

DAKOTA HOPE COUNSELING THERAPY AGREEMENT: CLIENT COPY

Confidentiality: The therapy relationship is a professional and confidential relationship. What is revealed in this setting is confidential and is protected by professional and ethical standards. All material is confidential and cannot be released without your written consent. The laws of the state of South Dakota make certain exceptions to this confidentiality privilege. If there is reasonable suspicion that you may harm yourself or others, then your therapist is required by law to inform others to protect them or yourself. If there is reasonable suspicion of child, elder or vulnerable adult abuse, a verbal report will be made to Child Protective Services or law enforcement.

Social Media & Confidentiality: I do not accept requests to join, “follow” or interact with current or former clients on personal or group social media platforms. I do not use search engines or seek clients out via digital and social media platforms. I communicate via email or office phone for scheduling and administrative needs. While email platforms have reasonable security protection, I cannot ensure HIPAA-compliant safety; use at your own discretion.

Billing: All individuals, couples, and family therapy sessions are billed to insurance under the primary, presenting client’s name. Services required of your therapist outside of the therapy session are not covered by insurance and may incur additional costs. Please see the current Dakota Hope Counseling Fee Schedule included in this packet.

Payments: I am committed to providing you with the best possible care. Co-pays/co-insurance are due at the time of service unless another agreement has been reached. I accept cash, checks, Mastercard, Visa, and Discover. Any amount not paid by a third party is expected to be paid by you within 30 days unless other arrangements have been made. If after 60 days no payment is received, I will review and advise on additional action. Between 90 and 120 days with no payment, your account will risk being sent to collections including any and all demographic information you provide.

Cancellations: If you are unable to attend a scheduled session it is your responsibility to let this counselor know of your intent to cancel your appointment. A text message is preferred.
605-223-5155

Emergencies: If you need emergency psychological help at a time when I am not available, it is your responsibility to contact emergency services (Avera 24/7 Hotline 605-322-4065; 988 Suicide and Crisis Hotline; or The Link Community Triage Center 605-275-1000). If you leave a message with Dakota Hope Counseling, I may not be available to return the call in the timeframe you need. Please utilize the crisis services provided herein. True emergencies also warrant a call to 911.

HIPAA Acknowledgement: Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If Dakota Hope changes our notice, you may obtain a revised copy.

By signing this form, you acknowledge that you have received a copy of Dakota Hope Counseling’s Notice of privacy Practices. If you have questions about this agreement, please do not hesitate to ask. I am here to help you. ***My signature below indicates that I have read the above policies, and that I intend to abide by them. I have been given a copy of these policies. Please request additional copies for all participants of couples or family therapy.***

Client Signature: _____

Date: _____

Print Name: _____