

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

Client-Therapist Service Agreement

Section 1: Introduction

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. Please read the Agreement carefully and ask any questions that come to mind. To mark your agreement with all points in this document, you will be asked to sign your name at the end of the Agreement.

At the beginning of therapy, I will gather information, inquire about your goals and evaluate your child and family's needs. Together, we will discuss the plan for treatment. As part of a complete assessment, you may be asked to have your child receive a physical examination from his/her pediatrician. It is important to make sure that the problems your child is experiencing are not the result of a medical condition. I am not a physician and am not qualified to rule out medical conditions that may exist.

Together, as part of your service plan, we will decide on how long and how often we will meet. In the beginning, sessions are usually held weekly and are scheduled for 50 minutes. Depending on the progress made in treatment, we may decide to gradually space sessions further apart to give your child/family more opportunities to independently use the skills learned in therapy. We will be discussing the topic of termination throughout the course of treatment in preparation for a planned discharge that supports the maintenance of progress. A few things to know at this time regarding termination: the intention is to end services when the goals of the service plan have been fulfilled (although your involvement in therapy is voluntary and you have the right to end services at any time). I can end services if your child is not making progress and has needs that I cannot meet, or if you (or your insurer) are no longer able to pay for services. If I ever have to terminate before the service plan is fulfilled, I will do all that is possible to make a referral for alternative care.

As the parent, your role is to help provide information, assist in service planning and participate in family sessions or portions of your child's sessions. When your child is in session, you are asked to remain in the waiting room or nearby, this way we can find you if you are needed. Parents are asked to act as caretakers when on the grounds; thus, in the event of a medical emergency it is the parent who must respond to the child's needs.

If you need to reach me between sessions, you can do so by phone or email. If I do not answer your call personally, please leave a message with your name, number and good times to call you back. I aim to return all calls within 48 hours. Please be advised that email is not the most reliable and timely way to get in touch with me; please call rather than email if there is an urgent issue. Before emailing, please know that email is not a secure form of communication and privacy can be compromised. You must consent to email communication.

In the event that I cannot be reached and you feel that your child is in crisis and in need of immediate attention, please contact his/her doctor, 211 (Emergency Mobile Psychiatric Services), 911 or go to your local hospital. It is recommended that 911 or the hospital ER be utilized if there is a serious risk to safety

I will notify you in advance if I will be away on vacation and inform you of ways to seek assistance in my absence.

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

Section 2: Confidentiality

As part of our service agreement, it is important that you understand your rights to confidentiality and the limitations that exist. Please read the following information on confidentiality and ask any questions that you may have.

Content of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent (signed authorization form) of the client or the client's legal guardian. However, in the following situations, no authorization is required:

Supervision/Consultation

Therapists have the professional responsibility to receive supervision or case consultation when considered necessary. The identity of clients is not revealed and the other professionals are legally bound to keep the information confidential. Please know that it is quite possible that I will engage in supervision or consultation on your case. Please understand that the purpose of these professional discussions is to promote the quality and effectiveness of services to clients.

Legal Proceedings

If you are involved in a court proceeding and a request is made for information concerning diagnosis and treatment, such information is protected by social worker-client privilege. I cannot provide any information without your written authorization or a court order. If the court orders me to disclose confidential information, I may be required to do so. Please note that 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.

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

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries. A billing professional appointed by Jennifer Rodgers, LCSW has access to the information required by insurance companies.

There are some situations in which I am legally obligated to take actions that would involve revealing some information about a client's treatment. These situations include:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, I may be required to take protective actions. This may include warning the intended victim and reporting the information to legal authorities.

If I believe that there is an imminent risk that a client will inflict serious physical harm or death on him/herself, or that immediate disclosure is required to provide for the client's emergency health care needs, I am required to take appropriate protective actions, which may include initiating hospitalization and/or notifying family members or others who can protect the individual.

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

Abuse of Children and Vulnerable Adults

If I have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to self-neglect, or exploitation, the law requires that I file a report with the appropriate government agency.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Section 3: Fees and Payment

Please make sure you are clear on your financial responsibilities, arrangement with your insurance payer or payers and the rules regarding cancellation and late appointments. I encourage you to ask any questions or raise concerns you may have before signing the Agreement.

