

# Kendra Twitty Counseling & H.O.P.E.

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## Information, Authorization & Consent to Treatment

Welcome to Kendra Twitty Counseling, LLC and H.O.P.E., LLC. I am very pleased that you selected me, and I am looking forward to working with you. This document is designed to inform you about what you can expect from me at Kendra Twitty Counseling and/or H.O.P.E. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

I am a Licensed Professional Counselor in private practice doing business as Kendra Twitty, LLC and H.O.P.E. (Horses Offering Personal Empowerment) and therefore maintain sole responsibility and liability for my practices.

### Background Information, Theoretical Views, & Client Participation

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that make take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your therapy at any point. In order for therapy to be most successful, it is important for you to take an active role. This means working on things that you talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least 8 hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return. Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your grown process to the degree that you are capable of facing life's challenges in the future without therapy. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. I also reserve the right to end our therapy work together and provide you with appropriate referrals, for reasons including, but not limited to, failure to participate in therapy, conflicts of interest, untimely payment of fees, or my belief that I may not be the best person for your needs. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way will produce maximum benefit.

### Confidentiality & Records

Your communications with me as your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). I use TherapyNotes, LLC as my practice management software, case management, and therapy notes. TherapyNotes, LLC uses HIPPA compliant software so your information will be securely kept. I will always keep everything you say completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child; (4) I am ordered by a judge to disclose information or (5) I find you injured on the property or the community, I will call for help for you. If for any reason I have disclosed any information due to the above, I will do my best to inform you ahead of time and talk with you about it so that we can process through it together.

**\*If I am requested to testify on your behalf in a court case my fee is \$960 per day at a rate of \$120 per hour, with an eight- hour daily minimum. This is due to the fact that I will not be able to see clients on that day that I am to be in court and will need time to prepare for your case. Payment must be received at least one week in advance of my being called to testify. For travel which is more than 30 miles away from my office location, there will be an additional charge for travel time (at the standard rate of \$120 per hour)**

## Structure & Cost of Sessions

As your therapist, I agree to provide psychotherapy for the fee of \$120 per 50-minute session. Some clients find that 50 minutes does not give them enough time. Each 15 minutes past the scheduled session will be charged an additional \$30. There is a 5-minute timer chime that allows a reminder that there is 5 minutes until the end of the session time. If time allows, you may request to add another 15 - 30 minutes onto your session time for the above additional fees.

Doing psychotherapy by telephone and texts is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, we will need to explore adding session or developing other resources you have available to help you.

**Insurance Reimbursement:** Kendra Twitty Counseling and H.O.P.E. accepts very limited direct insurance payments. Kendra Twitty is a provider for Blue Cross Blue Shield and a Certified Provider for Tri-Care Humana **but not in network with Tri-Care**. I will discuss insurance options at the time of the initial consultation. If wanting to file with insurance the client is responsible for paying their co-pay OR the session fee if their deductible is not met. **All fees are due at the time of the session.** For clients who have insurance that I am not in network with, I will provide an invoice for you to submit to your insurance company for possible reimbursement. I want to inform you of how using insurance for reimbursement for counseling sessions may impact you in the future. Filing a claim with an insurance company means that you will be given a mental health diagnosis and this diagnosis will become a part of your permanent medical record. Having a mental health diagnosis on your record may carry long-term implications and may hinder you from being able to obtain life insurance or disability insurance. Additionally, filing an insurance claim means your diagnosis, dates of service, etc. are no longer totally confidential, and your insurance company will be aware of your treatment diagnosis. **Kendra is NOT responsible for any problems with insurance, and it is your sole responsibility to deal with your insurance company.**

## Cancellation Policy

By signing this document, you agree that when setting an appointment with Kendra Twitty Counseling or H.O.P.E. you are entering into a contract for professional time and services. By entering this contract, you are specifically contracting for services to prepare for your session in advance. Please recognize that professional services are not only provided during your appointment time but also during the 48 hours prior to and following your appointment time. These services involve preparation for the scheduled session, case review, case notes, and consultations with other professionals as agreed in writing, to assist with your treatment, as well as holding that time for you and preventing other clients who may need/want that time utilize. In the event that you are unable to keep an appointment you must notify me at least 48 hours in advance. **If you fail to cancel your appointment within the 48-hour minimum time period prior to your session you will be charged the full fee for the missed session.** Please note that insurance companies do not reimburse for missed sessions.

## In Case of an Emergency

Kendra Twitty Counseling and H.O.P.E. is considered to be an outpatient facility and is set up to accommodate individuals who are reasonably safe and resourceful. I do not have after hours phone service nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls and emails within 24-48 hours during the business week, with exceptions to vacations and holidays. If you have a mental health emergency, I encourage you not to wait for a call back from me, but to do one more of the following:

- Call Coastal Mental Health 1050 Ribaut Road Beaufort, SC (843) 524-3387
- Call 911 or go to your nearest emergency room

**Statement Regarding Ethics, Client Welfare & Safety**

Kendra Twitty Counseling and H.O.P.E assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at anytime you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, I will work to achieve the best possible results for you. Please be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless. Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Once we are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

**Technology Statement:** There are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship remains therapeutic and professional. Therefore, I have developed the following policies:

**Cell Phones & Texts:** I will be using my work cell phone to contact you either through a phone call or text message. If this is a problem, please feel free to discuss this with me.

**Social Media Policy:** I do not accept friend requests from any current or former clients on social networking sites, because it may compromise your confidentiality.

**Agreement to Enter into a Therapeutic Relationship**

I am sincerely looking forward to working with you. If you have any questions about any part of this document, please feel free to ask me. Please print, date, and sign your name below indicating that you have read and understand the contents of this form, acknowledge receipt of the Health Insurance Portability and Privacy Act (HIPPA) Notice of Privacy Practices, and you agree to the policies of your relationship with your therapist, and you are authorizing Kendra Twitty to begin treatment with you.

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Client Name (please print) Date

\_\_\_\_\_  
Signature (Parent/Guardian Signature if client is a minor)

\_\_\_\_\_  
Clinician Signature Date

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