

Catarina Bongiorno Psychiatry, PLLC Client Services Agreement



I'm looking forward to beginning our work together!

Before we get started, I am presenting you with this document which contains important information about my policies and practices. Please read it carefully and completely. If you have any questions or concerns at any time about this document or any other aspects of my practice, please inform me immediately so that a prompt resolution can be made.

Psychiatric evaluations, therapy and medication management is an ongoing process that develops from a professional relationship between provider and client. It is a voluntary contract between us, founded on trust, transparency and respect. This relationship and your treatment are significantly helped when all parties are clear and precise about what is expected and can be offered. If you have questions about my policies, please raise them right away. The remainder of this contract will clarify our working relationship with one another as well as reminding you of your rights as a client. Your signature on this document signifies that you have read and understood it and are bound by its terms.

CONFIDENTIALITY

State and federal laws protect the privacy of all communications between patient and provider. In most situations, we can release treatment information to others only if you sign a written authorization form. By agreeing to accept professional services from me, you consent to the following forms of communication regarding your treatment and care:

- If you are using insurance, information about your treatment will be disclosed to the insurer for purposes of administering benefits and managing care. This includes your diagnosis and, in some cases, treatment plans and progress reports. You agree that I can provide requested information to your carrier.
- Financial information may be disclosed to a collection service or to a small claims court for the purpose of collecting overdue payments.

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- For all services, I ask that you sign a release for communication with your primary care provider (PCP).
- For medication management only services, I request a release for communication to be signed in order to allow collaboration with your outside therapist and myself. We may also decide to complete additional releases for other specialists, depending on your needs and preferences.
- I often find it useful to seek clinical consultation and supervision from other reputable medical and mental health professionals about cases. During these consultations, every effort will be made to avoid revealing identifying information. The other professionals consulted are also legally bound to keep the information confidential. I might choose not to tell you about these consultations unless I feel that it is important to our work together. All consultations will be recorded in your Clinical Record.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-patient privilege law. A therapist cannot provide any information without your (or your legal representative's) 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 myself or another therapist to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide the requested information for them.
- If a complaint or lawsuit is filed against me, I may disclose relevant information to my legal defense and/or investigator in order to defend myself.
- If you were to file a worker's compensation claim, I must, upon appropriate request, provide appropriate information, including a copy of the patient's record, to the indicated employer, the insurer, or the Department of Worker's Compensation.

Limits to Confidentiality

There are some specific situations in which I will be legally obligated to take action and share information including Personal Health Information (PHI) and/or other information about a patient's treatment in order to protect the patient and/or others from harm. These situations are rare, but may include the following:

- If I have reasonable cause to believe that a child under age 18 is suffering physical, sexual, or emotional abuse and/or neglect, resulting in harm or substantial risk of harm to the child's health or welfare, the law requires that a 51a report be filed with the Department of Child and Families (DCF). This also includes past instances of such abuse or neglect. Additional information may be requested after the report is filed.
- If I have reasonable cause to believe that an elderly or handicapped individual is suffering from abuse and/or neglect, the law requires that a report be filed with the Department of Elder Affairs. Additional information may be requested after the report is filed.
- If a patient communicates an immediate threat of serious physical harm to an identifiable victim or if a patient has a history of violence and the apparent intent and ability to carry out the threat, it is my duty to warn and take protective actions. These actions may include safety planning, notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient.
- If a patient threatens to seriously harm themselves with an imminent plan and intent to do so, I am ethically and morally bound to take action which may include contacting police/ambulance services, helping the patient carry out a voluntary hospitalization and/or contacting family members or others who can help provide protection and or assistance with voluntary hospitalization. If such situations arise, you will be fully informed before any action is taken as well as the content of treatment that will be disclosed.

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WORKING WITH MINORS AND THEIR GUARDIANS

Treatment Records and Access

The law may provide legal guardians of children under the age of twelve (who are not emancipated), the right to examine their treatment records. The law may provide legal guardians of children between the ages of 12 and 18 (who are not emancipated) the right to examine their treatment records if the minor, after being informed of their legal caregiver's request to examine their records, does not object, or the provider (myself) does not find that there are compelling reasons for denying the access to the records. Compelling reasons may include: safety concerns, conflicting interests between client and the legal guardian(s), or to protect the client/therapist relationship. Notwithstanding the above, legal guardians are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Before giving them any information, I will discuss the matter with the minor client, if possible, and do my best to broker communication between the minor client, the legal guardian, and myself to keep all parties' best interests in mind.

