Destin Counseling Services, LLC
3209 W. Smith Valley Road, Suite 254
Greenwood, Indiana 46142
(317) 884-5012 (phone)

Participation Agreement

Appointments: Your progress depends on keeping regularly scheduled appointments and doing "the work." We will evaluate the progress of the work periodically to determine the need for further appointments. It is your right to discontinue the work any time you feel it is in your best interest to do so. It is our ethical responsibility to end our work when it is reasonably clear that it is no longer of benefit to our clients.

PLEASE INITIAL _____

Payment/fees: The general fee is $150 for the ***initial evaluation/consultation*** of an individual, couple, or family. That initial evaluation lasts one hour.

- A 2-hour evaluation is recommended for couples and families, as more time is generally a good idea for more intense circumstances. The cost for the 2-hour evaluation is $300.

- After the initial evaluation/consultation, sessions will generally last 50 minutes at $125 per session.

- Special reports to governmental entities, employers, etc. may become necessary from time to time. The fee for such reports is $75, due at the time of the request.

PLEASE INITIAL _____

Cancellations: If you find it necessary to cancel a scheduled appointment, 24-hour notice is required. With less than 24 hours' advanced notice, you will be charged for the session. Please note that this is an out-of-pocket expense, as Destin is self-pay.

PLEASE INITIAL _____

Insurance: Destin clients are self-pay. This office does not submit claims. Upon request, a detailed receipt can be provided which you can submit to your insurance company for reimbursable expenses. Please check with your insurance company to determine if you can submit your expenses for reimbursement.

PLEASE INITIAL _____

Confidentiality: What you say in session, your records, and attendance are confidential, except:

1. When you give written permission to release information;

2. When your records are subpoenaed for legal reasons;

3. When reporting is required or allowed by law (suspected child abuse or neglect, extreme danger to self or others, suspected elder abuse, etc.); other exceptions as listed in our **HIPPA Notice of Privacy Practices**.

4. If information is requested from a third party (e.g., family member, schools, courts, or other mental professionals, etc.), you agree to discuss this with your therapist as soon as possible. **If we are subpoenaed (required to testify in court), you acknowledge that you are responsible for all fees incurred by Destin (e.g., preparation, legal counsel, time, etc.). Those fees start at $1,000.**

5. If at any time, staff engage with a professional consultant, an overview of your particular situation may be explored. During any meeting, the details regarding you, your family, your place of work, etc. will not be divulged.

   PLEASE INITIAL _____

Electronic Communication: Ethical conviction lends itself to the restriction of email and faxed correspondence. In instances where these devices are used, they will generally be used for the exchange of information and not for the purposes of rendering therapy or therapeutic feedback.

PLEASE INITIAL _____

Consent: It is understood that by signing below, you consent to participate in counseling provided by Destin Counseling Services. You further understand that you are consenting and agreeing only to those services provided by Destin. You also understand that Destin is not responsible for the care provided by professionals or groups that we may refer you to as may become necessary.

By signing below, you acknowledge receipt of my HIPAA Notice of Privacy Policies. This Notice provides information about how we may use/disclose your private health information. We encourage you to read it carefully. This Notice is subject to change; if changed, you will receive a revised Notice.

_____	_____	_____
Client Signature	Client Printed Name	Date
_____	_____	_____
Second Client Signature	Second Client Printed Name	Date
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Printed Name	Date
_____	_____	_____
Service Provider Signature	Service Provider Printed Name	Date