I may have to cancel or reschedule other client appointments and always try to give 24 hour notice, but with a crisis situation that is not always possible. I reserve the right to cancel or reschedule appointments as deemed necessary in my practice.

10) Payment is due at the time of the appointment. If you have a credit or debit card on file with our office, we will charge the payment after the appointment. In the event that your payment is not collected or for some reason you have a balance due, payment is due immediately upon receipt of an invoice or notification from our office. If your payment is not received in a timely manner upon receiving the request, you will be unable to reschedule an appointment and your account will be turned over to a collection agency.

11) Emergency Situations: My office phone, email, nor text messaging represent an emergency access point. Should the client require immediate attention or should the client be in crisis, please call his/her physician, the crisis hotline (1- 800-TALK), 911, or bring him/her to the nearest emergency room.

Please check "yes" or "no" below to indicate your understanding of my policies:

- I have read this contract and understand that Dawn Womack will not share the client's records for court or custody purposes, nor will she willingly become involved in any court matters; however I understand the fees I will be responsible for if she is ordered by a court to become involved :

Yes No

• I am aware that my signature on this contract authorizes the release of information to and from the client's physicians, health care professionals, or school personnel, as needed.

Yes No

• I have read, understand, and agree to comply with the 24 hour cancellation policy:

Yes No

Please sign and date below for the most efficient handling of the client's care.

I have read and understand the above information. I hereby sign in agreement.

_____ Date _____

Signature of client

Please keep a copy for your records