



Carrie Sheppard, M.Ed.

Licensed Mental Health Counselor

27023 164th Ave SE, Suite 109 Covington, WA 98042

(253) 859-3505 MindSource Center: 253-639-7146 Fax: (253) 639-7145

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Phase I: Parent Education & RDI® Program Preparation

Package A

RDI® Introductory Program Contract

Cost: Please call our office

Child: _____

Dates of Contract: _____ to _____

This contract serves to bind both parties for only the Pre-RDA® Requirements for a 2-4 month service period. The cost of the 2-4 month period of service is \$_____. Please see Policy Addendum for important information regarding your responsibilities and details of our service agreement.

This contract is intended to ensure that families understand what services are provided, the timeline involved, costs for those services, and which portions may be eligible for insurance reimbursement. Please feel free to ask for clarification if there are any areas you do not understand fully.

Service	Description
1. Completion of Intake Procedure	Complete intake form, sign contract and return packet with deposit of 50%
2. Initial meeting	Initial 60-minute session with parents: <ul style="list-style-type: none"> • review of prior reports • confirmation of readiness • develop plan for completion of parent objectives
3. Orientation to RDI-LS online system	<ul style="list-style-type: none"> • confirm subscription • outline RDI-Learning System features • setup of your “home page” <p>*Note: Pricing of Package A does not include the cost of the required RDI-LS membership</p>
4. Baseline RDA	60-90 minute session with both parents and child <ul style="list-style-type: none"> • Videotaped session of interaction between each parent and child, and child with consultant
5. Parent Education	<ul style="list-style-type: none"> • Six 1-hour sessions with both parents to address parent education objectives • Homework assignments and review • Videotaping at home is expected as part of program • Up to 1 hour per month of online time for RDIos interaction and responses

Additional Services	<ul style="list-style-type: none"> Free attendance at all parent education classes at MindSource Center (if offered during your contract time frame)
Total time=12 or more hours	<ul style="list-style-type: none"> In-person sessions are billable to insurance Designed to prepare parents for Phase II (RDI assessment with family); plan for Phase II to be discussed at last session

Completion of the Package A requirements is mandatory prior to beginning Package B (the 6 month RDI Program Contract). Estimated time of completion for Package A is 2-4 months. There is a 5% discount offered for purchasing Packages A and B together. If using insurance benefits, please discuss insurance billing with our office manager to determine your package discount.

Package B is to be completed within 6 months, with extensions of up to two months offered on a case-by-case basis. Under no circumstances will the 6-month package extend beyond 8 months, and unused services will be forfeited at that time.

I am purchasing the following Package(s):

___ Package A: \$ ___ (No insurance) ___ Package A: \$ ___ (with ins. Discount)
 ___ Packages A & B: \$ ___ (No insurance) ___ Pkg A & B: \$ ___ (with ins. Discount)
 ___ 5% discount if package paid in full prior to first appointment.

My deposit of 50% of the total package amount is enclosed, made payable to the MindSource Center.

I understand that if insurance is being billed, those sessions are billed separately under Caroline Sheppard, LMHC as mental health visits, and are subject to the limits of my insurance policy. A credit will be applied to my account as indicated above.

The remaining amount(s) of \$ _____ will be due on _____

Additional arrangements (if applicable): _____

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____



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**Phase II: RDI® Assessment & 6 Month Treatment Program
Package B**

6 Month RDI® Treatment Service Contract

Cost: Please call office

Child: _____

Dates of Contract: _____ to _____

RDI® Six-Month Treatment Service Contract

Once families have successfully completed Package A, they may move directly to Package B. The cost of the 6 month period of service is: \$____. Please see Policy Addendum for important information regarding your responsibilities and details of our service agreement.

This contract is intended to ensure that families understand what services are provided, the timeline involved, costs for those services, and which portions may be eligible for insurance reimbursement. Please feel free to ask for clarification if there are any areas you do not understand fully.

Service	Description
1. One Full Relationship Development Assessment®: Direct service hours: 10-12 Consultant planning/review hours: 16 Total hours: approximately 26	Session 1: Child and both adults for approx. 90 min. Session 2: Child alone with consultant for approx. 60 min. Session 3: Child and both adults for approx. 60 min. Planning sessions 4-6: Parent meetings, involving parents individually, together and including the child as directed by the consultant, for a total of approximately 6-8 hours. A home visit may be offered as part of this phase if desired.
2. Upon completion of your RDA®: Consultant prep time: 4 hours	You receive a treatment plan Your first follow-up appointment will be scheduled Your RDI-LS home page is updated with a new objective and assignment; and You will receive DVDs of your training sessions and a brief report within a few weeks
3. Clinical sessions with consultant: Next six months Direct service hours: 12	<ul style="list-style-type: none"> • Two live sessions per month, 1 hour each • Homework assignments and video review in session • All live sessions may be covered by insurance
4. RDI-LS Online hours: 6 Additional consultant support hours: 4	1 hour per month includes: <ul style="list-style-type: none"> • video feedbacks • updates of RDI-LS Objectives • creating / reviewing assignments • program planning and development

