

Service Contract and Disclosure Statement

This document contains important information about my professional services and business practices. Please read it carefully and write down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

Counseling Services:

I am a Licensed Professional Counselor in the state of Alaska, and a Master level counselor with a graduate degree in clinical psychology from the University of Alaska Anchorage. I have training and experience diagnosing and treating a variety of emotional and psychological problems. I have experience working with adults in individual, couple and group therapy. I help clients overcome the following issues: recovery from recent traumatic events, sexual assault, transitional moments or major life changes, grief and loss, addiction issues, mood and anxiety disorders, trauma (big and small), dissociation, managing stress and emotions, and attachment issues. I also have experience working with serious and persistent mental illness, and psychotic disorders.

I use an eclectic and person centered approach to address these issues, and utilize the Adaptive Information Processing Theory as my theoretical orientation. I am I am trained in the following modalities: Acceptance and Commitment Therapy, Mindfulness, Motivational Interviewing, and Dialectical Behavior Therapy. Please note that EMDR (eye movement desensitization therapy) is my preferred method for treatment and will be offered to all appropriate clients.

I continually participate in ongoing trainings and consultation groups for the above modalities as well as other areas of clinical interest to ensure that I am facilitating your treatment with the latest research and evidenced based practices.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant areas in 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 benefits for people who participate in it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are however no guarantees for a particular outcome even if you attend sessions on a weekly basis. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and most importantly outside of sessions.

Client Responsibilities:

Clients are responsible for payment for services.

Upstream Counseling, Inc.
Maria Ballard, MS. LPC
207 E. Northern Lights Suite 226
Anchorage, Alaska 99503

We will discuss payment arrangements during the first session. Insurance billing may be processed by Practice Solutions LLC, and if insurance is used I bill claims electronically and only bill primary insurance. Clients are responsible to pay for deductibles and copay/co-insurance at the time of service. Regardless of how someone chooses to pay **I require clients to authorize me to keep their credit card information on file for agreed upon transactions.** If for some reason a client gets behind payment more than 60 days and arrangements for payment have not been made, then I may use legal means such as a collection agency or small claims court to secure payment. Personal information such as name, services provided, and amount due could be released. Note: I prefer to work through these issues together than use legal means to secure payment.

Clients are responsible for attending sessions as scheduled.

Therapy sessions are by appointment only and because your appointment time is reserved only for you, it is necessary to charge for appointments (**no exceptions**) that are not canceled 24 hours in advance as I can often fill these appointments with notice. **Note: insurance does not pay for missed appointments. The fee charged for missed appointment is \$100.** Please contact me at 907-444-4867; if I do not answer, leave a message stating you will be unable to attend the scheduled session. If you miss or cancel three sessions in a row you will be discharged from services due to non-participation. Services will be discontinued after 6 weeks of no contact, unless previously arranged.

** This writer is an Alaska state and International crisis responder. In the event of an emergency deployment, and any resulting cancellations of previously scheduled sessions your session will receive priority rescheduling at no additional cost to you. I will do everything I can to provide more than 24 hours notice prior to the cancellation or rescheduling, however due to the nature of some emergencies this may not be avoidable.

Clients are responsible for their well-being.

Due to the nature of my business I am often not immediately available by telephone and therefore, unable to provide immediate crisis intervention. You are responsible for using your own crisis plan between appointments and during times I cannot be reached by telephone. If you do not have a crisis plan I will assist you to develop one. **If you are experiencing an emergency or are in crisis call the 24 hour Crisis Emergency Hotline at (907) 563-3200, call 911 or go to our nearest hospital emergency room as they are prepared to handle psychiatric emergencies.**

Clients are responsible for communicating appropriately to receive full benefit of therapy.

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Email and texts will not be used for primary communication between the therapist and client. I do not do therapy by email or text message, since there is too much information I am unable to see or hear. If you prefer you may contact me via text message or email **ONLY** in regards to rescheduling, pending appointments, or if you are running late. **Note: email and text messaging is not a secure form of communication and because of the nature of the internet, I cannot guarantee your confidentiality if you choose to use this method.** Please let me know if you wish to contact me via email or text message as there is a special policy and information related to this. I check my voicemail daily and make every effort to return calls the same day but if I do not return your call the same day I will contact you via phone call or email the following day. Note: there are times that I'm unable to return your call that includes: Holidays and weekends, and evenings (outside of my office hours). If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary. Please note: All email messages are required to be a part of the medical record.

SOCIAL MEDIA SHOULD BE CONSIDERED PUBLIC COMMUNICATION: Messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn is not secure. It could compromise your confidentiality to use Wall postings, @replies, or other means of engaging with me online if we have an already established client/therapist relationship. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. I may not read these messages in a timely fashion. If you need to contact me between sessions, the best way to do so is by phone (907) 444-4867. Or direct e-mail at Maria at Upstreamcounseling@gmail.com is second best for quick, administrative issues such as changing appointment times. See the e-mail section above for more information regarding e-mail interactions. ****Please note: Social media "friending" or direct or private messaging will not be accepted per ethical guidelines.**

My website and Facebook Fan page are intended to let others know who I am as a professional and to make it easy to refer those you feel would benefit from my services. I will not confirm nor deny any professional relationship between clients on any social network site. This social media policy was constructed to inform you of the risks involved with associating on a social network.

