

**AARON SHAFFER, M.A., ASSOCIATE LICENSED COUNSELOR  
UNDER THE SUPERVISION OF KATHY TROYANEK, L.P.C., S.C.  
915 WILLOWBROOK DR., SUITE B  
HUNTSVILLE, AL 35802  
(256) 714-9191**

## **Therapist-Client Services Agreement**

### **Introduction**

I am honored you have selected me as your counselor. I am looking forward to working with you. This document is designed to inform you about my background and to ensure that you understand our professional relationship. Hopefully this will give you a better understanding of the therapeutic process. If you have any questions feel free to discuss them with me.

I completed my Masters of Arts at Reformed Theological Seminary Orlando with a degree being received in Counseling in May 2014. I am currently licensed as an Associate Licensed Counselor with the Alabama Board of Examiners in Counseling. I am under the supervision of Kathy Troyanek, LPC#2535, SC #668

### **Counseling Services Offered/Theoretical Approaches**

I offer counseling services for individuals, groups, and couples. I operate from an integrative theoretical approach which is the blending of multiple theories. I specifically implement interpersonal processing theory developed by Edward Teyber. The goal of this theory is to help individuals get more in tune with what is going on internally through exploring their own unique story to offer a more complete picture of the present problem. Along with that I incorporate person-centered therapy developed by Carl Rodgers. The goal of this type of therapy is to assist clients in their growth process by practicing congruence, acceptance, and empathy. Behind all my approaches I rely on a solid theological framework that grounds me and ultimate allows me to offer faith, hope and love to my clients. Depending on your presenting problem I will customize my approach to what best serves you.

Therapy is a dynamic process that hopefully you will find beneficial. It is important you know that I am not here to 'fix you' or give you all the answers. As your therapist I will help guide you to explore areas of your life and relationships as you seek personal change and understanding. My goal is to collaborate with you to promote growth and healing although I cannot guarantee results. Clients should be aware that therapy requires work and commitment. You may be asked to do some work outside of sessions like journaling, reading, assessments, etc.

As we set off on this exciting journey and explore the emotional, behavioral, and cognitive layers of your life you may experience multiple emotions so please understand there are risks involved. You may face overwhelming feelings of sadness, guilt, anxiety, frustration, etc. I encourage you to discuss any adverse reactions with me during our time together. If the feelings ever lead you to consider suicide please contact 911 and our offices immediately. You have the right to stop or refuse treatment at anytime. The desired end result is to resolve the issues you are dealing with in a holistic and positive

way. Along with these risks some of the benefits include but are not limited to: better relationships, solutions to specific problems, and significant reduction in feelings of distress.

If you are interested in integrating prayer or your Spiritual beliefs into our time together I would be more than willing to do that so please let me know.

In general I work with clients seeking counseling for “normal” life events. I have special interest in working with depression, anxiety, pre-marital couples and marital couples, and the adolescent population. I reserve the right and it is my ethical obligation to make you a referral if I feel you will not benefit from my skill set or whom I am incompetent to treat. Further if you have questions about my procedures, please feel free to discuss them as they arise. If doubts persists and you would like to transfer to another clinician or get a second opinion I will be happy to make an appropriate referral or set up a meeting with another mental health professional.

### **Sessions**

My office hours are flexible. I offer morning, afternoon and evening sessions Monday-Friday and limited availability on Saturdays depending on your need and my availability. If I am ever on an extended vacation or unforeseen circumstances render me unable to work I will provide you with resources and a counselor referral to continue your care in my absence.

The typical length of sessions is 50 minutes. After the initial sessions I will share my impressions and collaborate on a plan of treatment. The length of therapy and termination will be agreed upon between the counselor and client. If a third party payment limits the number of sessions of a client we will discuss how to best use of our time together.

### **Fees/Methods of Payments**

My current fee is \$100.00 for a 50 minute session. This may be paid by cash or check at the time of service. If you miss an appointment and do not notify me within 24 hours of your absence you will be charged for your appointment. I reserve the right to extend grace as I deem appropriate. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professions with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs. (Because of the difficulty of legal involvement, I charge \$100 per hour for preparation and attendance at any legal proceeding.)

