

**AGREEMENT BETWEEN CLIENT AND THERAPIST  
INCLUDING HIPAA-MANDATED NOTICE OF PRIVACY PRACTICES**

**Katherine E. Walker, PhD, LCMHC, NCC**

**(North Carolina LCMHC # 7545)**

Welcome to my practice. Let me first say that I am pleased that you have selected me as your counselor. This document is designed to inform you about my background, the professional services I offer, to share information that can provide an initial guide for entering into psychotherapy, and to tell you about my business practices. Although this information packet is long, it will nonetheless ensure that you understand our professional relationship.

I completed my Master's of Science in Counseling from Texas A & M University—Commerce in 1999 and my PhD in Counseling from the University of North Texas in 2009. I am fully-licensed to practice as a Licensed Clinical Mental Health Counselor in North Carolina (#7545) (formerly Licensed Professional Counselor before the State of North Carolina changed the licensure name effective January 1, 2020) and was previously licensed as a Licensed Professional Counselor in Texas (#17453) where I practiced for many years before relocating back to North Carolina. I am also a National Certified Counselor (#57312) issued by the National Board for Certified Counselors in 1999. While practicing in Texas, I also served as a Texas state board approved LPC supervisor since 2005 and had the privilege of serving as an adjunct professor and clinical supervisor at the University of North Texas at Dallas for the Master's Program in Counseling.

I see a variety of adult clients (ages 14 and older) with a wide range of issues such as depression, anxiety, adjustment issues, work-life balance issues, coping with bereavement and loss, couples communication and relationship conflict, assertiveness training, anger management, problem-solving and decision-making issues, stress management, and gay and lesbian issues. Settings in which I have practiced include outpatient rehabilitation, private practice, and agency settings. My practice includes counseling for individuals, couples, and groups as well as providing behavioral health training addressing issues related to wellness (including sleep hygiene, weight management, and exercise adherence), disease/disability management, pain management, and biofeedback. In addition to being a counselor, I have oftentimes been described by my clients as a teacher, mentor, and coach. I believe in the power of human potential and resiliency and, through providing support, challenge, and encouragement, I will work diligently with you to help you reach your goals you set in session.

As a LPC at Baylor University Medical Center, a large regional, trauma I level medical center located in Dallas, Texas, I have had the privilege to serve as a member of an interdisciplinary treatment team, working with patients living with chronic pain and other complex medical conditions. In my 8 years at Baylor, I worked with individuals teaching new ways to manage the difficulties related to their physical condition, improve coping skills, improve crisis management and resiliency, and reduce symptoms of depression and anxiety. Additionally, I taught daily patient education classes on a variety of topics including sleep hygiene, stress management, assertiveness skills, and cognitive-reappraisal skills.

I only accept clients in my practice whom I believe have the capacity to resolve their own problems with my assistance. In my treatment philosophy, I believe in helping clients achieve a greater sense of awareness, empowerment, and developing better solutions and strategies to resolve one's issues and problems. I believe that, as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients may only need a few counseling sessions to achieve these goals while others may take longer. As a client, you may end our counseling relationship at any time. I will be supportive of that decision.

**SELECTING A THERAPIST AND MY THEORETICAL ORIENTATION**

Although there are many similarities among therapists, there are also differences. It is important that you find a therapist whose beliefs and techniques feel right to you, and if my philosophies and methods are not what you seek, I encourage you to keep looking until you find a therapist with whom you can work more effectively. If I know of a clinician with the particular approach or expertise for which you are looking, I will be happy to make a referral. In

addition, if the issues you present in treatment with me are in areas for which I lack adequate training and expertise, it will be necessary for me to refer you to someone better suited to meet your needs. Hopefully we will be able to determine this by the end of our first session, although on occasion, this information does not emerge until later. If you choose to work with me, I will do everything appropriate within my professional expertise in order to help you. During our initial visit, I will work to get a personal history from you, review treatment needs, and collaborate with you to establish appropriate treatment goals and a treatment plan.

Following our initial visit if together we decide we will proceed further with additional sessions, we will work together collaboratively to help you meet your treatment goals. I ask that you let me know how things are going as we proceed in our therapeutic work together so that we can modify what we do, as needed, to make this experience valuable to you. Please understand that the progress of your therapy is likely to depend at least as much on what you do between sessions as on what we do during a session. Effective therapy typically requires you to spend time outside of the therapy visit thinking about how you feel, what you want, and what we have discussed. Often your progress can be aided by your keeping a journal and there may be specific homework and structured exercises I may assign in order to develop better insight into your problem, or to gradually improve some new skill. Homework will be tailored to your particular needs, and if you have any concerns about a homework assignment, please discuss them with me so we can make appropriate modifications. Please let me know during each subsequent session when homework is assigned how your homework from the previous session has gone. As you can probably see, effective therapy can require extra time from your life, so what you get out of the process will depend in part on what you are able to put in.

