

PAULA L. MARCOLIN, MS, LPC

7 Loudoun St. SW
Suite 7-210
Leesburg, VA 20175

Offices: 703-479-0439

Email: pl.marcolin@integrativeholistictherapy.com

Fax: 571-918-0439

Adult Service Agreement

PLEASE READ THOROUGHLY

I, _____, consent to individual counseling with Paula Marcolin, MS, LPC. As a part of this agreement I understand I have chosen to attend counseling of my own free will and I may discontinue sessions at my own discretion.

Regarding COVID-19 / Coronavirus:

If you are feeling ill, coughing, sneezing, have a fever, or related indicators; I will ask you to reschedule your appointment. Please call or email to reschedule your appointment for a time when you are no longer feeling ill.

By signing this service agreement, I am giving my consent to face-to-face counseling sessions.

I am aware sessions are 50 minutes in length and payment, co-payment or deductible payment is expected by the end of each session and that I must cancel my session 24 hours in advanced to avoid being charged at full session. I understand therapist will charge for report writing, any court appearances (subpoenaed or otherwise), or other professional counseling services at therapist's rate of \$160 per 50 minutes. If client plans to use insurance, it is client's responsibility to check benefits before initial session; any non-payment from insurance is strictly between client and insurance carrier. Therapist is not responsible for any non-payment of claims, deductibles, and copays and client agrees to pay therapist for sessions, deductibles and copays not covered by insurance.

I understand that a copy of my credit card will be required at initial session and will only be charged if I do not cancel session within a 24-hour notice, insurance fails to pay therapist or non-payment of claims, deductibles, and copays.

There is a service fee for all credit cards from \$1.00-\$5.00 depending on credit card amount.

CONFIDENTIALITY: I understand all information concerning me is confidential and is released only through procedures consistent with HIPAA law and professional ethics. No information will be released to anyone without your written consent unless required by federal law this includes:

- You have given therapist information indicating intention to do serious harm to yourself or another person
- You gave therapist information about child or elderly abuse
- A judge orders therapist to provide information about you

Therapist may consult with other professionals regarding your treatment. This allows a freedom to gain other perspectives and ideas concerning how best to help you reach your goals in counseling. No identifying information is shared in such consultations unless a release has been obtained from client/s.

If you are in couples counseling with therapist, I will not withhold information or keep secrets from either partner if seen in individual sessions unless you are assessed to be in a dangerous or life-threatening situation.

VIDEO COUNSELING: I understand that if I choose to participate in counseling via video, I understand counseling is most commonly offered in a face-to-face relationship. Counseling that from the outset is delivered in a technology-assisted manner may be problematic in that the counseling relationship, client identity and other issues may be compromised. Therapist will take necessary steps to protect client confidentiality and security.

REGARDING EMAILS AND TEXT MESSAGES: It is important to be aware that email communication and text messages can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. A non-encrypted is even more vulnerable to unauthorized access. Please notify Paula L. Marcolin, MA, LPC if you decide to avoid or limit, in any way, the use of email. Unless I hear from you otherwise, I will continue to communicate with you via email and text messages when necessary or appropriate to schedule and change appointments.

CRISIS: If you are experiencing a crisis that *is not* life-threatening, please contact me right away, even if it is a holiday or I am on vacation and I will contact you as soon as I am able to. If you are experiencing a life-threatening crisis including suicidal thoughts, please call 911 or go to your nearest hospital emergency room or you can call CrisisLink by calling 703-527-4077 or 1-800-SUICIDE 24 hours per day.

WHAT TO EXPECT IN COUNSELING: As with any form of treatment there are risks to counseling. Examples include, but are limited to uncomfortable thoughts and feelings, being distressed by unpleasant memories, and experiencing relationship difficulties. Some people, despite my best efforts, do not benefit from counseling with me, and some people may even feel worse. Unpleasant, but temporary feelings such as anger, pain, fear, shame, for example, are quite commonly apart of the counseling experience. Despite these risks, you should be aware that most people who remain in counseling with me report benefit from the experience. Benefits include but are limited to reduction in overall frequency and/or intensity of distressing thoughts, feelings or behaviors, and overall increase in peace, calm and happiness within themselves. Nevertheless, I do not guarantee that your counseling experience with me will be successful.

The counseling relationship is unique and special. It is set up to provide you with a safe place to reveal and explore very intimate and private matters. You have no responsibility to me, other than pay my fee, which is an important part of creating this safety. I am not your parent, spouse, or best friend: people to whom you have personal responsibility and therefore must

consider how what you share affects them. By contrast, our sessions are solely for your benefit. You may also feel at times you have strong feelings towards me, be they negative feelings such as anger, fear or frustration, or positive feelings such as admiration or love. These feelings are quite common for clients in counseling relationships. You may also be surprised that I often view client's anger towards me as a very good sign. It can mean we are accessing important areas. For this reason, it is critically important that we explore your feelings about me, be they anger or otherwise, and you are encouraged to share with me any feelings about me you may be having.

Counseling is very much a collaborative experience, and there is much you can do to contribute to the success of your counseling experience. I urge the following:

- Think about what you hope will happen as a result of counseling
- Think about how much time and effort you want to devote to making changes in your life
- Take an active role in counseling; ask a lot of questions
- Make a commitment to speak truthfully in counseling
- Decide that no amount of counseling can help change things in your life that are beyond your control
- Decide to take risks: to do things differently that have not been working
- Make a commitment to pushing your "comfort zone" by doing things that make you a little uncomfortable or anxious.

ENDING COUNSELING: It is important for you to know you can end counseling with me at any time for any reason. A good counseling experience; however, will almost always include you and I discussing and understanding reasons for stopping counseling. Many people, when feel upset, feel the urge to abruptly cut off contact with their therapist before stopping. You are likely to feel much better about stopping counseling if you share with me your reasoning for stopping. For my part, I will typically not end our counseling relationship before you are ready for it to end. I do; however, have an ethical obligation not to continue counseling with you if I feel I am unable to help you. As well, I will most certainly end our relationship if you: assault me; deliberately damage my property; bring legal action against me; fail to pay for my services. It is also possible that other unforeseen circumstances could force me to end the relationship. In such instances, I will provide you a referral to another counselor.

I have read this consent and I agree to abide by the terms set forth in this consent.

Client Signature/s

Date

Print Name/s

Date

Paula L Marcolin, MS, LPC

Date

