



# Progression Counseling Group

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## **SERVICE AGREEMENT**

Welcome to the practice! Although this document is long and may seem complex, it is very important that you understand it. We ask that you read and sign this, as well as other important documents and policies. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

### PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. However, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. The first couple sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, we will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with your clinician. If you have questions about procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

### APPOINTMENTS

Appointments will ordinarily be 45-60 minutes in duration, typically once per week at a time we agree on, although some sessions may be less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. It is important that you show up for your scheduled appointments or give us 48 hour notice of the need to cancel. Missed appointments cannot be billed to your insurance. You may incur a missed appointment fee for late cancelations or no-shows.

### TERMINATION

After the first couple of meetings, we will assess if we are able to help you. We, at Progression Counseling Group, do not accept or continue with clients who, in our opinion, we cannot help. In such a case, you will be given numbers to referrals that you can contact. If at any point during psychotherapy, we feel as though we are not effective in helping you reach the therapeutic goals, then we are obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, you will be given contact info to referrals that may be of help to you. You have the right to terminate your treatment at any time. Please let us know if this is the case and give appropriate notice (48 hrs) if you have an upcoming appointment scheduled. Typically, frequency of treatment will be lessened as you progress towards treatment goals. We may recommend termination of treatment or lessening frequency to a "maintenance" stage if your symptoms have decreased, you are progressing significantly, and/or you have attained all goals. If we believe your treatment needs are beyond our scope of practice, we will give you

referral options and help link you with a more appropriate treatment provider. We may terminate your treatment if you have had no appointments within 60 days, you have had 3 missed appointments, 2 consecutive no-shows, or you do not respond to our contact attempts.

### INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Progression Counseling Group will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting us know if/when your coverage changes. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization. Without, they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-IV.). Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This 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, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee ( which is called co-insurance ) or a flat dollar amount ( referred to as a co-payment ) to be covered by the patient. Either amount is to be paid at the time of the visit and will be charged to your credit card on file. In addition, some insurance plans also have a deductible, which is an out-of-pocket amount that must be paid by the client, before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for the contracted rate we have with your insurance, until your deductible has been met. The deductible amount may also be re-set at the start of each calendar year. I will make every effort to notify you of the benefit details we receive from your insurance company, though at times, we are given incorrect information and do not find out until the first claim is submitted. It is important to remember that you always have the right to pay for services yourself (not have us bill your insurance) to avoid the problems described above.

If we are not a participating provider with your insurance plan, we will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

### PROFESSIONAL RECORDS

We are required to keep appropriate records of the psychological services that we provide. Your use a secure electronic medical records (EMR) keeping system to store your clinical record. Although many security efforts are in place (by us and the EMR), it is important to understand that systems can be compromised. Although unlikely, we will let you know of any instances where this is suspected or confirmed. We do keep records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis,

topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, communications we have with each other outside of session, and your billing records.

#### PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is our policy to share whatever information we consider necessary with a parent. For children 14 and older, we request an agreement between the client and the parents allowing us to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless we feel there is a safety concern, in which case we will make every effort to notify the child of our intention to disclose information ahead of time and make every effort to handle any objections that are raised. Communication between the therapist and guardian(s) is crucial. We will ask that a meeting between the therapist and guardian(s) be scheduled approximately every 30-90 days (depending on minors age). This is a great time for the therapist to give updates to treatment goals and progress in treatment, as well as any concerns or additional recommendations. The guardian(s), can additionally share relevant information about the minor client, which may be useful in therapy. If in between session, the guardian(s) shares detail about the minor client or their life, please know the therapist will inform the client of the information shared. Please do not ask the clinician to keep information in confidence, though trust that if/when the information is shared, clinician's will do their best to bring up sensitively and appropriately.

#### TELETHERAPY CONSENT

You may request, or at times it may be necessary, to have teletherapy sessions. Teletherapy is a form of psychotherapy which is provided via secure Internet technology. It has the same purpose and intention as psychotherapy treatment sessions which are conducted face-to-face at the offices of Progression Counseling Group. Teletherapy involves arranging an appointment time between you (the client) and the clinician, when both parties can interface from a computer or IOS device, through the Internet. It is up to the clinician to determine if teletherapy is an appropriate service delivery option for you.