Consent for Confidentiality

Privacy in psychotherapy is crucial to successful progress, particularly with teenagers. Therefore, it is important to continually discuss how to best protect patient privacy while also giving parents and guardians important information about the treatment. I may sometimes request an agreement from parents that they consent to give up their access to their child's records. This may especially be important if the client is a "mature minor" (ages 12-17). If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and their/his/her attendance at scheduled sessions. Any other communication will require the minor client's authorization, unless I determine that the child is in imminent danger to themselves or others and/or any reports of child abuse/neglect has been given to this provider. With these exceptions, I will notify the guardians of these concerns. Before giving parents any information, I will first discuss the matter with the minor client, if possible, and do my best to handle any objections that they might have.

Parent Divorce or Separation

Families come in many different shapes and structures. In cases where separated or divorced parents are seeking treatment for their minor child, I require a copy of the divorce or separation agreement as it indicates the legal guardianship of the child. In the case of any disputes related to the treatment of a child, I will not engage in custody determinations and will recommend the parents seek the assistance of a Guardian Ad Litem appointed by the court, who can determine the best interests of the child. Both parents will be sent all intake paperwork. Additionally, reaching out to the parent who did not initiate treatment for the child is best clinical practice that can help in my understanding of all sides of the child's family situation which can furthermore help to contribute to the strengthening of the family system and help avoid unhelpful perceptions such as bias or perceived allying with one parent. While both parents are encouraged to complete intake documentation, both parents must consent in writing to treatment by signing a copy of this Client Service Agreement before treatment can begin.

Minors Residing in DCF Custody

In cases in which the minor client's physical/legal custody status is with a state agency, I require a copy of the mittimus as well as any paperwork documenting decision making authority should the child be residing in a short-term/long-term/pre-adoptive foster home and/or residential placement. Releases of information for the

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minor client's agency involvement, foster parents, and professional treatment team will be required before psychotherapy or medication management treatment can begin.

SERVICES

Treatment involves a large commitment of time, money, and energy. The frequency of meetings and the overall length of treatment are to be determined by you, myself, and in some situations your insurance company. If you have concerns about your treatment or feel like your experience is not to your satisfaction, please address this with me.

Intake Appointment

If we agree to proceed with treatment together following the initial screening, our first appointment will be about 60 minutes in length. This is where we explore the reasons that led you to making an appointment, treatment services that you are interested in as well as general information about yourself and your life. Sometimes all the necessary information cannot be gathered within the first intake appointment. Consequently, the next couple sessions may include continued evaluation of your current concerns and a review of your history. By the end of the evaluation, we will be able to discuss what the nature of the problem is and how treatment will address these issues. Treatment recommendations generally include: therapy, medication management or a combination of both. If I do not think I am the best fit for you, I will give you names of other professionals or agencies that I believe would work well with your particular concerns. If you do not agree with my treatment recommendations or do not think our personality styles will be a good match for you, please let me know and understand that I will not be offended if you wish to look for an alternative provider. Psychiatric care is highly personal and requires the right fit.

Sessions

Certain services may require you to spend more or less time in the office or on telehealth. The frequency of your sessions depends on the agreement made between you and myself during the intake/evaluation phase. Best practice standards indicate that individuals are best served by a combination of psychotherapy and medication management, rather than just medication alone. For that reason, I require that medication management patients have a current therapist and permit me to collaborate closely with them. If you reach a point in your treatment in which therapy is no longer needed, we can make a plan regarding your medication management care which may include a transfer. A transfer plan could include having your primary care provider take over medication management or be referred to another prescriber in the area. Once an appointment hour is scheduled, you will be expected to pay a fee for any missed or canceled appointment, unless you provide 24 business hours advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for canceled sessions. (Please carefully review the full Cancellation Policy described below for full details).

Medication Management

Medication Management only follow-up appointments are generally 20-30 minutes.

Therapy

Therapy sessions last 45-60 minutes depending on your treatment needs.

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Combination Treatment

Sessions including both medications and therapy last about 45-60 minutes depending on the current presenting needs.