As my client, I think it is very important that you understand the basic tenets of my primary theoretical orientation, Rational Emotive Behavior Therapy (REBT):

1. Individuals have the capacity to be both rational and irrational.
2. The approach is a very active, collaborative, didactic one and is based on the assumption that emotions stem mainly from our beliefs, evaluations, interpretations, and reactions to life situations.
3. It is a brief-oriented approach and can teach clients a way to continue using the approach on a self-help basis. Occasional homework may be assigned and, at times when appropriate, structured exercises will be introduced and practiced in and out of the counseling session.
4. Individuals oftentimes confuse wants with needs and therefore, feel disappointed when their perceived “needs” go unmet.
5. Because we have the capacity for self-awareness, we can observe and evaluate our goals and purposes and, therefore, change them. In doing so, we can move from reacting to ourselves, others, and the world in an irrational way to responding to the world more rationally, proactively, and assertively.

Furthermore, I use the core tenets of Solution Focused Therapy (SFT) which I believe compliments and serves as an adjunct to REBT. The principle tenet of SFT is that people change by constructing solutions rather than dwelling on problems. More specifically, the therapist, using a SFT orientation, does the following:

1. Encourages the client to identify and do more of what is already working.
2. Guides the client in identifying what doesn't work and to focus on doing less of it.
3. Helps the client envision a future without today's problems.
4. Believes that the client is the best expert about what it takes to change his or her life.
5. Helps the client identify solutions that will remove the barriers to having the life the client wants.

Together, we will work to weave these tenets into the practice of mindfulness. Mindfulness can be described as focusing the one's awareness, both in and out of session, on the present moment and present experience. We are often aware of the stressors we encounter and our emotional reaction, but it can be tough to be fully aware of what else may be playing a role in our actions and style of coping. Through this “here and now” awareness, one can calmly acknowledge and wholeheartedly accept one's thoughts, feelings, bodily sensations, and behaviors with self-compassion and curiosity and work to change old patterns of reactivity. This helps us to move away from a reactive “fight-flight-or-freeze” response to a more calm, assertive, and proactive mode of operating within our lives, work, and relationships.

## **LENGTH OF SESSIONS, SESSION FEES, AND OTHER FEES**

### **Individual Psychotherapy Sessions**

A standard individual session is 45 to 50 minutes in length. The remaining 10 to 15 minutes I leave between appointments to check messages when I can, handle minor paperwork including recording your fee and pay, recording session notes from our session, etc. Please understand that if you are ever running late for session, our time will end promptly as if we started our session at our scheduled time. This is to ensure that I am fair to my other clients who show up on time for their scheduled session.

My hourly fee for our initial visit is \$150.00. This is considered a psychological evaluation which will include getting additional background information from you, psychological testing, and developing a treatment plan. My individual session fee thereafter is \$125.00 for 45 to 50 minute session.

Typically, for individual sessions, I see each client once a week, and if possible, will reserve a particular time slot on the same day each week for you to make your schedule more predictable. Furthermore, there are circumstances in which meeting more or less frequently may be warranted (e.g. twice a week in the working phase of the counseling process when appropriate; once every other week for the maintenance phase of the counseling process when appropriate). Please know that I will do my best to schedule you at times that work for both of us.

### **Couples Counseling Sessions**

A standard couples counseling session is 45 to 50 minutes in length. The remaining 10 to 15 minutes I leave between appointments to check messages when I can, handle minor paperwork including recording your fee and pay, recording session notes from our session, etc. Please understand that if you or your partner / spouse are ever running late for session, our time will end promptly as if we started our session at our scheduled time. This is to ensure that I am fair to my other clients who show up on time for their scheduled session.

My hourly fee for our initial couples counseling visit is \$175.00. This is considered a comprehensive relationship evaluation which will include getting additional background information from you as a couple, a relationship assessment and inventory, and developing a couples treatment plan. My couples counseling session fee thereafter is \$150.00 for 45 to 50 minute session.