Additional Services	Description
Any services not listed in your contract and not covered by insurance	Provided at the hourly rate of \$150/hr
Additional office visits	If covered by insurance, may be scheduled up to 2 additional sessions per month during your 6 month contract period
Additional consultant support	Attendance at school meetings, team meetings with other professionals, and provision of professional services off site, available at the rate of \$150 per hour plus travel.
Travel to and from family residence and any other meetings outside the MindSource Center office	Travel fee within 1-1/2 hours of the MindSource Center office is billed at the rate of \$40 per hour. For areas beyond 1-1/2 hours, please discuss fee in advance.
Report fee	A brief report is included in the contract fee. If a lengthier version or specific version is requested, report writing is billed at the standard rate of \$150 per hour.
Additional Services	<ul style="list-style-type: none"> • Free attendance at all parent education classes at MindSource Center (if offered during your contract time frame)
Total time: 50+ hours	<ul style="list-style-type: none"> • In-person sessions are billable to insurance • If continued services are desired at the end of this contract, Package C is available to extend the RDI program at a discount

Completion of the Package A requirements is mandatory prior to beginning Package B (the 6 month RDI Program Contract). There is a 5% discount offered for purchasing Packages A and B together. If using insurance benefits, please discuss insurance billing with our office manager to determine your package discount.

Estimated time of completion for Package A is 2-4 months. Package B is to be completed within 6 months, with extensions of up to two months offered on a case-by-case basis. Under no circumstances will the 6-month package extend beyond 8 months, and unused services will be forfeited at that time. Package C (ongoing RDI services) is available to families who have completed Packages A & B, and extends the RDI Program services at a discounted rate.

I am purchasing the following Package(s):

___Package B: \$ _____ (No insurance) ___Package B: \$ _____ (with ins. Discount)

___Packages A & B: \$ _____ (No insurance) ___Pkg A & B: \$ _____ (with ins. Discount)

___5% discount if package paid in full prior to first appointment.

My deposit of 50% of the total package amount is enclosed, made payable to the MindSource Center.

I understand that if insurance is being billed, those sessions are billed separately under Caroline Sheppard, LMHC as mental health visits, and are subject to the limits of my insurance policy. A credit will be applied to my account as indicated above.

The remaining amount(s) of \$ _____ will be due on _____.

Additional arrangements (if applicable): _____.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____



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**Phase III: Maintenance Package C
For RDI Program
Cost: \$ Please call office**

Child: _____
Dates of Contract: _____ to _____

Ongoing RDI consultation services are only available to clients upon successful completion of Packages A & B. This is a maintenance package for RDI® Treatment for a 6-month service period. The cost of the 6 month maintenance program is: \$____. Please see Policy Addendum for important information regarding your responsibilities and details of our service agreement.

This contract is intended to ensure that families understand what services are provided, the timeline involved, costs for those services, and which portions may be eligible for insurance reimbursement. Please feel free to ask for clarification if there are any areas you do not understand fully.

Service	Description
1. One Full Relationship Development Assessment®: Direct service hours: 10-12 Consultant planning/review hours: 16 Total hours: approximately 26	Session 1: Child and both adults for approx. 90 min. Session 2: Child alone with consultant for approx. 60 min. Session 3: Child and both adults for approx. 60 min. Planning sessions 4-6: Parent meetings, involving parents individually, together and including the child as directed by the consultant, for a total of approximately 6-8 hours. A home visit may be offered as part of this phase if desired.
2. Upon completion of your RDA®: Consultant prep time: 4 hours	You receive a treatment plan Your first follow-up appointment will be scheduled Your RDI-LS home page is updated with a new objective and assignment; and You will receive DVDs of your training sessions and a brief report within a few weeks
3. Clinical sessions with consultant: Next six months Direct service hours: 12	<ul style="list-style-type: none"> • Two live sessions per month, 1 hour each • Homework assignments and video review in session • All live sessions may be covered by insurance
4. RDI-LS Online hours: 6 Additional consultant support hours: 4	1 hour per month includes: <ul style="list-style-type: none"> • video feedbacks • updates of RDI-LS Objectives • creating / reviewing assignments • program planning and development



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Policies and Agreement for RDI® Program Services

1. Contract Initiation

A 50% deposit is needed in order to secure RDI Program services. The contract dates begin with your first appointment.

