

LETTER OF AGREEMENT

Welcome, I'm giving you this letter to answer some questions you may have. It tells you what to expect of our appointments and how we should work together.

After you have read this please feel free to ask me anything about it . You are welcome to show it to others in your family or other professionals you trust. At the end of this letter is a place for us to sign our names. Signing means we agree with all the points in this letter.

In your session we will decide upon the goals we hope to accomplish together and record them in a treatment plan. We will review and revise this plan as we go along. We can change it anytime we want if we agree it would be a good idea. At any time you can choose to end your therapy. My hope would be that we discussed the end of your therapy. However, you are not required to share this with me.

See your doctor

I recommend you get a physical examination from your personal physician or other personal health care provider as soon as possible (unless you were referred to me by them). This is important to make sure that none of the problems to be discussed are solely the result of physical health difficulties which might be more appropriately treated by a physical health care provider. I am not a physician, I cannot know if you have physical conditions that might be related to our work.

Please tell your doctor or other personal health care provider that you are going to be working with me. It is helpful for me to know medication and current medical issues you know about.

Time of appointments

Each of our appointments is scheduled to last for either 50 or 80 minutes. Please be on time so that we have the full benefit of the time scheduled. If I'm ever late I'll let you know in advance if at all possible, even if the delay is just a few minutes. If I cause a late start the session will be for the full 50 or 80 minutes. However, if you arrive late for an appointment we still will have to end the session at the scheduled time. The charge to you for these shortened sessions will be for the full amount.

Emergency appointments

I will be available to you for emergencies as much as possible. The telephone number on my card has a 24-hour answering machine. I am not available 24hrs a day, but I monitor my messages very closely. **I will return your call as soon as possible.**

If I am away from town during vacations or professional meetings I will let you know how to reach me by telephone or I will give you a phone number where you can reach another qualified therapist. Your case record will be available to that therapist unless you indicate otherwise.

If you feel the need for help and cannot reach me or the other therapist, please contact your doctor, personal health care provider, or call 911.

Costs

If you are not covered through your insurance, you will be offered a sliding scale. You are responsible if your insurance does not cover your session or if you do not cancel within 24 hours of your session.

All fees are due and payable at the beginning of the session.

Payment may be made by cash, check, credit card (3% fee). All checks and money orders must be made payable to Kari Moennig.

You will not be charged for a missed appointment if you cancel by calling (520-301-4346) at least a full 24 hours in advance. For example, cancellation for a 3 PM appointment must be received no later than 3 PM on the preceding day. **If you cancel an appointment less than a full 24 hours in advance, you will be charged a \$25 rescheduling fee.**

If you do not call to cancel your appointment prior to the scheduled time you will owe the \$50 for the session.

I agree to the cancellation policy and payment _____

If you have not paid all charges at the end of a month, you will be sent a statement itemizing the charges and showing the total balance due. This amount must be paid within 10 days of the statement date, or it will be sent to a collection agency. If you are having financial problems that keep you from paying, let's discuss it. We can make special arrangements if necessary. If you have any questions concerning these policies, please feel free to ask.

I agree to pay _____ per 50-minute session(co-pay or sliding scale amount) and _____ per 80-minute session at the beginning of each appointment.

If you have an overdue balance for more than 30 days, please leave a card number below that you authorize me to charge that balance to (REQUIRED)

Card # _____ Exp date _____

Zip code of billing address _____ Signature _____

Confidentiality

My profession and my professional ethics require me to keep everything we discuss in the strictest of confidence, with the exception of legal requirements. I have no intention of giving information about you to anyone unless you ask me to. I have no objection, however, to your revealing anything you want to anyone you want about our sessions. I keep a written record of our contacts. These notes help me stick to our goals. They also help us to get started where we left off at the previous session. These notes are confidential, and I believe they are your property as well as mine. You may read these notes whenever you want, and you may have a copy by requesting it in writing.

The exceptions to the principle of confidentiality are given on the Confidentiality Policy which you will be asked to sign. They generally involve situations where I am legally obliged to reveal information.

Record Preparation

If you need me to provide another intently with your records there is a fee of \$75 per hour. Your session notes are not directly released, they need to be organized in a fashion that will protect your confidentiality. I will respond to any request you make for your records in a timely manner.

If you are making a request for your records it needs to be in written form and or with a release of information if it is to an entity other than yourself.

Record Keeping

I keep your records in a locked confidential space on my property. If I terminate or sell my practice you will be notified in writing 30 day prior to this change and made aware of any change to where your records are kept. I am required to keep your records for seven years after your last session. After this seven year term your records will be shredded by myself or a facility that adheres to disposal or shredding of confidential papers.

My background

I have a Bachelors and a Masters degree in Counseling Psychology, both from Prescott College. I am licensed by the State of Arizona as a Licensed Professional Counselor. I have been in the mental health field since 2001. I specialize in grief and loss, depression, anxiety, communication, and relationships. I am trained in a trauma technique called EMDR as well as the Gottman method with couples.

My clinical research was on the process of forgiveness within the structure of grief.

Our agreement

You are in charge of your own therapy, just as you are in charge of your own life, and I am working in your interests. You can determine what your goals are, and my role is to help you reach them. I may show you how to define your goals or show you what the consequences of reaching these goals might be, but you have the last word on this. We both agree they can be changed at any time.

Signature- Letter of Agreement

The undersigned has read this statement, understands and agrees with its terms. I will comply with all points in this letter on our personal and professional honor. It is understood that our relationship may be discontinued whenever these terms are not fulfilled by either of us.

Signature of client _____ Date _____

Signature of Therapist _____ Date _____

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