



## HIGH-CONFLICT PSYCHOTHERAPY/SERVICES AGREEMENT

Welcome to Ascend Family Institute, LLC. Most families seeking psychotherapy are, or have been, in the midst of a stressful transition. We understand that it takes courage to begin the process of creating a new normal for you and/or your family and that different family members may have different thoughts and feelings about beginning services. We hope this document will help answer some of your questions so that you feel more confident taking the step toward healing for you and/or your family. Because we understand documents of this nature can be difficult to understand at times, we would be happy to meet with you in person to discuss any remaining concerns that could help you make the decision about whether our services are the right fit for your unique circumstances at this time.

This document is meant to be supplemental to our Agreement for Services and both documents should be signed by families who are signing up for services in the midst of high-conflict and/or at a time where the family is involved in legal processes.

### 1. Fees:

The fees for time spent working on your case average approximately \$175.00 per hour (subject to adjustment on January 1 of each year). See below for information regarding what each service type will be billed at, to insurance or to your deposit.

If you become involved in legal proceedings that require participation from Ascend Family Institute, LLC, you will be expected to pay for professional time even if the providers are called to testify by another party. Because of the difficulty of legal involvement, Ascend Family Institute, LLC charges \$175.00 per hour for preparation and attendance at any legal proceedings; including travel to and from the court hearing and wait time before or after the court hearing. This also includes report writing for a court proceeding, meetings with attorneys, GAL's, custody evaluators, or any other party involved in a court proceeding.

This table summarizes the cost of sessions:

Services	Fee
90791 Intake (60 min)	\$200
90832 Individual/Family Session (30 min)	\$85
90834 Individual/Family Session (45 min)	\$110
90837 Individual/Family Session (60 min)	\$160
90846, 90847 Family Session (45-50 min)	\$140
90785 Interactive Complexity (added on to codes above in appropriate circumstances)	\$16
90839 Crisis Psychotherapy (60 min)	\$225
90840 Crisis Psychotherapy (30 min add on to 90839 above)	\$115
Court Fees	\$175/hour
Administrative Time	\$175/hour



## 2. Deposit:

An initial deposit of \$2,000.00 is required to begin the process. We can take cash, check, Visa, MasterCard, Discover, or American Express. This amount may be shared by the parents, or not, in accordance with their financial agreements or Orders. Payment should be made to Ascend Family Institute, LLC. Please note there is a \$20.00 fee for all returned checks.

The first \$250.00 of this deposit is used to pay the initial case set-up fee of \$250.00. This is used to cover the initial administrative costs Ascend incurs to set up a new case.

Remaining funds in this deposit will be held in reserve to secure any fees that are not covered by insurance, if insurance is being billed. These fees include the cost of sessions, plus the following, at \$175.00 per hour (in increments of 1 minute, at \$2.92 per minute):

- a. All phone calls related to this case.
- b. Reading and reviewing files, correspondence and other documents.
- c. Drafting memos, correspondence, and reports.
- d. Consultations between the two providers (if applicable).
- e. Consultations with other professionals.

The services listed above are not services that insurance companies cover. They are not considered medical services, so they are uncovered expenses and are not eligible for insurance coverage. They are not typically considered medical or therapeutic in nature, with some exceptions. However, they are services that are necessary to have in tandem with the therapeutic efforts and, for continuity of care, must be provided by the same team of staff and providers working with the family therapeutically. This does not constitute a dual relationship; rather it is necessary for continuity of care.

Please note: Ascend does NOT charge to the deposit services that would be expected to be covered under the normal reimbursement from your insurance company. These services that are not billed to the deposit include requirements we would complete for any therapy client regardless of their payment method, including but not limited to completing a diagnostic assessment, treatment plan, progress notes, and discharge summary for each file, responding to one-sentence scheduling emails, filling out forms for disability or other services, coordination with primary care physicians and psychiatrists, etc. The services that are billed to the deposit are those for which there is not a billable code and for which insurance does not reimburse.



**3. Billing and Payments:**

Please initial the option below that accurately describes each parent’s obligation for payment of the fees. In any scenario, if eligible, both parents may provide insurance information in an effort to have insurance help cover the costs of the psychotherapy if family members qualify for an approved diagnostic code.

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

P1: \_\_\_\_ P2: \_\_\_\_ PARENT 1 will pay 100% of all, including all sessions and communication with either parent and sessions with the children WITH THE EXCEPTION OF ANY NO-SHOW OR LATE CANCEL FEES INCURRED FOR THE CHILDREN, WHICH PARENT 2 IS RESPONSIBLE FOR

P1: \_\_\_\_ P2: \_\_\_\_ PARENT 2 will pay 100% of all costs, including all sessions and communication with either parent and sessions with the children

P1: \_\_\_\_ P2: \_\_\_\_ The parents will equally divide the costs of services WITH THE EXCEPTION OF ANY NO-SHOW OR LATE CANCEL FEES INCURRED FOR THE CHILDREN, WHICH PARENT 2 IS RESPONSIBLE FOR

P1: \_\_\_\_ P2: \_\_\_\_ The parents will split the cost of reunification services according to the following percentages WITH THE EXCEPTION OF ANY NO-SHOW OR LATE CANCEL FEES INCURRED FOR THE CHILDREN, WHICH PARENT 2 IS RESPONSIBLE FOR:

PARENT 1: \_\_\_\_\_ %

PARENT 2: \_\_\_\_\_ %

How cancellations or no-shows for the child(ren)’s appointments will be handled:

\_\_\_\_\_

NOTES:

\_\_\_\_\_

\_\_\_\_\_

NOTE: The psychotherapy providers reserve the right to assign charges to one party or another despite the agreement listed above if the reunification team deems it appropriate. For example, an email exchange or phone call may be billed to one parent exclusively regardless of the financial agreements listed above if that phone call or email is considered excessive, unnecessary, or counter-productive to the process.