Clients are responsible to not attend sessions under the influence to receive full benefit of therapy.

It is not necessary to "prepare" for a session, although clients may wish to do so. It is recommended that clients do not use mood-altering substances for at least 24 hours before our session, as this affects how you think and feel, and may impede your therapeutic progress. This includes, but not limited to, alcohol and marijuana. If you arrive intoxicated by a substance this may be a barrier to treatment and if so your appointment will be rescheduled, and session will be treated as a voluntary no show.

Causes for discharge.

If a client threatens or reports that they plan to threaten myself, one of my family members or anyone in my office this will be cause for immediate discharge from my practice.

If a client assaults myself, one of my family members or anyone in my office this will be cause for immediate discharge from my practice.

If a client misses or cancels three sessions in a row, they will be discharged from services due to non-participation.

If a client has not had contact with myself for at least 6 weeks then it will assumed the client no longer wishes to continue services, and will be discharged from services.

Services for Minors:

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else, have been assaulted, or are engaging in illegal activity which includes drug use. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, one or more family members in treatment sessions. A schedule for such sessions may be determined following the initial evaluation session or be set up on an “as needed” basis.

Therapist Responsibilities:

Protecting client confidentiality

I am required by law and ethical principles to protect your confidentiality. You may authorize me to release oral or written information regarding your care with others by signing a Release of Information form however there are a few exceptions which are as follows:

1. The law requires that I notify others if I judge that a client has made a clear threat of violence to an identifiable victim.
2. If I access that client is highly suicidal or unable to take care of themselves, I may notify proper authorities to arrange for hospitalization.
3. I am obligated by law to report suspected physical or sexual abuse or severe neglect of children, elderly or the handicapped.
4. In cases of criminal liability or child custody disputes, my records may be subpoenaed by a legitimate court of law. *
5. When insurance reviewers request information about your therapeutic progress, I will release information only as requested. *

6. I may release your name for bill collections processing. No treatment related content will accompany this disclosure. Since payment usually occurs at each session, this is very rare.
7. To provide my clients the best standard of care I periodically seek consultation and clinical direction from other professionals if this occurs, your confidentiality will be maintained and your name and identify will be disclosed only in compliance with AS 08.29.200. The consultants are also bound to keep the information confidential. If your case is discussed at consultation, a note will be placed in your clinical record.

*I will do my best to protect your confidentiality within the limits of the law. If you foresee any possible legal issues, such as divorce or custody battles, please inform me. I am not trained in the legal profession, I do not do forensic or parental evaluations and I prefer to stay out of the courtroom. If I am called to court for any reason by a person/court in regard to your care, you are responsible for paying for my time and will be charged \$1,500 for the court date and then my hourly rate if I am called to appear again thereafter.

* You should also be aware that most insurance companies require a clinical diagnosis to authorize services for reimbursement. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). Any requested information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

Professional Fees:

60-minute intake session: \$250

45- minute individual psychotherapy session: \$150

55-minute individual psychotherapy session: \$175

55-minute couples therapy session: \$200

Please note: My professional fees will vary as I have various contracts with multiple insurance companies.

Cash, checks and credit cards are accepted forms of payment.
There will be a \$25 charge for all checks returned for non-sufficient funds.

Records

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The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or a summary of your visits can be prepared for you instead. Fees for documentation such as copies of records, letters or reports start at \$35. If the time goes beyond 20 minutes, then I charge my hourly rate of \$175 for the time it takes to complete your requested task. Please allow 1 – 2 weeks for your records to be prepared. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that we review them together so that we can discuss the contents; or I can send them to another mental health professional who is working with you.

Some of the information provided in this document is required by the Board of Professional Counselors which regulates all licensed professional counselors.

Board of Professional Counselors
Division of Corporations, Business & Professional Licensing P.O. Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2551

Agreement and Consent for treatment

My signature below acknowledges that I have read and received a copy of the above material (counseling services, meetings, professional fees, payment and insurance reimbursement, contacting me, professional records, services for minors and confidentiality). I hereby consent to abide by the terms outlined above. I understand that I am responsible for all fees at the time of service unless other arrangements have been made in advance and know that I am free to ask questions at any time for clarification. I consent to treatment by Maria Ballard, LPC

_____ Client
Printed Name and Signature Date

_____ Legal
Guardian Printed Name and Signature Date

_____ Maria
Ballard, MS, LPC Date

My initials below acknowledge that I have read, understood, and received the following:

_____ Notice of Policies and Practices (HIPPA) Date _____
_____ Service Contract and Disclosure Statement Date _____