

# Melanie Welch Counseling

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505 Broadway St. Lincoln, IL 62656  
230 W Main St. Decatur, IL 62523

217-828-1534  
melaniewelchcounseling@gmail.com

## **THERAPY SERVICES CONTRACT**

**\*\*Please read through this document and sign the Contract Signature form.**

### **THERAPY SERVICES**

Welcome! I am excited and honored you have chosen me as your counselor. It takes courage to tell your story. Your first appointment will take about 60 minutes and we will mostly discuss the reasons that have led to your decision to begin counseling. I know the decision to start counseling is a big one and you may have many questions. My hope is to answer most of your questions in this form.

### **ABOUT ME**

My formal education includes a Bachelor's Degree in Psychology from Illinois State University and a Master's Degree in Human Development Counseling from the University of Illinois at Springfield. I am licensed by the State of Illinois as a Licensed Clinical Professional Counselor. I have been working in the counseling field since 2001. If you have any other questions please feel free to ask!

### **CONTACTING YOU**

Therapy is a private and completely confidential entity. I take it very seriously and I want to assure you our relationship will be treated as such. With that in mind, please let me know how I may contact you. Please make sure all of your information is correct and up-to-date on your paperwork. If information changes, please let me know immediately. I cannot be held responsible for contacting you with incorrect or out-of-date information.

### **AVAILABILITY BETWEEN SESSIONS**

I am available to you in between sessions for non-emergency issues by calling my office at 217.828.1534 or by emailing me at melaniewelchcounseling@gmail.com. I will make every effort to respond within 3 business hours. If you have called or emailed me and you have not received a response, please try again as technology can sometimes fail us. There may be times when I will be unavailable to you. In these cases, you will be provided with the name and contact information of at least one other counselor who will be able to assist you during my absence. Absences can include (but are not limited to) vacation and family emergencies.

Please do not contact me through text messages or email regarding clinical issues. These are not secure forms of communication, and there is a possibility I will not get the message in a timely manner, or communication will be interpreted in an unclear manner. If you need to contact me between sessions regarding clinical matters between sessions, please call 217.828.1534. Text messages and emails are only to be used for scheduling, changing, or cancelling appointments. There may be times where emailing may be used for homework between sessions as long as it is mutually agreed upon. My email melaniewelchcounseling@gmail.com is HIPPA compliant, but as an added layer of protection I ask people to not put any protected information in the subject line. Please note emails between us will become a part of the clinical record.

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## **EMERGENCY**

I am available to you for emergency situations 24 hours per day. If an emergency situation arises in which you the client (or you the parent or guardian of the client) feel immediate attention is necessary, please call my office at 217.828.1534. If no call is received within 15 minutes or you feel you cannot wait, the client or the parent or guardian of the client understands they are to contact emergency services in the community by dialing 911 or by going to the nearest local emergency room for those services. Melanie Welch, LCPC will follow up those emergency services with counseling and support to the client or the client's family.

In the unlikely event I am no longer able to provide you with ongoing counseling, Adrian Byrd, LCSW will provide services, with your consent, and will maintain your records for a period of 7 years. She will be provided with access to your confidential records and will only utilize that access if I am no longer able to provide you with ongoing counseling services. If you have any questions or concerns about this policy please feel free to ask. She is located at 230 West Main Street, Decatur, Illinois, 62523 and can be reached at 217.454.8708.

## **RATES AND INSURANCE**

Therapy is a commitment of time, energy, and financial resources. If you have health insurance, it is important for you to verify your mental health benefits so you understand your coverage prior to your first appointment. Some insurance companies require a precertification before the first appointment or they will not cover the cost of services. CPT codes are used by providers (me) to bill your insurance company.

My current fees are as follows:

Initial appointment (60 minutes) (CPT Code 90791) \$175  
60 minute therapy session (CPT Code 90837) \$150  
45 minute therapy session (CPT Code 90834) \$120  
30 minute therapy session (CPT Code 90832) \$75

If I am a network provider for your insurance company, I honor the contracted rate and you will not be billed for the remaining amount. All contracted rates vary. I do not accept Medicare or Medicaid.

