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pronouns: She/her

INFORMATION, AUTHORIZATION, & CONSENT

This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding our work together. Although providing this document is part of an ethical obligation to my profession, it is also an important part of my commitment to you to keep you fully informed of every part of your experience during our work together. By initialing where indicated and signing this document, you are acknowledging receipt of this information, agreeing to the stipulations, and giving your consent for treatment. Every person who is included in each therapy session must initial and sign. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding our work together at any time.

Theoretical Perspective

I believe that human beings are shaped in relation to the significant others in our lives, from parents and other caregivers to peers, teachers, and every other social tier, including the media. Maintaining relations with others while also remaining true to ourselves is a core human conflict, complicated by the fact that society holds many expectations and assumptions that are harmful to relationships and people of all genders, but balance can be found. I do not claim to know or understand all of the familial or cultural phenomena that fuel clients' behaviors and experiences; given this, I approach all clients from a place of open and curious non-judgement.

I believe that when we are securely attached to ourselves, we are free to have deep, meaningful relationships. I also believe that active listening, validation, and empathy are key ingredients for intimacy and that when we have such things, it is our responsibility to show up as our authentic selves in relationship. Specifically, to be seen we must show ourselves, to be heard we must share our truths, and to have conscious relationships, we must be both compassionate and honest with ourselves and each other. I find inspiration in experiential, feminist, and emotionally focused approaches to therapy and pull from my therapeutic, spiritual, and business background to provide effective healing opportunities.

As a therapist, I am honored that you have invited me into your life, and I welcome the opportunity to collaborate with you on this part of your journey.

Structure and Cost of Sessions

I use a sliding scale based on 2022 tax brackets. I base this scale on net income (after expenses) versus gross income with the intention of making therapy accessible to more clients. This sliding scale is per hour session. Longer sessions are charged accordingly. It is as follows:

Single	Joint	Fee
\$10,276 to \$41,775	\$20,551 to \$83,550	\$120 Session
\$41,776 to \$89,075	\$83,551 to \$178,150	\$160 Session
\$89,076 to \$170,050	\$178,151 to \$340,100	\$200 Session
\$170,051 to \$215,950	\$340,101 to \$431,900	\$240 Session
\$209,426 to \$523,600	\$418,851 to \$628,300	\$280 Session
Over \$523,600	Over \$628,300	\$300 Session

I agree to provide therapy for the fee of \$_____ per _____ minute session, unless we have negotiated otherwise. Doing therapy by telephone is not ideal (*barring unusual circumstances*), and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or finding other resources you have available to help you. I accept PayPal, Cash App, Zelle, and Venmo (online payment may incur additional fees) and I will provide you with a receipt of payment (the receipt of payment may also be used as a statement for insurance). **Please note that payment is due prior to each session and subsequent appointments will only be scheduled if your account is paid in full.**

INITIAL HERE:

Meeting Location

As of this writing (Monday, March 1, 2022), all therapy sessions can be assumed to be taking place remotely, online via doxy.me. Depending on client preference, geographical considerations, and weather cooperation, outside sessions may be available; this is something we will negotiate together.

INITIAL HERE:

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance, unless we have arranged otherwise or you have an emergency. Please note that if such advance notice is not received, you will be financially responsible for the full cost of the session you missed. If canceling or rescheduling becomes a common occurrence (more than 3 times) I will discuss with you any barriers to our work together and reserve the right to terminate our working relationship if you have more than two no-calls/no-shows. Please also know that there are times when I may need to reschedule, and I will do everything possible to provide you with 24 hours notice, but that may not always be possible. While it is your right to terminate our working relationship at any time, if this or any other circumstance becomes an issue for you, I invite you to bring any such concerns to me directly for discussion.

INITIAL HERE:

In Case of an Emergency

My practice is considered an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I am not on call, nor am I available at all times. Generally, I will return phone calls within 24-48 hours. On weekends and holidays, I may not receive your message until the next business day. If you have a mental health emergency, I encourage you not to wait for a call back, but to go to your local emergency room.

INITIAL HERE:

Professional Relationship and Communication

Psychotherapy is a professional service I will provide to you. Because of the nature of this work, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the

relationship of therapist and client. If you and I were to interact in any other ways, we would then have a *dual relationship*, which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between our individual interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

When working with couples and families, I see the relationship as the client, not any one individual; this ensures that I hold a safe container for all participants. Aside from issues of abuse or imminent danger (also see HIPAA below), I have a strict "no secrets" policy. What I mean by that is that if you share something with me outside of a couple or family session, it is expected that we will work together to share such information with your partner(s) or family member(s). If I do meet individually with one client when working with a couple or group, I do so only when I can provide equal time with whomever else is in the group or couple. If at any time it feels as though I am disproportionately aligning with one client over the other, I welcome this feedback to ensure all feel equally seen and heard.

You should also know that therapists are required to keep the identity of their clients secret. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role.

For these reasons, I do not engage with clients via any forms of social media. I do communicate with clients via text and/or email, but due to confidentiality concerns and therapeutic efficacy the information in these calls is strictly limited to logistical details such as confirmation of appointments.

Please note that these guidelines are not meant to be discourteous in any way; they are strictly for your long-term protection.

INITIAL HERE:

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND 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, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, the AMHCA and ACA Code of Ethics and Massachusetts statutes and regulations. 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.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT

We may use or disclose your PHI for treatment, payment and health care operations purposes with your consent as discussed below:

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. An example of treatment would be when we consult with another health care provider, such as a family physician or another mental health provider. 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 consent. 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.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization:

most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record;

most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;

disclosures that constitute a sale of PHI;

and other uses and disclosures not described in this Notice of Privacy Practices.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If we, in our professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, we must immediately report such condition to the Massachusetts Department of Children and Families.

Elder Abuse: If we have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, we must immediately make a report to the Massachusetts Department of Elder Affairs.

Abused of a Disabled Person: If we have reasonable cause to suspect abuse of an adult (ages 18-59) with mental or physical disabilities, we must immediately make a report to the Massachusetts Disabled Persons Protection Commission.

Health Oversight: The Board of Registration of Allied Mental Health and Human Service Professions has the power, when necessary, to subpoena relevant records should we be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release information without written authorization from you or your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Worker's Compensation: If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

IV. YOUR RIGHTS AND OUR OBLIGATIONS

Patient's Rights: You have the following rights regarding PHI we maintain about you:

Right of Access to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your access may be denied in certain circumstances, but in some cases, you may be able to have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

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. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. On your request, we will provide you with details of the amendment process.

Right to an Accounting of Disclosures. You have the right to request an accounting of PHI for which you have neither provided authorization nor consent. On request, we will discuss with you the details of the accounting process. 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 unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. (For instance, you may not want a family member to know you are seeing us. Upon your request, we will send your bills to another address.) We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice upon

request, even if you have agreed to receive the notice electronically.

Our Obligations:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy practices described in this Notice. Unless we notify you of such changes, however, we are required to comply with the terms currently in effect.

If we revise our privacy practices, we will notify you in person and provide you with a printed copy, or electronic copy if you request.

V. COMPLAINTS

If you believe we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact Rachel Riverwood at (413) 379-1379 or 58 Ashfield St. Shelburne Falls, MA 01370. You may also send a written complaint to 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.

VI. EFFECTIVE DATE OF PRIVACY PRACTICES

This notice will go into effect on the date indicated below.

I affirm that I have read this agreement and consent to treatment under its terms.

Client #1 signature

date

Client #1 printed name

date

Client #2 signature

date

Client #2 printed name

date

Client #3 signature

date

Client #3 printed name

date