**4. Unpaid Fees:** If your account has not been paid for more than 60 days, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a client’s treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

**5. Replenishing the Deposit:** Clients are each responsible for replenishing their share of the deposit when it has been reduced to \$350.00 (two hours remaining).

**6. Release of Reports and Summaries:** Frequently, one or both of the parents, or the court, requests a report or summary of the family’s progress in therapy services. Be aware that any such summary will need to include information about all participants in this process. By signing this agreement, you give consent for the other participants in therapy services to receive this information about your participation. Written reports and summaries, if needed, will not be released until all fees have been paid in full, including the cost of preparing the written report or summary. Either parent may request a written summary or report at any time and that parent will be responsible for the cost of preparation.

**7. Exception to confidentiality:** In high-conflict family therapy, the identified client (from a therapeutic standpoint) is the entire family, **so it may be necessary to the process for the providers to share information between family members. By signing this agreement, you give consent for the providers to do so. You are giving permission by signing this document for the Ascend providers and staff to share information from your sessions with other family members when the sharing of the information is necessary for moving the process forward or explaining therapeutic decisions.**

**I authorize information from my sessions and interactions with Ascend, including my billing information, to be shared, at the discretion of the Ascend providers and staff, with the following family members and/or professionals:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**8. Suspension of Services:** The providers reserve the right to suspend all services, including provision of any written documentation, until payment of any unpaid balance.

## 9. Commitments

1. Non-disparagement: Parties agree that exposing child(ren) directly or indirectly, intentionally or unintentionally to any word, gesture or material that disparages any among her caregivers in any manner is tantamount to abuse. As such, parties commit to protect child(ren) from all such acts by any person, including extended family and significant others.

2. Involvement of additional family members: All family members included in the process, including step-parents, significant others of either parent, half siblings, step siblings, grandparents, and any other individuals will cooperate in the process, follow all polices, and comply with all requests to implement Ascend Family Institute, LLC's services. **All individuals important to the child(ren) and/or impactful to the process will be included.** The parties will sign releases for any additional family members involved in the reunification process.

3. Support of the treatment goal: Parties further commit to support child(ren) toward this treatment goal in both word and deed, recognizing that the process serves child(ren)'s needs even if it is contrary to child(ren)'s stated wishes and, as such, is likely to be emotionally demanding on all involved. **To this end, parents commit that these services will supersede all conflicting activities, including but not limited to school participation if evening appointments are not always available.**

4. Support of the child(ren)'s therapist: It is important that all involved agree to present the child(ren) therapist as the child(ren)'s helper working in conjunction with the other adults in their lives (e.g., individual therapists, pediatrician, teacher, coaches) and with the parents to improve the quality of the family relationships. Both parents commit to make the child(ren)'s time here both a priority and comfortable for them.

**10. Getting Started:** Parents have the option of requesting introductory sessions with us before contracting for services. These introductory sessions are billed at our regular hourly rates reflected earlier in this document for each provider in attendance, and allow the parents to meet us and to ask any questions they may have about the process.

Once it is agreed upon that we will be working with your family as providers, this agreement must be signed. The parties make an initial deposit of \$2,000.00, which will secure our beginning work together. The initial deposit, the signed agreement, and a copy of any court orders requiring therapy must be received prior to scheduling or holding any additional appointments.



**Ascend reserves the right to require parents participate in individual services to work on individual therapeutic goals prior to the beginning of high-conflict family services and/or before the child(ren) come to a first session at Ascend. If one or both parent(s) likely has work to do before being able to successfully participate in a therapeutic process with the family, Ascend will expect this work to be completed prior to the children being introduced into the process. It should be noted that in MOST high-conflict family therapy scenarios, co-parents have goals to work on before children are involved in the process.**

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT INCLUDES THE HIPAA NOTICE FORM AND THE PATIENT BILL OF RIGHTS. YOUR SIGNATURE ALSO INDICATES YOUR BELIEF THAT YOU UNDERSTAND THE SERVICES BEING PROVIDED AND HAVE NO IMPORTANT QUESTIONS THAT HAVE NOT BEEN SUFFICIENTLY ADDRESSED BY THE PROVIDER(S).

**ACCEPTANCE AND SIGNATURES**

**PARENT 1 SIGNATURE**

I have received and read a copy of the High-Conflict Family Therapy/Services Agreement, and I have addressed any questions I have about the process or payment. I agree to proceed with reunification services at Ascend Family Institute, LLC and consent to the participation my children named here:

\_\_\_\_\_ in this reunification process as well.

I agree to pay Ascend Family Institute \$ \_\_\_\_\_ of the \$2,000.00 initial deposit.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

**PARENT 2 SIGNATURE**

I have received and read a copy of the High-Conflict Family Therapy/Services Agreement, and I have addressed any questions I have about the process or payment. I agree to proceed with reunification services at Ascend Family Institute, LLC and consent to the participation my children named here:

\_\_\_\_\_ in this reunification process as well.

I agree to pay Ascend Family Institute \$ \_\_\_\_\_ of the \$2,000.00 initial deposit.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_