

## **LIGHTHOUSE COUNSELING SERVICES, INC. - CLIENT AGREEMENT**

### **I. NOTICE OF HIPAA PRIVACY PRACTICES**

LCS is required to maintain the privacy of your health information. All clinical records are documented, monitored, and stored using an electronic records system. Only staff given authorization have access to such records.

### **II. CONFIDENTIALITY**

Lighthouse Counseling Services, Inc. provides confidential therapy and services to individuals and groups. Exceptions to confidentiality, as mandated by the law include: (1) threats or attempts to harm another person or oneself, (2) situations involving neglect or abuse, (3) case consultations with another therapist or case manager within our agency, (4) court ordered counseling. Any communication with outside providers or interested parties will only occur when expressed written permission is given for the communication( see section III).

### **III. ACCESS TO RECORDS, PROVIDERS, AND RECIPIENTS**

Upon request and authorization, LCS may provide protected health information within 30 days of said request. LCS has adopted a "minimum necessary or need to know" standard that limits access to your health information to any authorized person accessing such information.

Upon request, Lighthouse Counseling Services, Inc. will provide to Medicaid and/or it's Managed Care Providers, as well as a client's insurance provider the following information: (1) Medical records and other information, physical or electronic, maintained by Lighthouse Counseling Services, Inc. to document the service provided, (2) Information regarding a payment claimed by Lighthouse Counseling Services, Inc. for furnishing a service.

Medicaid and/or its Managed Care Providers as well as a client's insurance provider has the right to inspect medical and other records on site; or to require Lighthouse Counseling Services Inc. to provide written or electronic documentation for review as determined to be appropriate by the department.

Upon request, Lighthouse Counseling Services, Inc. will provide records related to a service provided to the following: (1) A representative of the United States Department of Health and Human Services, (2) The United States Attorney General's office, (3) The Kentucky Attorney General's office, (4) The Office of the Inspector General, (5) The Cabinet for Family Services, (6) Kentucky Auditor's Office.

In the event of your counselor's incapacitation, death, retirement, or termination of practice, client services and records will be transferred to an appropriate counselor per client consent.

### **IV. CANCELLATION**

I understand that I am expected to notify Lighthouse Counseling Services, Inc. at least 24 hours prior to the scheduled appointment if cancellation is unavoidable, and a fee of \$25 may be charged in the case that an appointment is not kept. Any cancellation fee applied must be paid on or before the next schedule appointment.

### **IV. EMERGENCY SERVICES**

Lighthouse Counseling Services, Inc. does not provide 24 hour emergency services. In the event of an emergency in which you are unable to reach your LCS counselor or case manager, our agency recommends that you call one of the following: (1) Crisis Line 1-800-433-7291 (2) Emergency Services 911.

### **V. ATTESTATION FOR CHILDREN AND ADOLESCENTS ONLY**

As the parent and/or legal guardian, I attest or affirm that I have the legal right to sign for consent to serve this juvenile.

### **VI. ELECTRONIC COMMUNICATION**

By signing this client agreement form I consent to the use of email/cell phone texting as needed for scheduling and administration purposes only. This communication will not take the place of regular therapeutic sessions. If more urgent help is needed, I will utilize emergency services as outlined above. Furthermore, if at any time my therapist or I believe email/texting is interfering in my therapeutic process or being used ineffectively, either of us can revoke this consent verbally, refuse to respond to emails/texts, and insist upon verbal conversation before proceeding.

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**Client**

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**Parent or Guardian**

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**Date**

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**Witness**

*Revised 12/2019 sm*

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**(See Back for Fee Schedule)**

**LIGHTHOUSE COUNSELING SERVICES, INC**  
**CLIENT FEE SCHEDULE**  
**EFFECTIVE: January 1, 2020**

	FLAT FEE	GROUP FEE	HOURLY RATE
I. INTAKE AND ASSESSMENTS			
1. Batterer Intervention Program (BIP)	75.00	25.00	
2. Sexual Offender Treatment Program (SOTP) Intake	100.00	25.00	
3. Marijuana Diversion Program	100.00		
4. Substance Use Disorder Assessments (Adults & Juveniles)	100.00	25.00	
5. Mental Health Assessment	200.00		
II. INSURANCE/SELF PAY COUNSELING SESSIONS			
1. Initial Assessment	120.00		
2. Individual, Couple, or Family Therapy			100.00
3. Telehealth			100.00
4. Psychotherapy for Crisis			100.00
III. LEGAL CONSULTATIONS, ATTORNEY FEES AND COURT COSTS			
1. Attorneys (Personal, written or via telephone)			100.00
2. Court Appearances			100.00
3. Attorney fees and court costs charged for costs incurred by Lighthouse Counseling Services, Inc. while attempting to collect any unpaid balance for services rendered	As Applicable		
IV. OTHER FEES			
1. Materials fee (for ALL groups)	15.00		
2. "Insufficient Funds Fee"  Charged for each check returned to Lighthouse Counseling Services due to insufficient funds	50.00		
3. Portion of fees not covered by client's insurance	As Applicable		

*Client Signature:*

*Date:*