Typically, for couples counseling sessions, I see the couple once a week, and if possible, will reserve a particular time slot on the same day each week for you and your partner / spouse to make your schedule more predictable. At certain phrases throughout our couples counseling work together, I will want to see each partner / spouse for an individual session to address issues and communication difficulties that may be difficult to talk about in our joint sessions. Furthermore, there are circumstances in which meeting more or less frequently may be warranted (e.g. twice a week in the working phase of the counseling process when appropriate; once every other week for the maintenance phase of the counseling process when appropriate).

### **Biofeedback Training**

Biofeedback is a treatment modality in which people are trained to improve their health or condition by using signals (or cues) from their own bodies. This technique can be used to help individuals with chronic muscle tension, anxiety, headaches, or some other stress-related condition learn to relax. For individuals who live with chronic pain, biofeedback can help the individual alleviate muscle tension, improve circulation, regulate their breathing, improve focus and concentration, distract themselves away from pain, and learn new ways to cope with their symptoms and / or pain. The course of biofeedback is generally 8 to 10 sessions. However, some clients can learn biofeedback with as few as 4 training sessions. Some individuals need more extensive training and may benefit from additional sessions.

Chances are you have done biofeedback at least some point in your life and possibly do it on a daily basis. If you have ever taken your temperature or stepped on a scale to weigh yourself, you have done some form of biofeedback. The thermometer tells you whether you're running a fever, the scale whether you've gained weight. Both devices instantly "feeds back" information about what is going on at that moment with your body. Given this information,

you can take steps you've learned to improve the condition present with the body. When you're running a fever, you get bed rest and drink plenty of fluids. When you've gained weight, you take steps to get your weight under control through diet and exercise.

Biofeedback therapists use biofeedback equipment the same way that you rely on your scale or thermometer. The biofeedback equipment can detect a person's internal bodily functions with far greater sensitivity and precision than a person can detect on their own. However, through training and awareness, the biofeedback client learns over time to become their own biofeedback therapist through paying attention to their body's cues and how they respond to some actual or perceived stressor.

Although this is a partial list, combined with supportive counseling, biofeedback as a treatment modality can be helpful in the treatment of the following symptoms and conditions:

- Attention deficit disorder (ADD)
- Asthma
- Migraine and tension headaches
- Muscle tension / musculoskeletal pain and injury
- Irritable bowel syndrome (IBS)
- Reflex sympathetic dystrophy (RSD) / complex regional pain syndrome (CRPS)
- Parkinson's related tremors
- Fibromyalgia / myofascial pain
- Depression
- Anxiety / panic attacks and phobias
- Sleep disturbance
- Other stress-related conditions

If you wish to pursue biofeedback training with me for stress or pain management, our initial visit will be conducted similar to an initial psychotherapy session. In addition, the rate for this initial biofeedback session is \$175.00. At our second biofeedback visit, I will conduct a psychophysiological assessment (commonly referred to as an initial PPA) with you to get baseline readings (e.g., muscle tension, hand temperature, perspiration, respiration, etc.) prior to our starting your biofeedback training. Starting with our second visit, the rate for a biofeedback session will be \$150.00 for a 45 to 50-minute training session. This additional cost per session will cover use of the biofeedback equipment, disposable biofeedback electrodes used during the training session, and any supplemental materials I give you such as a relaxation CD and other materials needed for home practice. Any biofeedback materials I give you for home practice are for you to keep and use during and beyond the course of biofeedback treatment.

### **Group Work**

Group counseling rates are as follows if you become a part of a therapy group. If at some point during our individual work together we both feel you may benefit from participation in a therapy group I may be facilitating, you may be encouraged to do this in addition to or instead of individual counseling / biofeedback with me. Group fees per weekly therapy group are \$75.00 for a 90-minute session. If you are interested in group work, please let me know and we will discuss this as another part of our treatment plan. Please know that whether or not you in an open enrollment process group or a part of a time-limited skills training group, fees for late cancelling or for no-showing the group session will still be assessed. It is important for you to understand that, in addition to the individual work you invest as a group member, each member of the group grows and benefits from their experience simply from being a part of the group. Therefore, each member of the group is accountable to one another, even with respect to punctuality and attendance at each group meeting. If, at any time you fail to show for group sessions with reasonable explanation, or if you at any time become disruptive to the group, your participation may be discontinued if I feel it would be best for the rest of the group.

### **Additional Fees**

Please note that additional fees may be assessed if and when the need arises. These may include situations where you need me to speak to other professionals on your behalf (with your permission), prepare reports and documents you need for other professionals, our telephone conversations lasting more than 5 minutes, if you become involved in legal proceedings that require my participation as dictated by a court of law (including preparation and transportation costs), and the time spent performing any other service you may request of me. I charge the same as my standard hourly \$125.00 individual session rate for other professional services you may need, although I break down the hourly cost if I work for periods of less than one hour. For example, a telephone consultation would be \$50.00 per 15-minute increment.

