

**Child & Adolescent Psych Solutions, LLC**

5454 Lena Road

Bradenton, FL 34211

(941) 500-9055

Childpsychsolutions.com

**Office Policies & General Information Agreement for Psychological Services**

This form provides you with information that is additional to that detailed in the Notice of Privacy Practices.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions **are confidential** and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

**WHEN DISCLOSURE IS REQUIRED BY LAW:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent, or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices Form.)

**WHEN DISCLOSURE MAY BE REQUIRED:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the assessment results, psychotherapy records and/or testimony by me. In family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Child & Adolescent Psych Solutions, LLC will use clinical judgment when revealing such information. Child & Adolescent Psych Solutions, LLC will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

**EMERGENCIES:** If there is an emergency during your work together, or in the future after termination, where Child & Adolescent Psych Solutions, LLC becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to insure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier of HMO/PPO/MCO/EAP in order to process the claims. If instructed by you, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier. Child & Adolescent Psych Solutions, LLC has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to

future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will be reported to the congress-approved, National Medical Data Bank. Accessibility to companies' computers or to National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-in's and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies: therefore, you are in a vulnerable position.

**CONFIDENTIALITY OF E-MAIL, CELL PHONE AND FAXES COMMUNICATION:** It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify Child & Adolescent Psych Solutions, LLC at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not e-mail or fax for emergencies or appointment cancellations.

**DISCUSSION OF TREATMENT PLAN:** Within a reasonable period of time after the initiation of services, Child & Adolescent Psych Solutions, LLC will discuss with you the working understanding of the problem, treatment plan, intervention recommendations, therapeutic objectives, and/or view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your services, their possible risks, Child & Adolescent Psych Solutions, LLC expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that she does not provide, she has an ethical obligation to assist you in obtaining those treatments.

**TERMINATION:** As set forth above, after the first couple of meetings, Child & Adolescent Psych Solutions, LLC will assess if we can be of benefit to you. The provider does not accept clients who, in our opinion, we cannot help. In such a case, the provider will give you a number of referrals that you can contact. If at any point during services, Child & Adolescent Psych Solutions, LLC sees that services are not effective in helping you, the provider is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, the provider would give you a number of referrals that may be of help to you. You have the right to terminate services at any time. If you choose to do so, you will have the option of being provided with the names of other qualified professionals whose services you might prefer.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Child & Adolescent Psych Solutions, LLC between sessions, please leave a message on the voice mail at (941) 500-9055 and your call will be returned within 24 hours. If an emergency situation arises, please call 911 (emergency services) or go to the nearest Emergency Room.

**PAYMENTS AND INSURANCE REIMBURSEMENT:** For psycho-educational evaluation cases, an agreed upon deposit will be due prior to any testing taking place. Clients are expected to pay the final balance due prior to reports being released. In the case of counseling, Clients are expected to pay the standard rate of \$140.00 per 45 minute session at the end of each session

(or agreed upon fee via sliding scale rate). Telephone conversations, site visits, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the rate of \$100 per hour unless indicated and agreed upon otherwise. Please notify Child & Adolescent Psych Solutions, LLC if a problem arises during the course of services regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, you will be provided with a copy of your receipt on a monthly basis which you can then submit to your insurance company for reimbursement if you so choose. As indicated in the section *Health Insurance & Confidentiality of Records*, you must be aware that submitting mental health invoices for reimbursement carries a certain amount of risk. Not all issue/conditions/problems are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

DUAL RELATIONSHIPS: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs therapist's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Child & Adolescent Psych Solutions, LLC will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Manatee/Sarasota is a small community and many clients know each other. Consequently, you may bump into someone you know in the waiting room. Child & Adolescent Psych Solutions, LLC will never acknowledge working therapeutically with anyone without his/her permission. Nevertheless, the provider will discuss with you, her client(s), the often existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance effectiveness but can also detract from it and often it is impossible to know ahead of time. It is your responsibility to communicate to your provider if the dual relationship becomes uncomfortable for you in any way. Your provider will always listen carefully and respond accordingly to your feedback. The dual relationship will be discontinued if it is found to be interfering with the effectiveness of the therapeutic process or the welfare of the client.

CANCELLATION: Since scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment.** This must be done by reaching Child & Adolescent Psych Solutions, LLC by phone or by leaving a voice mail message at her office at (941) 500-9055. E-mail messages are not an acceptable way to cancel or re-schedule an appointment. **Unless a different agreement is reached, the full fee will be charged for sessions missed without such notification.** Most insurance companies do not reimburse for missed sessions.

I have read the above Agreement and Office Policies and General Information carefully;  
I understand them and agree to comply with them.

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Client Name (print)

Date

Signature

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Client Name (print)

Date

Signature

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Provider

Date

Signature