I do ask that you pay your co-pay at the time of service. I accept checks payable to "Melanie Welch," cash, and credit cards.

Virtual therapy and telephonic therapy are available if mutually agreed upon. Virtual and telephonic therapy is not covered by insurance. Fees are reviewed regularly and are subject to change.

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## **SOCIAL MEDIA POLICY**

In order to maintain your confidentiality and our respective privacy, I do not interact with current or former clients on social networking websites. I do not accept friend or contact requests from current or former clients on any social networking sites, including (but not limited to) Twitter, Facebook, LinkedIn, etc. I will not respond to friend requests or messages through these sites.

I will not solicit testimonials, ratings, or grades from clients on websites through any means. I will not respond to testimonials, ratings, or grades on websites, whether positive or negative, in order to maintain your confidentiality. My hope is you will bring concerns about our work together to the therapy session so we can address concerns directly.

## **PROFESSIONAL RECORDS**

The law and the ethical standards of my profession require I keep appropriate treatment records. If I receive a request for information about you, you must authorize in writing you agree to the requested information being released. More information is provided about this in your privacy policy.

## **CONFIDENTIALITY**

In general, the confidentiality of all communications between you and I is protected by law and I can only release your information to others with your written permission. However, there are a number of exceptions, as indicated below. More information is provided about this in your privacy policy.

### **Exceptions to your confidentiality are as follows:**

- If a judge orders the records to be released during the course of judicial proceedings.
- If I believe a child, elderly person, or disabled person is being abused or neglected; I am mandated by law to report this information to the appropriate agency.
- If I believe you are threatening immediate serious harm with intent to another person or property, I must take protective action by notifying the potential victim, the police, and/or facilitating hospitalization for you.
- If I believe you become a serious immediate harm to yourself with intent, I must take protective action by arranging hospitalization, contacting family/significant other/emergency contact for notification, and/or the police.

I will make a reasonable effort to discuss with you any need to disclose confidential information about you. I am available to discuss any questions or concerns you have about the exceptions to confidentiality.

## **TERMINATION**

If at any point during therapy I assess I am not able to effectively help you I may discuss termination of therapy services with you. You have the right to terminate therapy with me

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at any time. Upon your request and if appropriate and possible I will provide you with the names and contact information of other qualified professionals for you to contact.

## **MINORS**

The law provides parents the right to treatment records for minors under the age of 12 years. For minors ages 12 to 17, the law provides parents the right to treatment records if the minor provides a written consent allowing the parents to do so and I do not find there are any compelling reasons to deny the access to the records. Parents are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Before giving parents any information, I will discuss the matter with the minor, if possible, and I will do my best to handle any objections, concerns, or questions the minor may have with what is discussed.

## **COURT-RELATED SERVICES**

I do not provide or perform evaluation for custody, visitation, or other forensic matters. Therefore, it is understood and agreed that I cannot and will not provide any testimony or reports regarding issues of custody, visitation, or fitness of a parent in any legal matters or administrative proceedings.

If I am contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in), please note the following:

- I charge \$200/hour to prepare for and/or attend any legal proceedings and for all court-related services.
- Charges for court-related services are not covered by insurance.
- Court-related services include: talking with attorneys, preparing documents, traveling to court, depositions, and court appearances.
- If my fee is not paid by the court or attorneys, you will be charged for the time we spend responding to legal matters.
- You will also be charged for any costs I incur responding to attorneys in your case, including (but not limited to) fees I am charged for legal consultation and representation by my attorney. My attorney currently charges \$250/hour.

## **CANCELLATION**

Since the scheduling of an appointment involves the reservation of time specifically for you, a 24-hour notice is requested for re-scheduling or canceling an appointment. If a 24-hour notice is not given, you will be charged a \$25 missed appointment fee. Most insurance companies do not reimburse for missed sessions.

## **CONCERNS**

If you have a concern or complaint about counseling, please talk to me about it. I will take your issue seriously and openly, and respond respectfully. If you have a concern or complaint about your bill, please contact me at 217.828.1534.