

Life Script Mental Health Counseling Services, PLLC

"Helping You Reclaim Your Life"

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INFORMATION & CONSENT

NOTE: This is a HIPPA Compliant Document. Signing this document constitutes both a receipt of my office policies, and consent to do therapy. You will receive a copy for your files.

Thank you for choosing me as your counselor/therapist. This document is designed to inform you about my background and to ensure that you understand our professional relationship. Please **read** the following counseling agreement conditions **thoroughly** and sign at the end of the document. If you have any questions, please ask them.

I use a wide variety of traditional and non-traditional tools to help you attain the healing you desire. I am only a guide. This is your work and you have the answers inside of you. It is my job to help you discover the answers.

All of the techniques I use have plenty of clinical evidence and support, are highly effective, and novel. Strong emotions may arise when clearing the energy field of allergic type disturbances, or when using any of the other psycho energetic protocols like EFT, TAT, iS+9x9, Allergy Antidotes, and Energy Medicine. **These techniques may involve me having safe, respectful, physical contact with safe areas of your body with your permission.**

Duration of Therapy:

The duration of therapy varies, based on the individual and the presenting issues. Individual results will vary. You may terminate at any time you feel you have achieved your goals. If you are a long term client, (greater than 6 months) I ask that when the time comes to end our relationship you terminate our relationship formally and cleanly. To do so leaves the door open for the future and gives us a chance to clean up any unfinished business.

Appropriate and acceptable termination is to give two sessions (if you are a weekly client) or two weeks notice of your intent to terminate our relationship. This gives us both time to reflect on what each of us needs to say or do to bring the relationship to a close. **Failure to honor this agreement will result in your receiving a bill for the remaining sessions. I reserve the right to terminate this agreement without notice in the event of abusive, dangerous, unhealthy, disrespectful or irresolvable situations.**

Confidentiality/Disclosure:

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Confidentiality in therapy is a must, therefore, I will not divulge anything you tell me without written consent, except under the following circumstances:

- I am ordered by a court to disclose information.
- My need to discuss your case with my supervisor.
- You direct me to tell someone else, via signed release.
- I determine that you are a danger to yourself or others.
- You reveal that you are abusing a child (Federal Law mandates this be reported).
- You may review your PHI (Personal Health Information/Intake Form; case notes are excluded by HIPPA) by providing me a written request.



Client Agrees to:

- **Arrive on time.** You are responsible for showing up for your appointment. I do not call or text reminders.
- **Respect my right to privacy.** You only have a right to be on the premise if you have an appointment w/me.
- **Have checks written on arrival.**
- Be as open, honest and vulnerable as possible.
- **Pay for missed or inappropriately canceled sessions.**
- **Pay for additional letter writing at the rate of \$25/hour: Minimum Charge: \$25**
- Be willing to stretch and take risks when appropriate.
- Pay bounced check fees imposed by the bank plus \$15.00.
- Be responsible for all fee's incurred in the collection of outstanding debts (any debt 90 days past due)
- Pay for services at beginning of each session by cash or check or Credit Card
- **Provide 24 hour advanced notification to cancel a scheduled appointment. Failure to do so will result in your account being charged and no further appointments until the debt is settled.**
- Give two sessions or two weeks notice of intent to terminate our relationship. (See Duration of Therapy)
- Not give me gifts, invite me to social functions or expect social connection. (See Dual Relationships)
- **Notify me of your inability to pay for a session at the beginning of the session.**
- **Let me know if you need a statement for insurance purposes.**

Counselor Agrees to:

- Maintain confidentiality.
- Provide 30 day notice of fee increases.
- Provide you with a high standard of service.
- Guide you in identifying and resolving issues.
- Support you in taking healthy stretches and risks.
- Help you gain awareness and insight about yourself.
- Make referrals to other professionals where appropriate.
- Believe in you and your ability to grow, change and heal.
- Abide by the Ethical Standards of organizations I belong to.
- Be supportive, helpful, honest, respectful, compassionate & empathetic.
- Provide, upon request, copies of the Ethical Standards and Codes of Conduct by which I abide.
- Work toward a viable resolution of any complaints or concerns you have about my services or conduct.
- Provide services in 60 minute sessions, unless you are late for your appointment. Extended sessions will be billed accordingly.
- Provide, upon request, phone numbers of the organizations I belong to in the event that you feel it necessary to file a grievance.
- Send you a monthly statement, usually via Email, should you request one for insurance purposes. Otherwise, I do not send them out.

Dual Relationships:

Professional Ethics Standards prohibit Dual Relationships. This refers to a relationship that exists outside of our Counseling Relationship. This remains in affect after the termination of the therapeutic relationship. While the atmosphere will be friendly, I will not enter into any business or other social relationship with you. Should we run into each other in public, a simple acknowledgment of each other is appropriate.

Perfumes & Colognes:

Please do not wear perfumes or colognes to session as I am allergic to many of them.