## **INSURANCE REIMBURSEMENT / LATE CANCELLATION / NO-SHOW POLICY**

Payments are due at the end of each session. Methods of payment accepted are cash, check, or credit card. Although you are welcome to use your insurance benefits, please note that I am considered an out-of-network provider. If you wish to use your health benefits, I will be happy to provide you with a receipt following each session you may submit to your insurance company so that you may receive directly from your insurance company any partial reimbursement of your session fees to which you may be entitled. This will include dates of service, applicable DSM-5 / ICD-10-CM diagnosis code assigned, a *Current Procedural Terminology* (CPT; American Medical Association, 2018) medical / mental health billing service code, and charges for your session.

Please note that there is a \$30.00 fee for each returned check. In the event that you will not be able to keep an appointment, you must notify me 24 hours in advance. If you do not render such advance notice, you will be responsible for paying for the session you missed. Understand that insurance companies will not reimburse for missed sessions, so the expense for such missed sessions will be billed directly to you. The primary reason that I bill for sessions cancelled on short notice or missed without you cancelling them is that I need adequate time in order to schedule someone else who might be waiting for an appointment into the scheduled time we did not meet.

## **TRACKING YOUR PROGRESS**

We cannot make progress unless we know where we are going. In order for us to work effectively I will need your help in setting treatment goals. Either before our first session or immediately following, I may ask you to complete some formal inventories, questionnaires, and assessments that will help me better assess current psychosocial functioning and may have you complete them again later in treatment to assess progress at that time. This will help us together to establish a baseline prior to beginning treatment and assess current therapeutic status which I believe is important in understanding client growth and development during our work together. Although such forms may require some extra time on your part to complete, it will help us together track and document your progress. If there are any additional fees assessed with administering, scoring, and interpreting any assessments given, I will make sure you understand the necessary fees prior to having you complete them.

## **THE CONTEXT OF OUR WORK TOGETHER**

Although our sessions may be intimate psychologically, it is important for you to remember that we have a professional relationship rather than a social relationship. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than the professional context of our counseling session. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

## **LIMITS OF CONFIDENTIALITY AND HIPAA**

I will keep confidential anything you say to me with the following exceptions:

1. You direct me in writing to tell someone else;
2. I have reason to believe you are a danger to yourself or others;
3. I am ordered by a court to disclose information; or
4. You have or are abusing or neglecting a child, elderly, or disabled person.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards from the American Counseling Association. However, if at any time a client feels dissatisfied with services provided by a LCMHC, the Board encourages clients to attempt to resolve their complaint with the counselor first before taking steps to contact the Board to file a complaint. Therefore, please let me know right away if you are ever dissatisfied with my services to see if I can help resolve your concern prior to contacting the Board. If I am not able to resolve your concern, you may report your complaints to the North Carolina Board of Licensed Clinical Mental Health Counselors via mail at PO Box 77819, Greensboro, NC 27417. You may also call the NCBLCMHC at 336-217-6007 or email [Compliants@ncblcmhc.org](mailto:Compliants@ncblcmhc.org).

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that went into effect in April of 2003. Under HIPAA, I am required to notify you of the protections of your privacy under the law and of how I implement these protections. The law also requires that I obtain your signature acknowledging that I have provided you with this information. Please sign and date both copies of the document the Agreement between Client and Therapist, acknowledging that you have received and read the present materials. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time. The revocation will be binding on me unless I have already taken action in reliance on it; if your health insurer imposed on me to process or substantiate claims; or if you have failed to satisfy any financial obligations you have incurred in accepting services from me. Should you have any questions or concerns about the limits of confidentiality or your rights under HIPAA, please do not hesitate to ask me so we can work to resolve your concerns.

## **USE OF PSYCHOLOGICAL DIAGNOSES**

It is common for therapists to assign one or more diagnostic labels to any individual who seeks treatment (e.g., adjustment disorder, anxiety disorder, mood disorder such as depression, sleep disorder, substance-abuse disorder, eating disorder, etc.). If you are using insurance to pay for part or all of your sessions with me, I am required to make one or more diagnoses and to share these diagnoses with the insurance company. Furthermore, any diagnosis given will become a part of your client record.

