

Laura Aube, MS, ATR-BC, LPC (MO)
Registered and Board Certified Art Therapist
www.creativegrowthandhealing.com

Service Agreement

Welcome to my art therapy and counseling practice. This document is designed to inform you about my background and the nature of our professional relationship. Your signature on this service agreement and the receipt of Notice of Privacy Policy represent an agreement between us. You may revoke this Agreement in writing at any time.

Services Provided:

I am a nationally registered and board certified art therapist (ATR-BC) with the Art Therapy Credentialing Board (ATCB). I am also a Licensed Professional Counselor (LPC) in the state of Missouri. I have a Master of Science Degree from Emporia State University. I have been an Art Therapist Since 1993 and became licensed in the state of Missouri as Professional Counselor in 2007. During my career I have received and maintained ongoing training in art therapy and counseling. My practice includes services for children, adolescents, adults and families. I also provide group art therapy, as well as workshops. If you were hoping to utilize insurance for my services you should talk to your plan administrator first to determine if my services will be covered.

The art therapy and counseling services that I provide are individualized based on the needs and preferences of each client or family. I will be giving you ways to use art in the process of finding your unique solutions, as well as give you opportunity for discussion. An art therapy and counseling process has many potential benefits. Working with art materials is experienced by most as enjoyable and relaxing. Each person's experience is unique and cannot be guaranteed. Benefits most often include things like gaining a new perspective or understanding of a problem or situation, or experience a sense of relief or resolution due to finding a creative expressive outlet. All types of therapies have risks including making you more aware of uncomfortable and painful feelings. However, I have found most people find art therapy to be a safe way to release and explore feelings of sadness, guilt, anger, frustration, loneliness, and helplessness.

During our initial sessions, we will work together to evaluate your needs and develop a treatment plan toward meeting your goals. During this time you will have the opportunity to try art therapy and decide if my approach is a good fit for you. If you decide to continue, after the initial 1 to 2 sessions I will make a recommendation regarding the frequency of visits. I find that children have the greatest benefit from meeting at least every other week at a consistent time. Length of treatment is specific to each client's needs and goals. Whether six sessions or six months of sessions is right for your unique situation, having a positive ending is essential to assimilating the growth that occurred during the art therapy process. Sometimes clients will choose to bring closure to the process and then initiate counseling or art therapy

services again in the future. Just like all relationships and circumstances in life, there is not a perfect time to have an ending. Client's can initiate closure at anytime for any reason, and as progress is made toward goals we will take time to evaluate how many remaining sessions would be beneficial.

Fees:

My fee for 1 hour of art therapy and counseling services is \$85.00, which must be paid at the time of the visit. Sessions will be 50 minutes long, with the remaining time being used to make necessary notation in your medical record. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include those things you may request of me or initiate, like writing a treatment summary or attending a school conference. Occasional phone contact of 15 minutes or less is complimentary. Supplementary phone therapy is also available as necessary at the rate of \$85.00 per hour.

Cancelation Policy:

Please notify me or the appropriate office at least 24 hours in advance if you need to cancel a scheduled session. If you do not keep a scheduled session or cancel less than 24 hours prior to the scheduled session you will be charged \$50.00.

Contacting me:

You may leave a voice mail message for me at 816-359-1885. I will make every attempt to return your call the same day.

The agreed upon fees for services are \$_____per session as of this date_____.
Should this rate change, another contract will be signed.

Client (or parent/guardian):_____

Date: _____

I request Laura Aube to bill my health issuance. My signature below authorizes Laura Aube to disclose protected information from my clinical record to my insurance company for purposes of billing and authorization of care. I agree to pay all co-pays as required by my health insurance plan.

Client (or parent/guardian):_____

Date: _____

Insurance Information:

Insured's I.D. Number _____

Insured's Name (Last Name, First Name, Middle Initial) _____

Insured's Address _____

Insured's Policy Group or FECA Number _____

Insured's Date of Birth _____

Employer's Name or School Name: _____

Is There another Health Benefit Plan? _____

I give permission for Laura Aube, MS, LPC, ATR-BC to bill the above insurance for services she provides me.

Signature: _____ Date: _____