The practice has confirmed that most insurance companies will provide reimbursement/coverage for teletherapy sessions, similar or the same to your coverage for in-person services. As the client, however, it is your responsibility to contact your insurance company, prior to teletherapy sessions, to ensure that teletherapy with the practice is covered. We submit claims similarly as we would if you were in-office. Our biller will, however, use specific billing location codes and modifiers which will indicate to the insurance that we are billing for a teletherapy session.

By signing this form, the client confirms an understanding that teletherapy option is temporary and may not be permanent. Client agrees that if/when the clinician deems appropriate or is required, therapy sessions will resume in-office/face-to-face.

By signing this form, the client confirms they are in the State of Ohio while attending the teletherapy session. State law prohibits licensed therapist from practicing across state lines.

Client understands that he/she may be required to attend at least one face-to-face, in-office session, prior to being able to participate in teletherapy. If you are actively at risk of harm to self or others, teletherapy is not suitable for you. If this is the case, or becomes the case in the future, please let your therapist know, and face-to-face, in-office visits, will be arranged for you.

We ask that all clients involved in teletherapy session be visible to the clinician at all times (not just while they are speaking). Additionally, we ask that clients not be driving or walking.

Clients who do not present in the secure teletherapy site of their counselor, within 15 min of their scheduled appointment, will be considered a no-show and be required to reschedule their appointment. No show fees may apply.

You'll need a computer or IOS device with a webcam (camera), a speaker, and microphone. In case of technical difficulties, you will also need access to a phone in the same room, so difficulties can be resolved. Internet access is required for teletherapy. You are responsible for ensuring security on your computer. Prior to your teletherapy session, please ensure your computer and internet browser is set to allow microphone and camera access. Prior to starting your teletherapy session, you may be asked allow permission for the secure platform your microphone and camera. Please chose to "allow".

Please arrange for a private environment and location. There is a risk of being overheard by anyone near you if you do not place yourself in a private room. You, the client, are responsible for creating a comfortable, safe environment on your end of the transmission. It is the responsibility of the clinical treatment provider to do the same on their end. You are responsible for ensuring confidentiality on your end. We ask that you arrange a location with sufficient lighting and one that is free from distractions or intrusions. The counselor will let you know if there are distractions that may be interfering with your session.

We utilize a teletherapy platform within your HIPAA secure patient portal at: <https://www.therapyportal.com/p/progressioncg/>. After reviewing their services and our privacy and confidentiality standards, we have chosen this provider as a secure option.

You have a right to withdraw consent to use teletherapy services at any time. It will not affect your right to further in-office/face-to-face treatment options.

You are responsible for your out of pocket payment owed, at the time of service. Payments will be automatically processed using the credit card you have on file with us.

Your clinician has the right, at any time, to determine if teletherapy sessions are not appropriate for you. Should this be determined, they are obligated to continue with in-office/face-to-face services if the schedule allows, or provide referral information to other providers.

The laws and professional standards that apply to regular psychotherapy services apply to teletherapy services. Please refer to the policies and procedures signed by you at intake or let us know if you have additional questions. A copy of these forms are additionally available on our website at [www.progressioncg.com](http://www.progressioncg.com).

Despite the efforts to ensure high encryption and secure technology, there is always a risk that the transmission may be breached and accessed by unauthorized persons or the transmission of information could be disrupted or distorted by technical failures.

#### PREFERRED METHOD OF CONTACTING

The best way to reach us is by phone or email (not text). The clinician may not immediately available by telephone. They do not answer phone calls when with clients or otherwise unavailable. At these times, you may leave a message on confidential voice mails and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you choose to communicate with us by email, be aware that all emails are retained in the logs of your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Please know, all communication between you and your clinician will be documented in your treatment record. If you feel as though you are unable to keep you or your child safe, go to your Local Hospital Emergency Room or call 911 and ask to speak to the mental health worker on call vs waiting for your clinician to call you back.

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact your clinician or other staff at the practice. These sites are not secure and

we may not read these messages in a timely fashion. Engaging with staff this way could compromise your confidentiality and create unethical boundary issues. It may also create the possibility that these exchanges become a part of your legal psychotherapy record and will need to be documented and archived in your chart.