Scheduling or Changing Appointments/Communicating w/Me:

Appointments may be scheduled or changed via telephone/voicemail, or email. **Text messaging is an unacceptable form of communications.**

Communicating with me via Facebook is not an option nor is it advised as it is not a secure form of communication. Email has limited security, so keep your data/information to a minimum.

Organizational Memberships:

- ACEP Association for Comprehensive Energy Psychology
- NYMHCA New York Mental Health Counselors Association
- VBC Veterans Business Council
- EAPA Employee Assistance Professionals Association
- Irondequoit Chamber of Commerce

Insurance:

I do not accept insurance of any type, including Medicaid, Medicare, Worker's Compensation or NYS No Fault.. ***This is a benefit to you since you will not be limited to the number of visits you can have during the year and preserves your confidentiality.*** These expenses are also a legitimate medical expense and tax deductions, as is your mileage to and from your appointments.

Currently, Licensed Mental Health Counselors can not accept Medicaid or Medicare.

Worker's Compensation is an entirely different issue. It is against the law for you to pay for any services related to your case out of pocket. If I accepted your case w/o WCB approval I could lose my license, and I am not willing to do that. I worked to hard to get it.

Other Payment Options:

- FSAs or Flexible Spending Accounts (credit card or other type)
- HSAs or Health Savings/Spending Account (credit card or other type)
- ***Some insurance policies offer out-of-network coverage. I will supply you with a statement with insurance codes and procedure codes so you can submit it for reimbursement.***

Video Sessions/Distance Counseling

I am a credentialed distance counselor and offer sessions over the internet for clients not in the immediate Rochester area, or during inclement weather. The program I use is VSee which offers better quality, reliability and security than Skype. It is a free program and I will send you an invitation to download and install it if you choose this option.

Your Appreciation of My Services, Time & Skills as of 08/11/16

I accept cash, checks, (payable to Tom Porpiglia) **VISA, MasterCard, Discover Card**, and **FSA/HAS** cards. You must pre-authorize the use of your credit card(s) if you wish to use it to pay for services at any time. There is a form later in this document for you to fill out. ***Please have checks or cash ready and available at the beginning of each session. All accounts past due 90 days will be submitted for collection.***

60 Minute Session	Individual	Couples	Veteran Couples	Students Or Veterans	Savings	Veterans With PTSD
Individual Session	\$110.00	\$125.00	\$105.00	\$85.00	0%	6 Free Sessions
Pre-Pay 3 Sessions	\$297.00	\$337.50	\$283.50	\$229.50	10%	After 6 Session: See Student Rate.
Pre-Pay 6 Sessions	\$577.50	\$656.25	551.25	\$446.25	12.5%	After 6 Session: See Student Rate.

Letter Writing \$25/hr minimum.

Reading long emails (longer than 5 minutes) \$25/quarter hour

Pre-Pay Refund Policy:

The discount is based on the usage of ***all sessions*** that you pre-paid for. If you do not use all of the sessions you have 2 options:

1. Leave the balance on account for future sessions.
2. Request a refund in writing within 30 days of your last visit. The amount of your refund will be pro-rated. You may receive discounts for blocks of 3 sessions at the 3 session discount rate, and pay full contracted price for sessions used that do not add up to a block of 3 sessions. For example, if you pay for 6 sessions and only use four, one session would be at full price and three sessions at 10% discount. Requests for refunds beyond 30 days will not be honored.

NOTE: Missed Sessions are charged at the full rate. I reserve the right to make adjustments in the fee schedule based on unusual or extraordinary circumstances. 30 day written notice of fee increases will be given. ***Other terms subject to change without notice.***

Please Fill Out All Information And Return This Page to Tom

Consent & Agreement:

I agree to honor the terms and conditions set forth in the Information & Consent document . I promise to pay the current, appropriate fee for the chosen session length at the time of service. I also agree to be responsible for all bank fees, collection agency fees or legal fees incurred in the collection of outstanding debts. In addition, I acknowledge and agree to appropriate safe, physical contact during the course of treatment w/EFT, TAT or Allergy Antidotes, when necessary

I also authorize Tom Porpiglia of *Life Script Mental Health Counseling Services PLLC*, to keep my credit card number and signature on file and to charge my Visa, MasterCard or Discover card for recurring session charges in accordance with the agreed upon session length and corresponding charges determined by the table on the previous page. **Missed sessions will be charged at the maximum rate defined in the table on the previous page.**

If I am paying by other means (check or cash), I agree to have my card charged in the event that I fail to attend a scheduled session, return phone messages about the missed session and fail to reschedule

I understand this form is valid until termination of services. I promise not to dispute charges ("charge back") for sessions I have received or that I have not cancelled 24 hours prior to a scheduled session. I further authorize Tom Porpiglia of *Life Script Mental Health Counseling Services PLLC* to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Credit Card Pre-Authorization

Cardholder Name: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Visa / MasterCard / Discover Exp. Date: _____

Cardholder Signature: _____ Date: _____

Client's Signature (if different from Cardholder)

_____ Date: _____

Therapist's Signature _____ Date: _____

If Applicable:

Partner's Signature _____ Date: _____

Parent or Guardian _____ Date: _____