



**Melodie Plaise**  
**LMHC, NCC, BC-TMH**

## **CLINICIAN-CLIENT SERVICES AGREEMENT**

**Welcome to BLAC Center, LLC!** This agreement contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. The Notice of Privacy Practices, which is attached along with this agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

### **BACKGROUND INFORMATION**

My name is Melodie Plaise and I am currently a doctoral (Ph.D.) candidate in counseling with a specialization in Marital, Couple, and Family Counseling. I earned a bachelor's degree (B.S.) in psychology with a minor in Africana Studies and a master's degree (M.S.) in clinical psychology from Barry University. My areas of interest include racial and social justice, racial identity, racial socialization, and advocacy. I currently serve as the University's NAACP Chapter Founding President. Outside of school, I organize and serve with community activism groups to advocate for equity and justice. I am an independent practitioner and licensed in the state of Florida. I have experience practicing individual, group, family, and couple's psychotherapy/counseling.

I founded the BLAC Center in 2020 when I started pursuing my Ph.D. BLAC is an acronym for Black Leaders and Advocates in Counseling. Our mission is to promote advocacy, research, diversity, and multicultural competence within the field of mental healthcare by providing affordable and accessible psychotherapy and counseling services to historically marginalized minorities. Our vision is to destigmatize and decolonize mental health and counseling services within minority populations through research.

### **SESSIONS**

In the first session following your free 15-minute phone consultation, an evaluation is conducted to determine your needs and decide whether I am the best person to provide the services that



meet your treatment goals. Once sessions begin, one session (60-minute for individual; 90-minutes for family/couples) per week is scheduled at a time we agree on. Some sessions may be longer or more frequent if additional treatment is required.

### **PROFESSIONAL RATES**

I am currently only accepting self-pay clients for Tele-Health sessions. As part of my commitment to provide affordable and accessible psychotherapy and counseling services, I use the “pay-what-you-can” pricing model. My hourly rates for psychotherapy/counseling sessions range between \$0 and \$200. Our agreed upon rate per session is \$\_\_\_\_\_ per session. You are responsible for the payment of sessions unless they are cancelled with at least a 24-hour notice or if you and I agree that due to extenuating circumstances you were unable to give a 24-hour notice. I may not be able to continue to see you for treatment if you miss too many appointments, and we will discuss this situation if it arises.

### **BILLING AND PAYMENTS**

Please be advised that you are responsible for agreed upon session charges. You will be expected to pay for each session at the time it is held unless we agree otherwise. For your convenience, payment can be sent via Zelle to [BLAC\\_Center@proton.me](mailto:BLAC_Center@proton.me) before your session begins. We also accept Visa, MasterCard, American Express, and Discover payments. Card payments are subject to processing fees of up to seven percent (7%). Please complete the Credit/Debit Card Authorization Form in this Welcome Packet to streamline the payment process and keep your credit card on file. The Credit/Debit Card Authorization Form is required irrespective of your intended payment method. In circumstances of unusual financial hardship, I may be able to negotiate a fee adjustment or payment installment plan. By signing this agreement, you agree to be 100% responsible for these fees which may include, but are not limited to, unauthorized visits, patient treatment plans, medical forms/records, legal and forensic reports or court testimony.

### **INSURANCE REIMBURSEMENT**

I currently do not accept health insurance coverage for mental health treatment. Due to the rising costs of health care, insurance benefits have increasingly become more complex, and less client focused.

### **CANCELLATION POLICY**

You are expected to arrive on time for your sessions. Sessions end at the designated time regardless of their start time. If you are more than 15 minutes late for your session, your appointment will be cancelled, and you will be billed the full agreed upon session rate.

I understand that you may need to cancel your appointment in some cases. A minimum of 24 hours' notice is required for rescheduling or cancelling your appointment. Failure to provide a 24-hour notice for cancellations, changes, or missed appointments will result in a charge of the full agreed upon session rate. Frequent cancellations (3 or more in 6 months or 2 consecutive)



and/or missed appointments (no show) will result in the termination of treatment. The only exception to this cancellation policy is in the event of a serious or contagious illness or emergency or if you and I agree that due to extenuating circumstances you were unable to give a 24-hour notice.

### **CONTACTING ME**

You can contact me by calling/texting my practice at (561) 412-5151 or via email at [info@BlacCenter.com](mailto:info@BlacCenter.com). I will try to respond to any correspondence within 24 hours except on weekends and holidays. I may not be available at certain times including emergencies and if available I may not be able to provide emergency services. In the case of an emergency, you should contact 911, or the on-call psychiatrist at the nearest hospital emergency room. You may also contact your psychiatrist, your primary care physician, or a crisis hotline. I may be unavailable for an extended period of time, particularly in the summer and around the December-January holidays. In this case, that would be communicated to you in advance.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a clinician. In most situations, I can only release information about your treatment to others if a written authorization form that meets certain legal requirements imposed by HIPAA has been signed. There are other situations that require only that you provide written, advance consent. Your signature on this agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (PHI).
- All mental health professionals are bound by the rules of HIPAA. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without my permission.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- 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 clinician-patient privilege law. I 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 me to disclose information.

- If a government agency such as Medicare is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient as part of my defense.
- If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I know, or have reason to suspect, that a child under 18 is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, Florida law requires that I file a report with the Department of Child and Family Services. Once such a report is filed, I may be required to provide additional information.
- If I know or have reasonable cause to suspect, that an elderly person or handicapped adult has been or is being abused, neglected, or exploited, Florida law requires that I file a report with the central abuse hotline. Once such a report is filed, I may be required to provide additional information.
- Florida law holds that a clinician who knows or suspects that a patient may hurt or kill him/herself or someone else may notify the appropriate authorities and the individual(s) (and close family members) concerned but is not legally obligated to do so. **(The clinician is legally obligated to conduct an evaluation of suicidal and homicidal intent in these cases.)** The clinician may also initiate proceedings for involuntary examination and hospitalization (the Baker Act) but is not legally obligated to do so.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.



## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances where disclosure would physically endanger you and/or others or makes reference to another person (other than a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence during a scheduled session or have them forwarded to another mental health professional so you can discuss the contents.

## **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records 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 teletherapy consent form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

## **ACKNOWLEDGEMENT**

Your signature below indicates that you have read this agreement and agree to its terms. Your signature also serves as an acknowledgement that you have received the HIPPA notice form described above.

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Signature

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Date

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Print Name