

## **Glynn Griggs, Licensed Professional Counselor (L.P.C.)**

### **COUNSELING AGREEMENT AND POLICIES**

This agreement ("Agreement") for counseling between Glynn Griggs ("Licensed Professional Counselor") and \_\_\_\_\_ and \_\_\_\_\_ ("Counselee(s)"), shall govern the professional relationship between the parties.

#### **LEGAL STATUS:**

Glynn Griggs, counselor, practices as a Licensed Professional Counselor in the state of Tennessee (Tennessee License: LPC #3678) and is governed by the Tennessee State Board of Professional Counselors, Marriage and Family Therapists, and Clinical Pastoral Therapists.

#### **APPOINTMENTS:**

Each counseling appointment is 50 minutes. You'll get the most out of your session if you arrive on time. Counselee(s) will notify the counselor by voicemail at 615 574-8929 during regular business hours when an appointment cannot be kept. When a cancellation takes place with less than 24 hours notice, Counselee(s) agree(s) to pay the full fee for the session. Initial Here: X \_\_\_\_\_

#### **FEES:**

The agreed upon fee for each session will be \_\_\_\_\_ Dollars (\$\_\_\_\_\_). Payment is due at the beginning of each session and accounts must be kept current in order to continue counseling. Payment may be made by cash, personal check, or IvyPay (a HIPAA-secure type of PayPal service which accepts credit cards, debit cards, HSA cards, and FCA cards). Upon payment a receipt will be provided to the Counselee(s). Counselee(s) agree(s) and acknowledge(s) that I, Licensed Professional Counselor, do not accept insurance and any matters of insurance reimbursement are between the Counselee(s) and his/her/their insurance company.

#### **CONFIDENTIALITY POLICY:**

All communications, records, and contacts with professional and support staff will be held in strict confidence. Information may be released, in accordance with state law, only when the Counselee(s) sign(s) a written release of information indicating informed consent to such release. There are other exceptions noted in the Limits of Confidentiality Form provided on this website. If you do not have a computer, I will provide you with a copy of this form at your first appointment. It is important to understand the limits of confidentiality. Please ask me any questions you have regarding this.

Case notes are taken in session by means of notes written on an electronic tablet with simultaneous aural recording. Once the notes are finalized following the counseling session,

the aural recording is erased. Only the written notes, which may be transcribed by the counselor and not a transcribing service, are retained. Additionally, the HIPAA Patient Notification of Privacy, which you will receive at your first appointment, also applies here.

**TERMINATION:**

Counselee(s) may terminate this Counseling Agreement at any time for any reason subject to the payment provisions in the Fees Paragraph, see above. If counselee(s) decide(s) to terminate this agreement, Counselee(s) agree(s) to pay any amounts past due pursuant to this Agreement. Licensed Professional Counselor may also terminate the agreement on any grounds through oral or written communication. Upon termination, any past fees owed pursuant to this agreement will be due immediately.

**RISKS AND LIMITATIONS OF LIABILITY:**

Exploration of personal issues always poses the possibility of emotional discomfort such as, but not limited to, anxiety and depression. The Licensed Professional Counselor will not knowingly encourage the Counselee(s) to engage in personal issues for which the Counselee(s) is/are believed to be unprepared. Nevertheless, emotional and psychological risks remain as counseling is both an art and a science. The Licensed Professional Counselor will make every effort to “pace” the Counselee(s) readiness in the exploration of issues. The Counselee(s) agree(s) to hold the Licensed Professional Counselor harmless should emotional discomfort and psychological disturbance arise as a consequence of the counseling/self exploration experience. Counselee(s) agree(s) that Licensed Professional Counselor shall not be liable to Counselee(s) or to third parties for any consequential, indirect, incidental, punitive, special or exemplary damages whatsoever arising out of this Agreement.

I/We, the undersigned Counselee(s), have read, discussed together with Glynn Griggs, LPC, and fully understand this Agreement and the stated policies. I/We agree to honor these policies, and will respect one another’s views and differences in their outworking.

Counselee(s) signature(s)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