Termination

Treatment plan changes and discussions around treatment timelines are ongoing parts of the therapeutic process. We will continuously review progress, treatment goals and recommendations together which will also help us to better understand when therapy may be nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing out period of time. We can work together on how to best say 'goodbye' to one another. If you are a medication management client, I am able to provide you with a 3 month bridge script for non-controlled medications unless clinically contraindicated. Controlled substances may be bridged for 1 month if you are continuing medication management care elsewhere. If not, we will begin a 3 month planned taper. In general, a taper plan for your medications will be made if appropriate. If you need help with finding alternative treatment providers/locations, I will do my best in assisting with this.

Non-Compliance

If during our work together, noncompliance with treatment recommendations becomes an issue, I will make every effort to discuss this with you to identify the barriers to treatment engagement. At times, treatment noncompliance may necessitate termination of psychiatric services. I encourage you to reach out right away with any concerns in your treatment services with me so that they can be assessed and addressed in a timely fashion. Other factors that may result in termination of therapy include, but are not limited to: violence or threats towards me, or refusal to pay for services after you have been given a reasonable amount of time and a number of outreach attempts made to resolve the issue.

RISK AND BENEFITS OF PSYCHIATRIC SERVICES

There are benefits and risks to all treatment modalities that I offer in my practice. When thinking about starting services, it is important to understand both the risks and benefits of the treatment being recommended. Before prescribing medication, we will go over the most important side effects and weigh the option of taking that particular medication versus not taking it. It is important to also know that therapy can have risks and benefits as well. Potential benefits include increased healthy habits, improved communication and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Since the human brain and world that you reside in is complex, there is no guarantee of positive or intended results.

CANCELLATIONS AND NO SHOWS

It is my intention to provide you with the greatest possible selection of appointment times. If you have ever waited for a "cancellation appointment," you can appreciate someone who cancels in sufficient time for you to take that appointment. I am always happy to hear from you and will always try to accommodate you within the guidelines of this policy.

When you schedule an appointment with me, you are "purchasing" that time. It is yours unless you cancel it. If you need to cancel or reschedule an appointment, I require 24 business hour notice (weekends not included). For example, if your appointment is on a Monday at 10 am, the cancellation must be made on the preceding

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Friday by 10 am. Cancellations that occur within less than 24 business hours notice, failure to show altogether for an appointment or a late arrival of more than 10 minutes after appointment time will result in a late cancellation/no-show fee. If it is more than 24 hours before your appointment, you may cancel and reschedule your appointment via the patient portal (which is the preferred method to do so).

Charges for late cancellations or missed appointments are not billable to your insurance company. The charge for a scheduled appointment not canceled prior to 24 business hours is \$130 unless the circumstance constitutes a qualifying emergency. "Qualifying emergencies" are considered events beyond your control such as snowstorms, car accidents, funerals, hospitalizations or illnesses of the degree which keeps you out of work or school. A fever over 100° F or testing positive for COVID-19 also qualifies. Although minor headaches, congestion, tiredness, etc. may feel like good reasons to not attend therapy or a follow-up medication visit, they do NOT constitute an emergency, and you will still be billed the late cancellation/no show fee unless you notify me 24 business hours in advance.

This policy also applies to an appointment you decide to miss because you have decided not to continue services with me, an appointment you forget, an appointment which conflicts with another one you have made, or if you choose to prioritize something else rather than come to your psychiatric appointment. Flexibility can help avoid late cancellations. In most cases, a virtual appointment can be an option if you are having difficulty getting into the office. If a child is unexpectedly unavailable, parents can instead meet with me during that time, to review treatment goals and progress. If you cancel 2 consecutive appointments, before rescheduling, we will need to discuss your treatment goals and whether you are able to commit yourself to consistent psychiatric care at this time. If at some point you decide not to continue receiving services with me, please send me a message on the portal immediately, especially if you have appointments scheduled.

It is important to note that this policy is in place to emphasize the importance of your coming, not to penalize you. I want you to come and actively participate in the treatment process.

TELEHEALTH

I provide telemedicine mental health to my clients via the online portal. Initiation of the services is based on client treatment needs and best practice recommendations. If you are receiving medication management as part of your treatment with me, you may be asked to attend a certain number/frequency of sessions in person at the office per state/federal and best practice guidelines. Before starting our sessions, I will confirm where you are currently located. Additionally, initiation of telehealth services will prompt a discussion and planning around safety concerns or technological problems. There is a separate telehealth consent form requiring your signature as part of the intake packet.