2. Intake Procedure

Once your deposit and completed intake forms are received, your first appointment may be scheduled.

3. Regular Meetings

We are making the commitment to meet regularly at intervals (no longer than 1 month apart) to discuss and move your child's progress forward. If you find it difficult to maintain this pace, please discuss these challenges with me. Any obstacles to meeting regularly may delay your child's progress and reduce the benefit from your investment. I am committed to supporting you through those obstacles. In this regard, it is important that we communicate well and work closely to maintain continuity and momentum.

4. Cancellations

A standard notice of 24 hours is required if you or your child is not able to attend a regularly scheduled session. Appointments will be rescheduled based on availability. Any appointment that is missed or is cancelled with less than 24 hours' notice will be charged the \$60 late cancel/missed appointment fee. (Additional travel fees apply to home visits if you are not home at the scheduled time).

5. Sick Policy

If you or your child is sick, it is expected that the appointments will be cancelled as stated above. More specifically, if your child has been kept home from school, or conditions exist that would make it wise for you or your child to stay home or avoid contact with others, meetings and other services should be postponed until the illness has been treated successfully. It is understood that sudden illness can occur and that you will notify me at your earliest opportunity. In this case, you would not be penalized for late cancellation; however, rescheduling would take place on a space available basis. Should I become ill and be unable to attend a meeting or session, you will be notified as soon as possible and the missed appointment will be rescheduled as stated above.

6. RDI-LS Subscription

It is an expectation that you will be an active subscriber to the RDI operating system throughout our contract period. This allows me to assign your objectives, view your uploaded videos, and assign your e-learning courses. The RDI-LS provide you with learning opportunities via webinars, videos and parent discussions. Your subscription is purchased separately from the Connections Center at a cost of \$50 per month.

7. Payment Terms

Payment is due as follows: 50% of contracted amount at beginning of contract, then the remaining amount(s) due upon receipt of invoice(s). If not electing to pay in full, the payment plan you have chosen is attached. Invoicing is completed once per month with the balance divided by the number of months your program is projected to take. A 5% discount is offered to those who pay the full amount of the RDA prior to the first appointment. Receipts will be issued upon receipt of payment.

Payment options include:

- Check
- Credit Card (Master Card, Visa, Discover)
- Money Order
- Health Insurance benefits may pay for direct service time and a discount will be given to those utilizing insurance.

Payment arrangements must be made in advance of the start date of the contract. Checks are to be made to MindSource Center, LLC, with the exception of insurance co-pays, for which you will receive separate statements, indicating they are to be addressed to Caroline Sheppard, LMHC.

8. Extension of Contract

Should there be medical or emergency situations that require the family to suspend services, the contract will be held in good standing for a maximum of 30 days without penalty.

Please be sure that you are ready for the program commitment and have made room in your life for your RDI Program before we begin our work together. To ensure a successful outcome, requests for extensions beyond 30 days will be evaluated on an individual basis. Unfortunately, requests for extensions beyond 60 days cannot be honored, and any unused services at the time your extended contract expires will be forfeited. This is due to the confusion created by taking breaks from your RDI Program; your treatment plan becomes less relevant and my ability to track the changes in your child becomes more difficult without regular contact.

9. Refunds

Refunds will not be issued for any reason.

10. Overdue Payments

Interest will accrue on all overdue accounts that go beyond 60 days. Interest accrues at 1.5% monthly or 18% annually.

11. Returned Checks

If checks are returned NSF a fee of \$60 will be applied to the balance owing.

12. Video tape/ Assignments

Videotaping is an essential part of your learning, and is required as part of your RDI home program. Most people experience discomfort in the beginning phase of their learning process, but quickly move past those feelings. If there are reasons you think you may have difficulty regularly submitting videotapes of you and your child working together, please discuss this with me in advance of entering into this contract.

13. Confidentiality

Our communication is considered privileged and is protected by both state and federal laws pertaining to client confidentiality. Your rights are outlined in three documents you will receive from me, the HIPAA handout (federally mandated), Washington State handout, and, in addition, as a licensed mental health counselor, I am required to submit to you a counselor disclosure form. This third form describes my training and approach to treatment. Please read and sign this document, and feel free to ask any questions regarding your rights as a client. In the event that you would like any of the services you have received here discussed with anyone, a written consent will be required.

Thank you so much for choosing me as your RDI consultant. I look forward to working together with you and your family, and am truly honored to be given this opportunity to facilitate your child’s growth.

Please sign below, indicating that you have read and understand the policies outlined in this document.

I understand and agree to the above policies.

Signature

Name (Please Print)

Date