

**Journey To New Beginnings, PLLC
5627 Getwell Road
Building C., Suite 2
Southaven, MS 38672**

Counseling Services Agreement (Minor)

This Counseling Services Agreement ("Agreement") is made between Journey to New Beginnings, PLLC ("JTNB") and _____ (the "Responsible Party"), who is the parent or guardian of _____, (the "Client") the minor who is being counseled by JTNB, effective this ____ day of _____, 20____. This Agreement sets out the conditions of service and fees that will be charged to the Client for the services described.

1. JTNB, except for holidays, will be open Monday through Friday. The hours during which counseling services are available will vary according to the schedules of the professionals who provide the services.

2. The Client will be charged \$200.00 for the initial intake assessment with a Therapist, Social Worker, or Psychologist and \$250.00 for a Nurse Practitioner or Psychiatrist. Individual, family and couples therapy will be charged to the Client(s) at the rate of \$150.00 for each 45 minute session and \$200.00 for each 60 minute session. Medication management or follow-up visits for medication management will be charged at the rate of \$175.00 per visit.

3. The Responsible Party is responsible for paying the fees of any JTNB Therapist, Social Worker, Psychologist, Nurse Practitioner, Psychiatrist or employee for time spent relating to any legal matter involving the Responsible Party or the Client. The fee is \$150.00 per hour for preparation, review of materials and travel and \$250.00 per hour for time spent waiting to testify and while testifying at a deposition, hearing or trial. At least three full business days in advance of the hearing or testimony the Responsible Party must pay a retainer fee set by JTNB. The retainer fee will be based on an estimate of the time that will be involved. If the legal matter is not canceled at least two full business days prior to the scheduled date, the minimum of \$500.00 will be charged to the Responsible Party. The fee of \$150.00 or \$150.00 per hour, whichever is greater, will be charged to the Responsible Party for all letters or correspondence between a JTNB professional and attorneys, the Youth Court, a Guardian Ad Litem, etc.

4. The Responsible Party is responsible for paying attorney fees and other expenses of any nature that JTNB and/or its Therapists, Social Workers, Psychologists, Nurse Practitioners or Psychiatrists incur in connection with any legal matter or court proceedings related to care or treatment of the Client. Responsible Party understands and agrees that JTNB will seek to quash any subpoena for information relating to the treatment of minors if, in the sole discretion of JTNB, the disclosure would be harmful to the Client.

5. As a service to you, JTNB will bill insurance companies and other third-party payers, but cannot guarantee such benefits or the amounts covered, and JTNB is not responsible for the collection of such payments. The Responsible Party is responsible for obtaining any pre-approval or pre-certification before seeking services by JTNB. In some cases, insurance companies or other third-party payers may consider certain services not to be reasonable or necessary or may determine that services are not covered. In such cases the Responsible Party is responsible for payment of these services. Insurance deductibles and co-payments are due at the time of service. All insurance benefits to be paid (by an insurance company or third-party provider) will be assigned to JTNB by the Responsible Party and Client unless the Responsible Party pays the entire balance at the time of each session.

6. If this account is provided to an attorney or a collection agency for collection or otherwise is litigated, the Responsible Party agrees to pay all costs of collection including without limitation costs of the action and reasonable attorney fees.

7. Telephone consultations exceeding 5 minutes may be charged at the rate of \$150.00 per forty-five (45) minute session or fraction thereof. Consultations by email will be charged at the rate of \$75.00 per email.

8. Subject to JTNB's Missed Appointment Policy, the Responsible Party agrees to pay a \$50.00 fee for each missed appointment with a Therapist, Social Worker, Psychologist, Nurse Practitioner or Psychiatrist unless the Client provides JTNB notice of cancellation at least one full business day before the appointment. The \$50.00 fee will be billed directly to the Responsible Party for immediate payment, not the insurance company.

9. The Responsible Party authorizes JTNB to disclose case records (diagnosis, case notes, psychological reports, testing results, or other requested material) to a third party payer or insurance company for the purpose of receiving payment directly to JTNB. The Responsible Party consents that JTNB may discuss with or release billing/insurance information with the Responsible Party's and the Minor's insurance company. The Responsible Party understands that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits.

10. A fee of \$25.00 will be charged for each letter the therapist writes to schools, Department of Human Services, employers, doctors, etc. This fee does not pertain to legal matters as there is a separate policy for legal issues, which is covered in this Agreement.

11. If three appointments are missed, the Minor will be removed from the schedule and required to call in to schedule more appointments.

12. At the initial appointment with the Nurse Practitioner, anyone over the age of 16 will be automatically be submitted to the MPMP (Mississippi Prescription Monitoring Program) for review and at a minimum submissions will be made every three months thereafter.

13. At the initial appointment with the Nurse Practitioner, all patients over the age of 16 will be required to submit to a drug screen and will be randomly drug tested thereafter at a minimum of once every three months. At the time of the drug screen a \$15.00 fee will be charged to the Responsible Party and/or patient and is not billable to insurance. Anyone who fails a drug test, according to the law, cannot be prescribed controlled medications.

14. I, _____, by signing below as the "Responsible Party" agree to be jointly and severally responsible with the Responsible Party for payment of the fees and expenses set out in this Agreement.

I or we have read, understand, and agree to the policy set out in paragraphs 1 through 14 of this Agreement.

RESPONSIBLE PARTY:

Signature and Printed Name

Date: _____

JOURNEY TO NEW BEGINNINGS, PLLC:

Signature and Title

Date: _____