COMMUNICATIONS

Because I am solo provider practice and am often in session with other clients, direct messaging via the patient portal is always the preferred method to contact me. Alternative methods of contact include phone and email. Please note that emails sent between us may not always be secure. If leaving a voicemail, be sure to leave your phone number and times that you can be reached. I use the following secure communication methods: iPlum Phone and Secure Text Messaging, Messaging via Kareo Patient Portal and Telehealth Conferencing via Kareo. Kareo is the electronic medical record (EMR) system that I will be using.

I will make every effort to return all messages within 48 business hours including messages received late in the day, on weekends, or holidays. Please allow 48 hours for a reply to any mode of communication (phone,

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email, text, portal etc.)

Non Secure Communication

It is important for you to be aware of how communications are stored on your personal or other devices. If you choose to use a method of communication with me other than those I have listed, please be aware that there are various technicians and administrators who maintain these services and may have access to the content of those communications. Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other via a non-secure platform.

SOCIAL MEDIA

With rapid increases in technology, there are now many forms of online communication. Clients and myself hold various personal and professional profiles through online organizations. In order to keep professional boundaries, I will not accept friend requests or other connections from current or past clients on these networks. This will allow me to provide better care to you while also protecting your confidentiality from others on social media websites or other online platforms.

EMERGENCIES

If you are experiencing a medical or psychiatric emergency please call 911 or proceed to the nearest emergency room. Please note that I do NOT provide 24/7 care and that messages and calls after hours/ on weekends will be returned during normal business hours. As part of the intake process, you are required to designate an emergency contact. A release of information will be completed for this individual to allow for me to contact this individual in the case of a psychiatric or medical emergency. Additionally, the creation of a plan to help keep yourself safe in between sessions will be discussed at intake and/if future concerns or changes in safety arise during treatment. This plan will outline when additional support or an ER visit may be needed. I ask for your collaboration in this plan and that you follow them when experiencing a stressful or crisis prone time.

MEDICATIONS

Clients may be prescribed medications for psychiatric and other medical conditions. During the intake evaluation, we will go over your full medical and psychiatric history including current medications. If you are a medication management patient, we will also be going over past and current psychiatric medications and how they impacted you both positively and negatively. During your treatment with me, it is important for you to keep me informed of any changes in medications. As noted above in the Confidentiality section, I ask for a release of information to be signed by you which will allow me to speak with your primary care physician. The purpose of this is to have close care coordination and discuss any pertinent medical conditions' impact on your symptom presentations and/or any particular drug interactions that may impact care.

Controlled Substances

In my practice I may recommend the initiation and/or trial of controlled substances. Some of the controlled substances that I may use include stimulants and benzodiazepines. I do not offer Substance Use Disorder

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Medication Assistance Therapy (MAT) and will help in referring you to an appropriate agency/ practitioner who can better assist you with that need.

When initiating a controlled substance, there are many risks that will be discussed. In order for progress to be made, clients being prescribed controlled substances must be seen in person before starting the medication and be followed up in-person on a regular basis. Additionally, clients should consistently attend appointments. The controlled substance may be stopped if I am concerned about manic symptoms, psychotic symptoms, or any other mental health problem.

Benzodiazepines

As a provider who strives to deliver evidence-based care and always aiming to do no harm in the pursuit of helping ensure the longevity of your future physical and mental health: I do not provide or support the long-term use of daily benzodiazepines for the treatment of mental health conditions.

Not only associated with dependence, tolerance and addiction, benzodiazepines can also contribute to permanent long-term memory impairments including dementia. Therefore, benzodiazepines are best utilized in the short-term while a safe and effective treatment is identified.

If you are currently taking a benzodiazepine daily (such as lorazepam, diazepam, clonazepam), I will be happy to discuss alternative options and help facilitate a slow and safe taper. I understand that it can be scary to come off of these medications, even if it is a goal of yours. I hope to provide a supportive environment to help you do so.

ADHD and Stimulants

There has been an increase in social and cultural awareness of Attention Deficit Hyperactivity Disorder (ADHD). I am happy that psychoeducation is being delivered to the public and individuals who may not have sought treatment before are doing so now. A large part of my practice includes the treatment of ADHD. If you are coming to me for medication management of ADHD symptoms, I would like you to be aware of important components in the assessment and treatment process with me. Firstly, if available, I ask that you bring any past treatment records indicating previous ADHD diagnosis and/or treatment. This may include past medication prescribers notes, school evaluations, neuropsychological testing and/or medical records from PCPs. We will then complete an ADHD assessment together and after the appropriate releases are signed, I will collaborate with collateral contacts to help confirm and/or clarify ADHD symptom concerns. After this process (which may take several visits), we will then discuss treatment recommendations which may or may not include the recommendation of stimulant medication. Updated standards of care and insurance requirements may also necessitate periodic urine drug screening as well as prior authorization (PA) for initiation or continuation of stimulant medication (or other controlled substances). Please allow 72 business hours for response to PA requests.

