This document contains important information about our professional services, business practices and policies. When you sign this document it will represent an agreement between us.

**Psychological Services**
Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client(s), and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your and/or your family's part. In order for the therapy to be most successful, you and/or your family will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of you and/or your family's life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Meetings**
I typically conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will typically schedule one 45-minute session per week at a time we agree on, although some sessions may be longer or vary in frequency. Once an appointment is scheduled you will be expected to pay for it unless you provide me with 24 hours notice, unless we both agree that you were unable to attend due to circumstances beyond your control. You will be charged a $50 missed session fee. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Payment for the missed session should be made no later than the beginning of the next scheduled appointment. If it is possible, I will try to find another time to reschedule the appointment.

**Contacting Your Therapist**
You may leave me a confidential message on my voicemail and I will check my messages throughout the day. At times, I am not immediately available by telephone. When I am performing services for other clients I do not answer my telephone.
I will make every effort to return your call that same day. I don’t typically return calls, after hours, on weekends or holidays unless it is an emergency. If you are difficult to reach, please inform me in your message of times when you will be available. If you are having a mental health crisis you can call 911, go to your nearest emergency room and/or contact Lenape Valley Acute Care Services at 215.785.9765.

**Use of the Internet**

Please do not use social Networking sites such as, but not limited to, Facebook, Twitter, or LinkedIn to contact us. These sites are not secure and I may not read these in a timely fashion. Do not use wall postings, @ replies, or other means of engaging me in publicly online if we have already established a client-therapist relationship. Engaging with me in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented in your chart.

**Texting**

You may text non-confidential information. Some examples of non-confidential information would include scheduling an appointment, cancellation of an appointment. Please do not text personal information that pertains to you or your child as I cannot ensure this information remains confidential.

**Email**

If you need to contact us between sessions, the best way to do so is by telephone. Direct email at is second best method for quick administrative issues. Specific contact information for each therapist will be provided to you.

Please do not email me content related to your therapy sessions as email is not completely secure or confidential. If you choose to communicate with me by email be aware that all emails are retained in your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by network administrator(s) of your internet service provider. You should also know that any emails I receive from you and any response that I send to you will become a part of your legal record.

**Professional Fees**

The fee for your session is based on the degree held by your therapist.

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<tr>
<th>Therapy Services</th>
<th>Psychologist</th>
<th>Masters Level LMFT, LPC, LCSW</th>
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<tbody>
<tr>
<td>60 Minute Intake</td>
<td>$240</td>
<td>$210</td>
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<tr>
<td>45 Minute Session</td>
<td>$175</td>
<td>$140</td>
</tr>
<tr>
<td>50 Minute Session</td>
<td>$185</td>
<td>$150</td>
</tr>
<tr>
<td>Couples Therapy</td>
<td>$185</td>
<td>$150</td>
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** These fees are likely covered by insurance. In scenarios where insurance is involved rates and patient responsibility is dictated by your insurance company. Please contact your insurer prior to your first visit to confirm coverage and your financial responsibility.
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 less than one hour. Other services include but are not limited to report writing, telephone calls lasting more than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you request of me. If you become involved in legal proceedings that require my legal participation, you will be expected to pay for my professional time which will include travel time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge a per hour for any preparation and attendance at any legal proceeding. See the chart below for more detailed fee information.

<table>
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<tr>
<th>Other Patient Services</th>
<th>Psychologist</th>
<th>Masters Level LMFT, LPC, LCSW</th>
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<tbody>
<tr>
<td>Phone Session/Consultation (45 minutes)</td>
<td>$175</td>
<td>$140</td>
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<tr>
<td>Letter Writing (billed in 15 minute increments)</td>
<td>$175/hour</td>
<td>$140/hour</td>
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<tr>
<td>Offsite meeting on behalf of patient or family. (billed in 30 minute increments and includes travel time)</td>
<td>$200/hour</td>
<td>$150/hour</td>
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<tr>
<td><strong>No Show Fee</strong> – failure to cancel appointment with at least 24 hours notice.</td>
<td>$50</td>
<td>$50</td>
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**Billing and Payment**

You will be expected to provide the full fee at the beginning of each session should you choose not to obtain services through your insurance company. If you choose to receive services through your insurance company you will be required to pay your co-pay at the start of each session. If you choose to pay by check and your check is returned for insufficient funds you will be charge and additional $35 fee.

**Insurance Reimbursement**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I currently participate with the following insurance companies: Please see www.renewedhopefamilyservices.com for a current list. Many of these insurance companies subsume other insurances. If your insurance is with the above company, then I will file the claim and receive the insurance payment directly. Be sure to periodically check your insurance coverage to be sure you know about any deductibles, yearly session limits, and copayment amounts, as well as any changes that may occur. The details of your insurance coverage is ultimately your responsibility.

If your coverage is with any other insurance company, then I will be happy to sign the necessary forms for you to receive out of network benefits determined by your insurance company. Please be aware that you (not your insurance company) are responsible for full payment of my fees.
It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. If it is a company with which I do not participate, then you will want to inquire about out of network services for outpatient mental health services.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapeutic services after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. Pennsylvania permits me to send some information without your consent in order to file appropriate claims. I am required to provide them with a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. Pennsylvania law prevents insurers from making unreasonable demands for information, but there are no specific guidelines about what unreasonable includes. If I believe that your health insurance company is requesting an unreasonable amount of information, I will call it to your attention and we can discuss what to do. You can instruct me not to send requested information, but this could result in claims not being paid and an additional financial burden being placed on you. Once the insurance company has this information, it will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your therapy. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above (unless prohibited by contract).

