

**Darren McCall, LPC
Contract for Services**

CLIENT:

I, _____, as client, understand and agree to:

_____ Attend scheduled appointments, or provide at least 24 hours notice of cancellation

_____ Pay the full amount of my usual fee when providing fewer than 24 hours notice of cancellation, unless Darren McCall and I agree that the circumstances of cancellation were beyond my control

_____ The fee for services is \$_____, and is due in full at the time of service, unless other arrangements have been made

_____ If using insurance, I am responsible for full payment of fees if insurance denies a claim

_____ Insurance verification and billing are processed by a separate company, Wellpay, Inc.

_____ A clinical diagnosis will be provided to the insurance company, and I have the right to be informed of this diagnosis

_____ If receiving other services besides psychotherapy (reports, etc.), I agree to pay the fee according to the Fee Schedule:

Individual Therapy, 50 minutes	\$90.00
Family/Couples Therapy, 50 minutes	\$110.00
Individual Therapy, 30 minutes	\$50.00
Individual Therapy, 75 minutes	\$135.00
Group Therapy, 90 minutes	\$40.00
Reports, letters up to 20 minutes	\$35.00
Reports, letters up to 45 minutes	\$60.00
Telephone Contact >15 minutes	\$35.00
Telephone Contact >30 minutes	\$50.00
Telephone Contact >45 minutes	\$85.00
Court or Deposition Services (per hour)	\$200.00
No call/No Show w/out 24 hour notice	Full Fee

_____ I am entitled to see a copy or summary of my treatment records. It is recommended that such a review of treatment records be done with Darren McCall.

THERAPIST

I, Darren McCall, LPC, as therapist providing professional services, agree to:

Attend appointments at the scheduled time and provide the agreed services.
Be available also by phone (512-789-6754) or email (Darren@eightfoldcounseling.com),
returning messages within one working day.

Maintain treatment records and keep those records in a secure, confidential location.
Follow the legal obligation to take action to protect others from harm, even if I have to
reveal some information about a client's treatment. For example, if I believe that a
child, elderly person, or disabled person is being abused or neglected, I must file a
report with the appropriate agency within 48 hours of learning of the abuse or neglect.

If I believe the client is threatening serious bodily harm to another, I have the option but
not the obligation to take protective actions. These actions may include notifying the
potential victim, contacting the police, or seeking hospitalization for the client. If the
client threatens to harm himself or herself, I may be obligated to seek hospitalization for
him or her or to contact family members or others who can help provide protection.

If a similar situation occurs, I will make every effort to discuss it fully with the client before
taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a
consultation, I make every effort to avoid revealing the identity of my client. The
consultant is also legally bound to keep the information confidential. If you do not
object, I will not tell you about these consultations unless I feel it is important to our work
together.

By signing below, the client indicates having read the information in this document and
agreeing to abide by its terms during the professional relationship with Darren McCall,
LPC.

Signature: _____

Name (printed): _____

Date: _____

Darren McCall, LPC

Date: _____