### **Contacting Me**

Due to my work schedule, I am often not immediately available by telephone. While I am in my office regularly, I will not answer the phone when I'm in session with another client. When I am unavailable my telephone is answered by voice mail. I will make every effort to return your call the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. In case of emergency as stated in my voicemail please contact your family physician or nearest emergency room and ask for the psychologist/psychiatrist on call.

### **Explanation of Multiple Relationships**

Multiple relationships are defined as a counselor and a client having other roles together than the professional one previously listed. I feel it is important I make you aware of my boundaries in regards to the therapeutic process to serve you in an ethical manner. In regards to multiple relations I will not see family, friends, or friends of family members. When I see you outside of the therapeutic setting I will not acknowledge you. This is to respect your privacy. If you speak to me I will return the sentiment. However any public conversations should not include your treatment or scheduling appointments. Further, please refrain from inviting me to social gatherings or offering me gifts in order to protect our professional relationship.

### **Limits on Confidentiality**

The law protects the privacy of all communications between a client and therapist. I will practice current HIPPA regulations at all times. You should be aware of the circumstances in which I cannot guarantee confidentiality legally and/or ethically. These instances are: 1. When I believe you pose a threat of harm to yourself or others, 2. When I believe a child, elder, or dependent has been or will be abused or neglected, 3. When your information is subpoenaed by a court order, 4. If clients file complaints against counselors or claim psychological damage in a lawsuit.

I should also note that it is custom for our standard of care in this profession to consult other health and mental health professionals about a case. During consult, I make every effort to avoid revealing client identity. Other professionals are legally bound to keep the information confidential. You should be aware that I practice with other mental health professionals. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. At this time I am under the supervision of Kathy Troyanek, Licensed Professional Counselor. Due to this supervisory relationship I will be discussing my case load with her to serve you in the best manner possible. Note that these professionals are also bound by confidentiality. Otherwise I will not discuss the details of your treatment, diagnosis, or personal history to anyone unless you specify me to do so by signing a release of information.

If you initiate contact with me through technical means such as email, text message, or cell phone please be aware that confidentiality cannot be guaranteed.

### **Professional Records**

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the way in which your problems impact your life, your diagnosis, the goals that we set for treatment, your progress towards these goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including to your insurance carrier. Except in unusual circumstances that disclosure would physically endanger you and/or others makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person (or where information has been supplied to me confidentially by others), you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Records, you have a right to review (except for information supplied to me confidentially by others), which I will discuss with you upon request.

In addition, I also keep a set of Psychotherapy Notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact your therapy. They also contain particular sensitive information that you may reveal to me that is not required to be included in your Clinical Record. (This also includes information from others provided to me confidentially.) These psychotherapy notes are kept separate from your Clinical Record. Your psychotherapy notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, sign Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

### **Patient Rights**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights included requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you

make about my policies and procedures recorded in your records; and the right to a paper copy of the Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

### **Minors and Parents**

Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that clients over 14 can consent to (and control access to information about) their own treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually my policy to request an agreement from any client between 14 and 18 and his/her parents allowing me to share general information with parents about the progress of treatment and the clients' attendance at scheduled sessions. I will also provide parents with a summary of their child's authorization, unless I feel that the client is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the client, if possible, and I will do my best to handle any objections he/she may have.

### **Insurance Reimbursement**

You may use your receipt to file for Reimbursement from your insurance provider. Please check with your insurance to see if Associated Licensed Counseling clinicians are covered.

### **Complaint Procedures**

If you are dissatisfied or uncomfortable with any aspect of my work with you please inform me immediately. I would hope that we could resolve any issues internally in order to continue our professional and collaborative relationship. If you feel you have been treated unfair or unethically by me or any other counselor you can contact the Alabama Board of Examiners in Counseling, 950 22<sup>nd</sup> Street North, Suite 765, Birmingham, AL 35203 or by phone 205-458-8716