REFILLS

Generally, refills are only provided at the time of your appointment. However, certain situations may arise when you need a refill between appointments. Please allow 48 business hours for refill requests to be processed. The fastest way to process refills is for clients to request them through the patient portal (i.e. requesting them through the pharmacy is not always reliable). Medications will be refilled during normal business hours and only after a follow-up appointment is scheduled. Refill requests on weekends will be filled within 48 hours from the Monday following the refill request or non-holiday business day. Lost or stolen prescriptions cannot be replaced except in extreme circumstances. If you are having an emergency, please

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send me a message on the portal and then proceed to your hospital's emergency room or call 911.

BILLING AND PAYMENTS

Payment for each session is due on the date of the session, unless otherwise specified. Unpaid balances will receive an invoice through the client portal. I accept personal checks (made out to: Catarina Bongiorno Psychiatry, PLLC) and credit card. Credit Card payments can be made directly on the portal at the time of the session or before. Insurance companies often contract for different rates than providers charge. If your treatment is covered by insurance, the co-payment, coinsurance or deductible are due from you at the time of service. Please note that your FSA/HSA account can only be charged for kept appointments. For late cancellations, no shows, or other missed appointments your credit card will be charged the cancellation/ no show fee outlined above. In general, my fees are as follows:

Initial Diagnostic Assessment: \$300
Individual Therapy (30/45/60 minutes): \$125/ \$165 / \$180
Family/ Couples Therapy: \$190
Med Management Only Follow-up (30 minutes): \$200
Therapy and Med Management (60 minutes): \$250
60-minute crisis session (90839): \$300
Crisis code add-on (+90840): \$100 per code
Interactive add-on (+90785): \$25

Appropriate length and type of each session is determined through clinical assessment and on-going evaluation. We will have a continuous transparent conversation regarding treatment needs or any updates in treatment recommendations.

Any changes or increases in rates will be communicated one month in advance. Bounced checks will incur a \$30 service charge which will appear as a balance on your account until settled. Three unpaid sessions with no payment plan in place may result in a pause in treatment after extensive conversation and communication is had. Unpaid balances over 30 days old will receive a message to help initiate conversation around a payment plan. If fees for services are not paid in a reasonable amount of time with multiple unsuccessful attempts to resolve this financial matter, the client account may be sent to a collection service.

Interactive Add-on Code

The Interactive Code is used when psychiatric services have been complicated by communication difficulties during the visit between myself and the client or caregiver. Examples of when I bill this code are when increased anxiety, depression or trauma interfere with communication during session, or when the client has a developmental delay or processing disorder that may interfere with communication during session. This code is also used when expressive arts and/or play therapy tools are used and play an integral role in the session's progression. Sessions with children and teens are more likely to need an Interactive Code because their verbal and emotional expression skills are not as developed. However, it can also be appropriate for use in adults with severe trauma, anxiety and/or difficulty verbalizing feelings and emotions. When your insurance gives you your Explanation of Benefits (EOB), you may see a charge for a 90785-Add-On code in addition to your session. This is the Interactive Code used for those situations noted above.

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CREDIT CARD POLICY

I contract with a third party credit card company called Tebra Payments which is connected through the Kareo patient portal. This company stores and charges your credit card for all services and products rendered by myself. Additionally, your credit card will be charged in the event that I do not receive notice at least 24 business hours prior to a missed or canceled appointment. Your credit card may also be used for services for any outstanding bill that has been appropriately provided to you. This can apply to any large co-payments, balances, or any service agreed to by you and provided by myself. Please note: I cannot charge your FSA/HSA card for no-show or late cancellation fees. An active credit card (other than your FSA/HSA card) must be on file.

OTHER PROFESSIONAL FEES

Extra Time

In addition to office visits, there may be occasions on which you request other clinical or administrative services from me, such as writing treatment reports or summaries (e.g., disability reports), extended telephone conversations (e.g., longer than 10 minutes), attending school meetings, travel time, extended session time and consulting with other professionals beyond gathering initial information and giving periodic updates. The charge for these services is \$35 per 15 minutes of time spent and is not covered by health insurance.