If staff or your clinician see you in public, please know, they may not acknowledge you. This is, of course, not because they don't like you, but instead, to protect your confidentiality. If you choose to acknowledge us, of course we will briefly say hello, or waive, before moving on.

#### INFECTIOUS ISSUES

It is a policy of Progression Counseling Group that if any client is currently suffering from/ dealing with a communicable or infectious issue (ie, COVID, contagious illness, scabies, lice, bed bugs, etc.), the client may not attend in-office sessions, and must have infectious/ communicable issue treated and rid, prior to returning to the office. This policy is for the safety of other clients, staff and building tenants/guests. If you are ill and would like to maintain your scheduled appointment, please talk with your therapist who can arrange a virtual session.

#### LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is AGREED that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, State or Federal disability claims, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Progression Counseling Group to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. No party shall attempt to subpoena testimony or records for a deposition or court hearing of any kind for any reason. Therefore it is understood by all parties that if they request services, they are expected not to use information given to the therapist during the therapy process for their own legal purposes or against any of the other parties in a court or judicial setting of any kind. However, if an appearance at court on your behalf is required by law and you have signed a release form allowing this, the fee is **\$3,500** per day (regardless of time spent) to reserve the therapist's time and must be paid in full 30 days prior to the expected court date. Additional cost for estimation preparation, cost of company legal counsel, and travel time will be required to be paid full as well. It is agreed that if a clinician is summoned to appear in court, paying the fee does not mean favorable testimony. It should be understood that clinicians at the practice are not qualified to provide court assessments or opinions and will decline to answer questions related. If a client is involved in or anticipates being involved in any court matter, it should be discussed with the therapist. Considering all of the above exclusions, if it is still appropriate, upon your request, Progression Counseling Group will release information to any agency/person you specify unless Progression Counseling Group concludes that releasing such information might be harmful in any way.

#### CONSULTATION

The clinicians at Progression Counseling Group consult regularly with other professionals as required by licensure regulations regarding patients; however, the patient's name or other identifying information is never mentioned. The patient's identity remains completely anonymous, and confidentiality is fully maintained.

#### SOCIAL MEDIA

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up and we can talk more about it.

Our reasoning is that we believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent

and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with us, please bring them into your sessions where you and your clinician can view and explore them together, during the therapy hour.

#### USE OF SEARCH ENGINES

It is NOT a regular part of our practice to search for clients on Google, Facebook, or other search engines. What you want us to know, you can tell us and/or show your clinician during our sessions. Extremely rare exceptions may be made during times of crisis. If your clinician has a reason to suspect that you are in danger and you have not been in touch with them via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means, we will fully document it and discuss it with you when we next meet.

#### BUSINESS REVIEW SITES

You may find our counseling practice on sites such as Google, Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating, or endorsement from you as our client. It is unethical for us to solicit testimonial from clients. We urge you to take your own privacy as seriously as we take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our work, there is a good possibility that we may never see it. Some of the information on these sites are outdated and/or incorrect.

If we are working together, we hope that you will bring your feelings and reactions to our work, directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that we cannot tell people that you are our client and our Ethics Code prohibits us from requesting testimonials. You are more than welcome to tell anyone you wish who your therapist is, or how you feel about the treatment we provided to you, in any form of your choosing. If satisfied, we do however, appreciate your referring your friends and family for services with us.

#### EMERGENCY MENTAL HEALTH CRISIS

If you are in need of immediate, emergency mental health care or in need to talk to someone immediately please go to your local emergency room or call your local law enforcement office (ie, police or sheriff) by dialing 911. Progression Counseling Group provides the lowest level of psychotherapy care and does not offer emergency, crisis, or stabilization services.

#### OTHER RIGHTS

If you are unhappy with what is happening in therapy, we hope you will will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. Your clinician, their supervisor, the office manager and CEO are all available for you to speak with regarding concerns though we hope you feel comfortable to first bring up to your assigned clinician. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about your clinician's specific training and experience. You have the right to expect that we will not have social or sexual relationships with clients or with former clients.

CONSENT

Your signature indicates that you have read and consent these policies and are in agreement for us to treat and provide psychotherapy and teletherapy services.

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Client Name Printed

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Client Signature (or guardian signature if client is a minor)

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Date