

**HIGHER GROUND COUNSELING, REDDING AND CHICO, CA  
COUNSELING AGREEMENT**

Thank you for choosing Higher Ground Counseling. We appreciate the opportunity to be a part of your journey in seeking a healthier place in life. Higher Ground Counseling currently provides counseling in Redding and Chico. **In Redding, if you or a family member requires assistance with a mental health crisis, please know we are not able to handle crisis events and you should contact a hospital emergency room, call 911, call the Behavioral Health Crisis Line in Redding at (530) 225-5252, or for Chico call (530) 891-2810 or 800-334-6622.**

The goal of therapy is to help you achieve healthy solutions to life’s problems. To help you reach your goals, we may use a variety of interventions including homework outside of therapy sessions. Some people uncover painful issues in counseling, which may worsen before getting better. You may need to make life adjustments to facilitate personal growth. Please be willing to share important background issues and discuss treatment processes with your therapist. We’re dedicated to helping you achieve your goals and will respect your treatment decisions.

Confidentiality is an important part of therapy. Therapists will maintain client confidentiality unless a legal exception to confidentiality exists such as child/elder abuse, court order, clients become a danger to self or others, accusations of therapist negligence, or referral to collections for client refusal to pay fees. If seeking reimbursement through your insurance company, they may ask you to provide treatment information. There may be times when therapists consult with other treatment providers (primarily doctors and therapists). This is to maintain the delivery of quality services and is done without disclosing your identity. Children not able to consent to their own therapy must have consent from a parent/guardian. If a court has made a ruling on the legal custody of a child, please bring that ruling to the initial session.

The cost/scheduling of therapy varies in the private sector. At Higher Ground Counseling, therapy sessions are normally scheduled weekly. Each session lasts 45 minutes and normally costs between \$90.00 - \$120. You may also be billed for time-spent texting or talking on the phone. Session fees are due at the beginning of each session if you do not have insurance. If you have insurance, we may will bill them for you. We will provide you a superbill if you would like to seek reimbursement through your insurance company without our involvement. We cannot guarantee insurance payment and this matter will be decided between you and your insurance company. There are occasionally times when session fees have to be raised, in which case we will make every effort to notify you within a reasonable amount of time before taking effect. If you develop an outstanding balance and do not make efforts to pay-down your balance, we may refer the balance due to collections to recover costs.

Court testimony and child custody evaluations are not part of our offered services. If summoned to court, our fee is \$1,000.00 per therapist for each day we are required to attend, regardless of how long we are actually in the court proceedings. We charge between \$90.00 - \$120 per hour for court preparation (including time consulting legal counsel). Please know we cannot legally provide treatment records in response to subpoenas without the consent of each person in therapy. **The agreed fee for your counseling services is (TBD at your first session) \$\_\_\_\_\_ per session. Cash, check, or insurance is an acceptable form of payment. Returned checks are subject to an additional \$25.00 charge.**

At least 24-hour notice is required for session cancellation or you may be charged for missing appointments. If you miss 2 or more appointments, Higher Ground may terminate the counseling and use your time slot for other clients, as we do have a waiting list.

“I have read the above information and I understand what it says. I was given the opportunity to ask questions and they were answered to my satisfaction.”

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Print Name Date

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Signature of Client, Parent(s) or Legal Guardian(s)

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Therapist Name and Signature Date