Court Related Services

I do not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed, as evidenced by your signature on this document, that I will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings.

If you become involved in legal proceedings that require my participation, you will be financially responsible for all professional time, including talking with attorneys, preparing documents, traveling to court, depositions and court appearances. These fees apply even if I am called to testify by another party. I charge a \$1500 retainer prior to any preparation or attendance of legal proceedings. My hourly rate to prepare for and attend any legal proceedings and for all our court related services is: \$200/hour. If the fee is not covered by the court attorney, you will be charged for the time spent responding to legal matters. You will also be charged for any costs incurred from responding to attorneys in your case, including but not limited to fees I am charged for legal consultation and representation by my own attorneys. Please note that charges for court related services are not covered by insurance.

KNOWLEDGE OF INSURANCE COVERAGE

Insurance policies have become increasingly complicated, and policies with deductibles are very common. If you have a deductible, the deductible is the dollar amount of health expenses that must be paid out of pocket by an individual before the insurer will pay any money toward your claims. It is very important that you know the details of your insurance coverage, including whether or not you have a deductible. It is also important for you to know whether or not you have met your deductible for the year when you begin treatment with me. If you have not met your deductible, you will be responsible for payment for sessions (the contracted amount your insurance company would pay for each session) until your deductible is met. Please be aware that when I am notified that your deductible has not been met, the credit card on file will be charged for the session charges that you have already incurred.

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Please note that you are responsible for all balances and services not covered by your insurance policy. I reserve the right to charge your credit card for such instances. Therefore, I strongly advise you to know the details of your insurance policy so that you are not surprised by any charges you may incur. It is also important to note that it is the legal guardian/ caregiver's responsibility to be aware of the insurance details of the minor client. This is especially important for mature minors who may have more autonomy and independence in the therapeutic process.

RECORDS

You may examine and/or receive a copy of your Clinical Record if you request it in writing unless I believe that access to it would endanger you, or be detrimental to your treatment. In those situations, you have a right to a summary and can have your record sent to another mental health provider or your attorney. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that if you request to examine them, you initially review them with me, or have them forwarded to another mental health professional so you can discuss the contents. In addition to the Clinical Record, I may keep a set of Psychotherapy notes. These notes are typically more informal, and are for my own use in order to assist me in providing the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of therapy conversations, analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me but is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record and are only kept for a limited time. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of the Psychotherapy Notes without your signed, written authorization. Insurance companies cannot require your authorization as a condition of coverage and cannot penalize you in any way for your refusal. If I keep Psychotherapy Notes, you may examine and/ or receive a copy of them unless I determine that it would adversely affect your well-being. In that case, you have the right to a summary or to have your record sent to another mental health provider or your attorney.

WAITING ROOM POLICIES

Children in elementary school and below should not be left in the waiting room alone before or after the session. Guardians/ caregivers should remain on the premises until the child begins their session with me. Additionally, guardians and caregivers should arrive at least 5 minutes before the session ends to pick up their child. Parents who arrive late to pick up their child may cause disruptions in subsequent scheduled sessions. A pattern of late pick-ups will first be discussed with you before any further disciplinary actions are taken which may include termination of treatment.

COVID-19 Policies

Massachusetts has lifted the COVID-19 public health emergency on 5/11/2023. COVID-19 pandemic was a very difficult time for many individuals here and abroad. Although the mask mandates have been lifted, I do ask the following requests for in-person clients: If you are currently experiencing COVID-19 symptoms or test positive, I ask that you switch your visit to telehealth. If you are feeling sick but do not exhibit COVID symptoms and would like to attend your in-person session, I ask that you wear a mask and I will do so too. I will have masks available in the office.

PRIVACY POLICIES/ HIPAA

My Privacy Policy and Statement of Patient Rights are posted in the waiting room and on my website. A copy will be sent to you on the patient portal for you to acknowledge and sign upon starting services with

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me.

AGREEMENT

Your signature below indicates that you have read this contract in full, have had the opportunity to ask questions, and you agree to its terms. Your signature also serves as acknowledgement that you have been provided a copy of the "Notice of Policies and Practices to Protect the Privacy of Your Health Information" document. You can also access this informed consent and the Privacy notice at any time through your patient portal or by asking for a copy. You will be notified a month in advance of any extensive changes to this client agreement. There may be situations where a month's notice is not able to be given. In this case, you will be informed as soon as possible.

Print Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____

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