

Fees and Services

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When people enter into any kind of relationship in which services are exchanged, it's a good idea to be clear about each person's rights and responsibilities. This agreement tells you what you can expect of me and what I can expect of you. Please read it carefully and be sure to ask me to explain anything you don't understand or that you have a concern about.

My Background and Approach

I am a Licensed Professional Clinical Counselor in the State of North Dakota (#638-8-1-09-197). I received my M.A. in Psychology from Antioch University Seattle in 1985, with an area of concentration in sexual assault. I was co-director of Althean Associates in Seattle, WA from 1981-90 and have been in private practice since 1991.

My approach to counseling will vary, depending upon the issues to be resolved and your needs. My counseling approach may include, but is not limited to, cognitive-behavioral therapy, family systems and psychodynamic psychotherapy. If you have questions about my therapeutic approach, please ask.

You may want me to outline a proposed course of treatment. If this is important to you, let me know. In general, however, I find that it is not always helpful to try to determine in advance where we are headed, since therapy by its very nature is a process of new discoveries.

I do not promise any particular outcome of treatment. However, I promise to use my best efforts and to perform all of my services for you in a professionally competent manner. The length of treatment hinges on such factors as the severity and duration of the problem as well as the motivation and cooperation of the client.

Your Rights

Clients always have the right to request a change in counseling approach, referral to another counselor, or termination of therapy at any time. As a Licensed Professional Clinical Counselor, I am accountable for my work with you. If you have any concerns about the course of treatment, please discuss them with me. If you determine that I cannot help you, you may seek out another therapist or you can ask me to help you find one. Should you feel that I have been unethical or unprofessional, you may contact the North Dakota Board of Counselor Examiners.

Appointments

Individual appointments are typically 50 minutes in length. It is important to be on time because your appointment will not be extended beyond the scheduled time as a result of your late arrival. Your appointment is held exclusively for you. If you are unable to keep your appointment for any reason, you must give me at least 24 hours advance notice;

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otherwise, you will be charged for the full amount for the time I have reserved for you. Exceptions in the event of an emergency or unavoidable circumstances will be discussed.

Fees and Payments

My fee is \$110.00 per 50-minute hour. Fees are due at each session unless other arrangements have been made. NSF checks will be charged a \$20.00 handling fee. A portion of this fee may be paid for by your health insurance policy if sessions are covered. As the client, you are responsible for your account and are expected to pay for all services received. If letters/reports need to be provided to an outside source such as lawyers, the court system, etc., you will be charged my hourly rate. If there are unusual circumstances, I am open to discussing your fee with you.

Confidentiality

Our counseling sessions are held in the strictest of confidence. As my client, it is you rather than me who determines whether information shared in our sessions can be released to others. You do this by signing a release of information form which I will provide, if and when this is appropriate. Exceptions to this right of confidentiality, which is protected by state law and HIPPA are: when there has been child abuse or abuse of the elderly or developmentally disabled within the past seven years, or in life-threatening situations in which you pose a clear threat to your life or the life of another and/or you are unable to provide a minimum of self-care which will sustain your life. In all of these situations, I am required by law to take necessary steps to secure your safety and/or the safety of others. Additionally, should you elect to use your health insurance benefits to pay for psychotherapy, your diagnosis, symptoms, substance abuse issues (if any) and history may be shared with the insurance company and become a part of your permanent medical records.

Please sign below indicating that you have read this statement. Thank you, and I look forward to working with you.

I have read the agreement regarding fees and services.

Signature

Date