**Account Delinquency**

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I 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 me to disclose otherwise confidential information. In most collection situations, the only information I 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.

**Professional Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe seeing them would be emotionally damaging to you, in which case I will be happy to send them to a mental health professional of your choice. Because there are professional records, they can be misinterpreted, and/or upsetting to the untrained reader. I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any time spent in preparing information, which includes but is not limited to telephone calls, photocopying and postage.

**Confidentiality**

In general, the law protects the privacy of all communications between a client and a therapist. Most of the time, I can only release information about our work with your written permission. But there are a few exceptions.

1. If you are involved in a court proceeding and a request is made for information concerning the professional services I provided to you, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written Authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

2. If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

3. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

4. If I am treating a client who files a worker’s compensation claim, I may, upon appropriate request, be required to provide otherwise confidential information to his/her employer.

There are some situations in which I am legally obligated to take action to protect you and/or others from harm even if I have to reveal some information.

- For example, if I believe that a child is being abused I must report the information to Childline.
- If I believe that a vulnerable adult (mentally retarded or elderly) is being abused I may report the information to the appropriate authorities.
• If I believe that you are threatening harm to someone else it may require me to take protective actions as well.
• Those actions may include notifying the potential victim, contacting the police or hospitalization of the client. If the client threatens to harm himself or herself I may be obligated to seek hospitalization for him or herself or to contact family members or others who may help provide protection.

If I am required to take action to attempt to ensure either you or someone else’s safety, I will make every effort to discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel it is important to our work together.

While this written summary of confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any concerns you may have.

**Minors and Parents**

The laws and procedures are often different when working with children during therapy. The law considers anyone under the age of eighteen (18) to be a child. There are a few exceptions to this rule: if a child is under the age of eighteen (18) and has been legally emancipated, has been pregnant, has graduated from high school, has received their GED or has been married they have the ability to consent to treatment and control the release of their records.

There are a few important aspects to be familiar with in terms of how I work with children and their families in my practice.

**Consenting to Therapy**

*When a child is less than fourteen (14) years of age* only a child’s legal guardian can consent to treatment for their child. If there is a legal separation or divorce among parents you will be required to bring evidence of the custodial arrangement before treatment can begin. If you are a step-parent, grandparent, foster parent or caregiver for a child under the age of fourteen (14), for whom you are not the legal guardian we may be able to make arrangement for the legal guardian to sign the appropriate consents and paperwork to move forward with therapy.

*When a child is less than fourteen (14) years of age*, in the instance of divorced or legally separated parents when there is joint legal custody, consent from only one parent is required to begin treatment. If one parent has been granted sole legal custody only that parent may consent to treatment. Most of the time however, I believe it is best to obtain consent from both parents to begin therapy. Each joint custodial parent has the right to withdraw their child from therapy without the consent of the other
parent. I will make every reasonable attempt to involve both parents in the therapeutic process as I believe it achieves the best outcomes for your child.

*When a child is between the age of fourteen (14) and eighteen (18) years of age* they have the ability to consent to their own outpatient treatment whether or not he or she has parental consent to do so. The child *does not* however have the right to refuse treatment if the parent has consented to treatment.

*How is Therapy Conducted with My Child*

It is my preference to work with the entire family as I believe that families are uniquely able to create change even in the most difficult of circumstances. While family therapy is at the core of my work there are often times that I may meet with just parents, and/or with your child alone. Depending on your child’s needs we may use play, art, sand and/or talk therapy to achieve our goals.

*Confidentiality with Minors*

*When a child is less than fourteen (14) years of age* (and does not meet any of the criteria listed in the first paragraph of the Minors and Parents section of this agreement) the legal guardian determines who can have access to their child’s records. The legal guardian has the ability to examine and release their child’s records to whomever they choose.

*When a child is between the age of fourteen (14) and eighteen (18),* who has access to the records and who can release the records depends upon who consented to treatment. If your child consented to their own therapy then your child determines who can see the contents of their medical record and to whom they may be released. If you, as the legal guardian, consented to your child’s treatment (without your child’s consent) then you determine who can see your child’s medical record and to whom you wish to release such information.

It is my goal to increase the family’s ability to address and cope with challenges together. There are times however, especially with teenagers, even if they have not consented to their own treatment, that your child may first require a safe confidential space to explore his or her feeling before he/she is able to communicate them effectively to family members. It is for this reason that I may ask parents to agree to a summary of what we discuss in individual sessions, general information about your child’s progress in treatment and his/her attendance at scheduled sessions. It is sometimes my policy to request an agreement from parents that they consent to give up their access to their child’s records. Should you willingly give up access to your child’s record any communication will require your child’s Authorization, unless I feel that your child is in danger or is a danger to someone else, in which case, I will notify you (the legal guardian) of my concern. In both circumstances whether or not you chose to relinquish your access to your child’s record I will discuss the matter with your child, if possible, and do my best to handle any objections he/she may have and ultimately help your child share important information with his/her family.
**Client Rights**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice of Privacy Practices, and my procedures. I am happy to discuss any of these rights with you.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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