

209 W Main Street - Unit B - Floyd, VA 24091 540.745.2300

Participation Agreement

Welcome to Connected Counseling Co-op! I'm Amanda Buckner, a licensed professional counselor, and I'm excited to work with you and support you in reaching your therapy goals. It's important to me that you feel well-informed about what to expect during our sessions. Below, you'll find some helpful information to review before we get started. If you have any questions or concerns, please don't hesitate to reach out.

Financial Policies

Payment is due at the time of service. NO REFUNDS

Self-Pay Rates

Intake - \$250

Individual - 45 minute session - \$150

90 minutes (EMDR only) - \$250

Family - 60 minute session - \$200

Couples - \$175

Group - Varies

Discount Bundles - Pay CASH in Advance

(These bundles can be used for 30, 45 or 90 minute sessions and must be used within 3 months)

4 hours - \$600

6 hours - \$800

Insurance Accepted

Anthem, Optum, United Healthcare, Sentara, Optima, Aetna, Tricare, Medicaid & Medicare

Accessibility and Affordability

We believe in making mental health care accessible to everyone. To support this commitment, we offer a sliding scale fee structure based on each client's financial situation, ensuring that our services remain affordable for all. Please let us know if you're in need and would like to explore this.

Court Appearance Fee

\$250 per hour

Please note that our counselors do not participate in legal proceedings involving custody disputes. Additional rates will apply if travel out of the county is involved.

Cancellation Policy

We understand that life is full of unexpected situations. However, we also value our time and the ability to serve all clients effectively. If you need to cancel an appointment, please do so by leaving a voicemail with as much advance notice as possible.

To ensure fairness and maintain the integrity of our schedules:

- Late Cancellations: If you cancel with less than 24 hours' notice, you may be charged up to 50% of the session rate.
- No-Shows: If you fail to attend an appointment without canceling, you may be charged up to the full session rate.
- **Repeat No-Shows:** If you miss more than one appointment without proper notice, we reserve the right to discontinue providing services.

Thank you for your understanding and cooperation in respecting these guidelines.

Inclement Weather Policy

The safety of our clients and staff is our top priority. In the event of inclement weather (including but not limited to snow, ice, severe storms, or flooding), our counseling practice may adjust service delivery to ensure continued access to care.

If weather conditions make in-person sessions unsafe or impractical, sessions may be canceled or offered via telehealth as an alternative. Clients will be notified of any changes to scheduled appointments as early as possible.

Thank you for your understanding and flexibility as we prioritize everyone's safety.

No Surprises Act

We are committed to complying with the No Surprises Act, which protects patients from unexpected medical bills. Our practice ensures that patients are informed about their rights and the costs of services. For those without insurance or choosing not to use their insurance, we provide a transparent estimate of the expected charges prior to delivering care.

Treatment

Treatment typically consists of a 45 minute session once a week. As therapy progresses, we will assess your progress together and may adjust the frequency of your sessions as needed. Consistency and regularity in therapy have been shown to improve treatment outcomes. Since therapy is voluntary, you are free to discontinue services at any time.

I approach therapy from a person-centered perspective, which emphasizes the belief that you are the expert of your own life. My role is to create a supportive, non-judgmental space where you feel truly heard and understood. By fostering an environment of empathy, acceptance, and genuine care, I aim to help you explore your thoughts and feelings, uncover your inner strengths, and make decisions that align with your authentic self. I believe that with the right support, you have the ability to grow, heal, and create meaningful change in your life.

Honest, open communication is vital in therapy. Together, we will explore your life experiences, including your beliefs, values, relationships, and other important factors. Examining your connection to others and your environment can be key to meaningful change in therapy. The strengths and skills you bring are crucial for creating and sustaining lasting transformation.

As you deepen your self-awareness, you may experience discomfort or anxiety. Any changes you make may cause disruptions, both for yourself and those around you. Understanding this can help you decide how deeply you wish to engage in self-exploration to foster change. While therapy can lead to increased self-understanding and improved relationships with yourself and others, every individual's experience is unique, and specific outcomes cannot be guaranteed.

Accessibility Statement

Our office is currently only accessed by climbing stairs. We are committed to ensuring that everyone has access to our services and we are happy to discuss alternative options for receiving counseling, including virtual sessions, meeting in outdoor spaces at our office, meeting outside in a local park with accessible restrooms, or meeting in other community spaces. We will work together to make a plan that meets your needs.

Informed Consent

We prioritize your right to make informed decisions about your mental health care. Informed consent is a fundamental component of our approach to counseling. Our approach is collaborative, and we involve you actively in the assessment and treatment planning process. Before beginning any counseling services, our professionals will provide you with detailed information about the proposed treatment plans, including their purpose, potential benefits, and any associated risks. We will also discuss alternative options available to you. We encourage open communication and invite you to ask questions and express any concerns you may have. Your consent will be obtained voluntarily, and you have the right to withdraw it at any time. Our commitment is to ensure you feel empowered and confident in your journey toward mental well-being.

HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) is a U.S. law designed to protect the privacy and security of medical information. Under the HIPAA Privacy Rule, individuals have rights to:

- · Control how their health information is used and disclosed.
- · Request copies of their health records.
- Request corrections to any errors or omissions in their records.

We take confidentiality very seriously. To safeguard your privacy:

- We use a HIPAA-compliant email system and maintain a confidential voicemail.
- Your protected health information (PHI) will not be shared without your explicit consent.

Exceptions: PHI may be disclosed without your permission under the following circumstances:

- · If records are subpoenaed by the courts.
- · If there is a legal obligation to share information.
- · In the event of a medical emergency where sharing identifying information is necessary.

Safety and Mandated Reporting

Your safety is our top priority. Please note:

- · If you disclose an unsafe situation, we are legally obligated to report this to the Department of Social Services (DSS) or law enforcement.
- · What you share during our sessions will remain confidential unless you indicate that you are in danger of harming yourself, someone else, or planning to harm another person.

Important Notice: Crisis/Emergency Services

Please note that the counseling services provided are **not** intended to serve as crisis or emergency intervention. Our focus is on ongoing therapeutic support and mental health care.

In the event of an emergency or crisis, please contact ACCESS services at (540) 961-8400 for immediate assistance. Your safety and well-being are our top priority, and we encourage you to reach out to appropriate emergency resources when needed.

Communication

For security reasons, texting and emailing may pose risks of exposing sensitive information. To protect your confidentiality, Connected Counseling Co-op utilizes a secure email platform for communication and may send appointment reminders via text or email. However, no confidential information will be shared through these channels. To maintain confidentiality, transmitting sensitive information via any electronic device is strictly prohibited. If you have concerns of a confidential nature, please discuss them during your next appointment to ensure full compliance with privacy standards.

Referral for Other Treatment

It is important to us that you receive the best possible care. If it is determined that the clinician-client relationship is not a good fit—whether by clinician, client, or mutually—we will provide a referral to another clinician who may better meet your needs. Our goal is to ensure you feel supported and empowered throughout your therapeutic pursuit.

Agreement Signature(s)

By signing below, you acknowledge that you have received and reviewed a copy of this document, and have had the opportunity to ask any questions for clarification. Your signature also confirms your agreement to the policies outlined above regarding the services provided by Connected Counseling Co-op.

Client	Date
Amanda Buckner I PC	 Date

Parent/Guardian (if applicable)	Date
Client (2) (if applicable)	Date