The diagnoses used come from the 5th edition of the *Diagnostic and Statistics Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) and the 10<sup>th</sup> edition of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10-CM; National Center for Health Statistics, 2017). These diagnoses require that certain specified conditions be met and the conditions are clearly spelled out in the manual. If you are interested, I will let you know what diagnosis or diagnoses I have selected, will explain why I believe they apply, will change them in time through our work together as appropriate. The purpose of diagnosing a client is that it directs us to pertinent research about what associated conditions and complications may be present and to what methods might prove to be most effective in developing an appropriate treatment plan.

## **POTENTIAL BENEFITS AND RISKS OF THERAPY**

The potential benefits of therapy are obvious. They include feeling better, reaching resolution about something over which you have been feeling conflicted, having improved relationships, and developing new skills for dealing with yourself and with other people. However, these are not guaranteed. It is important to know that, in addition to the potential benefits of therapy, there are potential risks. First, sometimes when you examine a problem, your level of distress will temporarily increase. In fact, often change will not occur without your experiencing negative emotions from which you may previously have deflected your attention. It is important that we keep your discomfort at a manageable level, so it is important that you keep me posted about how you are doing. Second, as an individual makes changes (even quite positive changes), his or her ongoing relationships often change. For example, if you begin to speak more openly about your feelings, but have been in a relationship with someone who is uncomfortable discussing feelings, they may become critical of you and / or pull away. Or you may become critical of them for their resistance to something that has become important to you. If I am aware of other potential risks in your particular situation, I will tell you of my concerns. Furthermore, if there are known potential risks of any particular approach that we are considering in your individual case, I will tell you what they are before we proceed, and you always have the right for us to stop and go no further with the suggested approach.

## **CONTACTING ME AND RETURNED PHONE CALLS**

Due to my schedule, I usually am not immediately available by telephone. When you get my voicemail, please leave a detailed message and I will call you back as soon as possible. On a busy day, I may listen to non-emergency messages only at the start of my day, at lunch time, and before I leave in the evening. While I am typically in the office Mondays through Thursdays from 9:00 to 6:00, these times can vary. Furthermore, I will not listen to a message while I am in session with a client, but will check my messages at a time when I can also return phone calls. Therefore, in emergency situations (e.g., if you are at risk for self-harm or suicide or are experiencing some other state of crises), you are expected to contact someone who is immediately available (e.g. your psychiatrist, family physician, family member, or friend), or if the situation is life-threatening, call 911 or the Raleigh / Durham / Chapel Hill area crisis hotline (919-231-4525 or 800-844-7410), or go the nearest emergency room.

For non-emergency calls, I will make every effort to return your call on the same day you make it, with the exception of evenings, weekends, holidays, or when I may be on vacation. If you will be difficult to reach, please inform me of some times in your message of some times when you might be available and a phone number to reach you. In addition, please indicate if I may or may not say who I am if someone else answers, and whether or not I may leave a message with that person, or on your voicemail, or on your answering machine. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact should you need to do so.

**ABOUT WAKE FOREST MIND AND HEALTH, PLLC**

As the sole owner of Wake Forest Mind and Health, PLLC, it is important for my clients to have an understanding of the structure and mission of my practice. We are a group of independently operating mental health clinicians who offer integrated mental health services. At Wake Forest Mind and Health, PLLC we work with clients to achieve a greater sense of awareness, empowerment, and develop better solutions and strategies to resolve their issues and problems. We work together as a group for the purpose of sharing office space, and necessary support and equipment to facilitate our ability to practice our professions independently. We operate under a single name (“Wake Forest Mind and Health, PLLC”) for ease of recognition. Although the mental health clinicians at Wake Forest Mind and Health, PLLC work together, we are considered independent contractors of the practice. At times, we may consult with one another for the purpose of treatment coordination and routine peer supervision. However, we are not otherwise bound to one another (e.g., no shared malpractice insurance).

**MY COMMITMENT TO YOU**

Please understand that it is impossible to guarantee any specific results regarding your personal goals. However, together we will work to achieve the best possible results for you.

If you have any questions, please do not hesitate to ask. Please sign and date both copies of this form. Your signature below indicates that you are consenting to receive counseling and / or biofeedback services and also serves as an acknowledgement that you have received this “Agreement between Client and Therapist Including HIPAA-Mandated Notice of Privacy Practices” document. I will keep one copy for my client record and give you the other copy for your records.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Co-Client or Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client or Parent / Legal Guardian Name (Printed)

\_\_\_\_\_  
Katherine E. Walker, PhD, LCMHC, NCC

\_\_\_\_\_  
Date