

**Center for Healing LLC**  
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### **Psychotherapist-Patient Services Agreement**

Welcome to Center for Healing, LLC Clinical Therapy Services! It is wonderful to have you here as you prepare to embark on a journey of healing and growth.

This information is designed to help you understand the therapeutic process and the specifics of my counseling practice. It can feel overwhelming to begin the process of therapy, and this document is to help outline the specifics of what we do in the counseling office. It is important that you have a clear idea of how we will work together, and so after we go over this document, I will ask you to sign the agreement, stating that you have understood the information contained here. When you sign this document, it will represent an agreement between us. Please ask if you have any questions about this document or the therapy process, now or in the future.

### **My Qualifications as a Psychotherapist**

I have undergone graduate counseling training at Divine Mercy University (formerly The Institute for the Psychological Sciences) in Arlington, VA, and finished my degree at Avila University in Kansas City, MO, obtaining a Masters of Science in Counseling Psychology. I have passed the National Counselor Exam, required for full licensure in the state of Missouri, and have my LPC in this state. In addition to my Masters degree, I obtained a two year certificate in Sexual Addiction Treatment (SATP) through Mid-America Nazarene University in Olathe, KS. Having empirical knowledge about “what works” in counseling helps me move clients along therapeutically, while maintaining a more holistic lens I look for the ways that body, mind, and spirit work together for health.

### **The Benefits and Risks of Psychotherapy**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me, without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. If ever we have agreed that I would transmit information about you electronically, it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

**The following are legal exceptions to your right to confidentiality.** I would inform you of any time when I think I will have to put these into effect. Communications between client and counselor are confidential and will not be revealed unless required by law such as in situations of:

- **Child or elderly abuse:** If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services.
- **Threats of physical harm to self:** If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
- **Threats of physical harm to others:** If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- **Subpoena of a court:** If you become involved in a court case or proceeding, you can prevent me from testifying in court about what you have told me. This is called “privilege” and it is your choice to prevent me from testifying or allow me to do so. It is conceivable, however, that in

some situations a judge or a court may require me to testify regardless of your non-consent.

• **Vulnerable Adult and Position of Authority:** I may make a report to the appropriate licensure board or governing authority if a person responsible for the care of vulnerable people (a medical or mental health professional, lawyer, or pastor, for example) is being sexually inappropriate with those under his/her care. I will make a determination about reporting on a case by case basis.

Finally, 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 patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

### **Fees and Cancellation Policies**

Our first few sessions are evaluation times for both of us. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Standard fee applies for these sessions.

If psychotherapy is begun, we will schedule sessions at the 50-minute session per week at a time we agree on. My fee for an individual 50-minute session is \$105 and for a family or couple session is \$115. Full payment is due at the end of session, and may be paid by cash, checks written to Center for Healing, or by credit/debit card. Unless otherwise agreed upon, if fees are not paid for two sessions, no further sessions will be scheduled until account is brought up to date.

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, or unless we both agree that you were unable to attend due to circumstances beyond your control. Please provide a debit/credit card number below the signature line in this document.

It is my desire that no person be denied counseling services due to a lack of financial resources. If you have a need, please speak with me during your first counseling appointment. I have a limited number of slots available for clients on a sliding scale basis and I am happy to work with you to make therapy possible for you with your current financial resources. I can also provide referrals to lower-cost therapy resources that may be options for you.

### **Contacting Me**

The number you can use to contact me is 816-786-6063. I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a confidential voice mailbox that I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available.

For scheduling purposes, you can use the online link to Genbook to make appointments with me. You can also text or email me regarding appointments, however both of these options are not to be used for therapy, 'quick' advice giving or processing a session. Please journal these insights and bring them to the next session. I am available by phone for a fee of \$15 for every quarter hour if you need extra time each week.

If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, call 911, or visit the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### **Professional Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records in the form of a summary. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

### **Minors**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

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Your signature below indicates that you have read the information in the Informed Consent document and agree to abide by its terms during our professional relationship. Also please provide a valid debit or credit card number (see Fees and Cancellation Policy).

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client, or parent/ guardian acting for client

Therapist Name and Signature: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Code on back: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_