

**Denise Weller, MSW, LSCSW**

Licensed Specialist Clinical Social Worker  
Registered Play Therapist-Supervisor

**LifeLine Counseling Center**

405 S. Clairborne, Rd, Ste 1  
Olathe, KS 66062

## Client Information and Policy Statement

### Credentials

Therapy services will be provided by Denise Weller. I have a Masters degree in Social Work and a Post Graduate certificate in Play Therapy from MidAmerican Nazarene University. I have a Clinical license in the field of social work in the State of Kansas by the Behavioral Sciences and Regulatory Board. I am also a Registered Play Therapist-Supervisor by the Association of Play Therapy. I am not a physician and do not have the authority to prescribe medications.

### Confidentiality

It is my desire to protect your rights for confidentiality as defined by law. You can be assured your records are being kept, handled, and monitored in the most professional way. No information from your records will be released to anyone without your prior consent. However, there are certain situations in which I may be required by law to release certain information without your consent. These situations may include:

- Suspected child or elder abuse or neglect
- Duty to warn of homicidal intent
- Civil detention proceedings to prevent suicide
- When subpoenaed by a court of law

On occasion, I may discuss your case with other mental health professionals. Please feel free to discuss issues of confidentiality with me.

### Scheduling of Appointments

I will make every effort to schedule your appointments at the most convenient time possible. Your child's session will last approximately 45 minutes. Parent meetings will last approximately 50 minutes. It is your responsibility to arrive on time. If you are running late please call and let me know. If you have not called and are not here by 15 minutes past the scheduled start time, I will cancel the appointment and bill you for the missed session. I must have 24 hours advance notice if you cannot attend your scheduled appointment. **Appointments missed will be billed at the regular session fee (except in cases of emergency, sudden illness or severe weather). For those families using insurance benefits provided by the State of Kansas missed session fees are not permitted per contract agreement. For those families, after two missed sessions in a row, without a cancellation notice, their appointment time will be released for use by another client and the family will need to work with therapist to set up a new regular appointment time.**

### Length and Frequency of Therapy and Termination

The nature and severity of child's presenting problems along with available time and financial considerations are generally the main factors that determine the length and frequency of therapy. Counseling can range from a few sessions to many months of therapy with the most common meeting frequency being weekly or every other week. The estimated length and frequency of a client's counseling is determined in a collaborative discussion between child, parents and therapist. Regular reviews of the child's progress and continuing need for therapy are discussed with the parents and/or child. Families may leave therapy at any time, but I request that you agree to discuss termination of therapy in person rather than by telephone or email.

### Benefits and Risks

Any time individuals seek therapy to work on difficulties within themselves or in their personal relationships, there are potential benefits and risks. Benefits may include the ability to handle specific concerns and/or interpersonal relationships in a healthier way. Clients may also gain a greater understanding of personal, interpersonal, or family issues. This new understanding may lead to

greater maturity and happiness as an individual or family. There may also be other benefits that come as clients work at resolving specific concerns.

However, therapy is also sometimes challenging and uncomfortable. Reviewing and resolving unpleasant issues may result in intense feelings of anxiety, anger, depression, or frustration. As clients work to resolve personal issues or issues between family members, peers or other persons, they may experience discomfort and an increase in conflict. Changes in relationships that were not originally intended may also result.

I will discuss with each individual family the benefits and risks involved in their specific situation. Clients are encouraged to discuss with the therapist any concerns they may experience at any time.

### **Fees for Counseling Session**

Fees for the first session with parents (intake) is \$120. All subsequent appointments with child and/or parent are \$100 per session. Fees are based on amount of professional time provided. If you have concerns about my fees please bring them up at the beginning of our first session. Counseling fees (full fee, deductible or copays) are due and payable at the time of the appointment. If you desire another arrangement, please talk to me in advance. I accept cash, check, MasterCard, Visa or Discover. Checks may be made out to **Denise Weller**. In the event a check is returned for insufficient funds, the client will be charged a return check fee of \$30.

### **Fees for Court**

If any court appearance becomes necessary on my part, the fee for the court appearance is \$250 up to the first hour and \$200 for any additional hours. Deposition fees are billed at \$200 an hour. Parent having the subpoena issued through attorney will be responsible for payment of services in advance. Checks can be made out to **Denise Weller**. If the court date is cancelled or moved parent will notify the therapist's office at least one day in advance or the parent having the subpoena issued will be charged for the initial appearance fee of \$250).

### **Other Fees**

Out of session professional services providing consultation in person or by phone to family members or other professionals (i.e. schools, doctors, attorneys, etc) will be billed a rate of \$100 an hour prorated to the nearest half hour if conversation lasts longer than 15 minutes.

### **Written reports**

Any written reports requested by family court or other parties will be billed for preparation time at \$150 an hour prorated to the nearest half hour.

### **How to reach me**

Should you need to reach me please call (913) 764-5463 x119. If I do not answer, please leave a message. I check my messages several times a day and return calls promptly. It may be difficult for me to return calls to you if you use a call block device. I can also be reached at (913) 274-9890 by calling or by text. I can be reached by email at [DeniseWeller@Kidsplayllc.com](mailto:DeniseWeller@Kidsplayllc.com) or [DeniseWeller.lscsw@yahoo.com](mailto:DeniseWeller.lscsw@yahoo.com). I check these emails frequently throughout the day and will respond quickly.

### **Children**

I ask that you do not leave children unattended in the waiting area. I also ask that you wait in the waiting room during your child's special play time with me. If you have any questions or concerns regarding children, please don't hesitate to discuss those with me.

### **Privacy Notice**

Please read the Privacy Notice which is now mandated by federal law and the Health Insurance Portability and Accountability Act (HIPAA). The notice explains HIPAA and its application to your personal health information.

**I have read the above mentioned policies and understand and agree:**

◆To pay the agreed upon fee or any portion that insurance determines is my responsibility.

◆To pay \$30 for any check returned for insufficient funds

◆To pay \$100 for any missed appointments that I failed to cancel in person, by phone or email notice prior to the scheduled appointment.

I understand that if I reschedule a missed appointment within the same week, no missed fee will be assessed.

◆As a means of gaining as much relevant information, upon beginning a therapy relationship with Denise Weller, I agree to complete any necessary assessment tools,

◆To help set plan my child's goals and follow through with agreed tasks.

◆To keep my child's therapist informed with complete and accurate information whenever it is relevant to the counseling process and my child's progress.

◆To terminate my child's counseling relationship before entering into arrangements with another therapist.

◆That I have been given a copy of this contract

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_

Date \_\_\_\_\_

Denise Weller, MSW, LCSW

By initialing this agreement I acknowledge the receipt of the privacy act.

\_\_\_\_\_  
Client initials

\_\_\_\_\_  
Client initials

I authorize the fax or electronic transmission of information from my records for case management to my insurance company or other health care provider.

\_\_\_\_\_  
Client initials

\_\_\_\_\_  
Client initials

I understand that any phone call to Denise Weller on my cell or cordless phone or on Denise's cell or cordless phone is not guaranteed to be 100% secure. I authorize phone calls via cell or cordless phone.

\_\_\_\_\_  
Client initials

\_\_\_\_\_  
Client initials

I understand and agree that payment for the court appearance (\$250) is due prior to court appearance. Any additional fees incurred will be billed to the subpoenaing attorney if not paid within two weeks of the court appearance.

\_\_\_\_\_  
Client initials

\_\_\_\_\_  
Client initials

Domestic Violence/Sexual Assault  
(888) 363-2287

Child Abuse/Neglect  
(800) 922-5330 – Kansas

Suicide  
(913) 831-1773