Payment:

Prior to attending your intake appointment, please consult with your insurance carrier regarding your behavioral health benefits and copayment responsibility. Payment (in full or co-payment) is due at the time services are rendered. I accept cash and check. Credit card can be accepted with a 3% transaction fee.

Professional Fees:

There will be no charge for telephone conversations under 10 minutes. Conversations over 10 minutes will be billed at 15-minute increments, based on the pre-determined hourly fee. This fee also applies to time spent consulting with other professionals (with your permission), preparing letters or documentation related to your case and the time spent performing any other service you may request of me.

Cancellation Policy:

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24-hours advanced notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; you will be responsible for payment in full. The only exceptions to this cancellation policy are inclement weather (which would create dangerous driving conditions) or onset of sudden, serious illness occurring within the 24-hour timeframe. Even with these exceptions to the 24-hour rule, if you repeatedly miss sessions it will be necessary to discontinue treatment with referral for alternative services.

Late Arrivals for Appointments:

It is rare that I would be late starting a session. In the unlikely event that this happens, if your schedule permits, I will try to see you for your full session. If I cannot do this, I will see you for the time remaining of your session and adjust your fee. If my lateness can be anticipated, I will make every effort to contact you so that you can adjust your schedule accordingly. If you choose to reschedule your appointment due to my lateness, I will be happy to do so and will not bill you for the session we miss.

If you are late for our appointment we will begin when you arrive and continue until the end of your planned session. You will be charged for the full session, unless you give me 24 hours notice of your late arrival. Even if you cannot give me 24 hours notice, I urge you to let me know that you are running late and the approximate time when you will arrive.

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

Unpaid Service Fees:

If your account is outstanding 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. If it becomes necessary to use collection processes due to lack of payment of services, I will only disclose the minimum amount of protected health information necessary for the purposes of collection. If such legal action is necessary, attorney's fees and costs will be included in the claim.

Section 4: Risks and Benefits to Treatment

Participation in therapy carries with it possible risks as well as benefits. Difficult and unpleasant aspects of your life are likely to be discussed and, in some case, treatment objectives may include exposure to fears and other anxiety provoking situations. There is a real possibility of experiencing difficult emotions in therapy, such as sadness, anger, frustration, stress and anxiety. Therapy has been shown to have many benefits. Therapy can, to name a few possibilities, lead to better relationships, a reduction in feelings of distress and solutions to specific problems. While the intention is for a positive outcome, it is not possible to guarantee that your child or family will benefit from therapy.

By signing this document, I agree to the terms outlined in the Service Agreement. Services are to be provided by Jennifer Rodgers, LCSW, LLC and remain within the scope of her training. I agree to the above limits of confidentiality and understand their meanings and ramifications. I understand and agree to the above terms regarding fees and payment and will be responsible for payment of the details described. I freely assume the risks to treatment and understand that no guarantee has been made to me regarding the outcome of treatment. I am consenting to my own behavioral health treatment, or that of the named client (minor). I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

Client's Name

Parent/Guardian Signature

Date

Please print name

Relationship to Client

Signature of Jennifer Rodgers, LCSW, LLC

Date

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

**Notice of Privacy Practice
Receipt and Acknowledgement of Notice**

Patient/Client Name: _____ DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jennifer Rodgers, LCSW, LLC Notice of Privacy Practice. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jennifer Rodgers, LCSW.

Signature of Client/Guardian

Date

Relationship to Client

Client/Guardian Refuses to acknowledge Receipt:

Signature of Jennifer Rodgers, LCSW, LLC

Date

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

Please Keep for Your Records

Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Abuse and Neglect

Judicial and Administrative Proceedings

Deceased Persons

Emergencies

Family Involvement in Care

Health Oversight

Law Enforcement

National Security

Public Health

Public Safety (Duty to Warn)

Research

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission

We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at [Insert Contact Information]:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.

Jennifer Rodgers, LCSW, LLC
130 Montowese Street
Branford, CT 06405
(203) 533-1215

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Jennifer Rodgers, LCSW at 130 Montowese Street, Branford, CT 06405, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is April 14, 2003.