CLIENT INFORMATION AND SERVICE AGREEMENT

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PSYCHOLOGICAL SERVICES

I am a cognitive-behavioral therapist. This is a skill-based approach to treatment that helps children cope more effectively with social and emotional challenges. CBT requires clients to be active, both during and between sessions. Your child will be asked to consider new perspectives and practice new behaviors. You, as parent, agree to help your child implement the strategies we discuss. Please note that successful psychotherapy involves a commitment of time, energy, and money.

During our first 3-4 sessions, I will be getting to know your child and evaluating his or her needs. The first session, for parent(s) only, will focus on the history and current situation. The next 1-2 sessions will be for your child, typically on his or her own. This is an important time for your child and I to begin to get to know each other, and for me to make an assessment of strengths and needs. The last session of the evaluation phase will be a parent(s) session during which I will discuss my impressions and make specific recommendations. If I feel that your child would be better served by someone else, I will discuss this with you either during the initial session (if it is apparent at that time), or during the feedback session. If you/your child would rather not work with me, I would be happy to give you the names of other mental health professionals.

APPOINTMENTS

Sessions are 45 minutes long, beginning at the appointed time. Unless otherwise arranged, a parent should be available during the initial 20 minutes to be directly involved in the session. Please arrive on time and, if at all possible, do not bring siblings unless they are old enough to sit quietly on their own in the waiting room. If arrangements for younger siblings cannot be made, please do not cancel your child's appointment. We can periodically work around the presence of siblings by either including them briefly, or shortening or skipping the parent portion of the session.

CANCELLATIONS

Please try not to cancel appointments unless absolutely necessary, as cancellations disrupt your child's therapy. If you must cancel, please give *at least* 24 hours' notice. If you are cancelling a Monday appointment, please call by noon Friday. If you cancel with less than 24 hours' notice, or later than noon Friday for a Monday appointment, you will be charged $140 unless we both agree that your situation was fully beyond your ability to predict or control (e.g., if your child suddenly becomes ill, if the weather makes traveling unsafe). If you miss an appointment without contacting me beforehand (e.g., you forget the appointment) you will be billed the full fee ($140) unless you were involved in an acute emergency that left you entirely unable to get to a phone. Repeat cancellations, even with notice, will be discussed, and might signal the need to end therapy.

FEES, INSURANCE, AND PAYMENT POLICIES

My fees are as follows, due in full at the time services are provided:

Initial session	$175/45 minutes
Subsequent sessions	$140/45 minutes
Missed appointments	$140 (see above)
Late cancellations	$140 (see above)
Off-site meetings/consultations	$200/hour
Travel	$100/hour (prorated)
Phone calls >10 minutes	$100/30 minutes; $140/45 minutes
Report writing	$200/hour (prorated)
Anything related to a legal matter	$300/hour

I do not accept credit cards, and I cannot access funds from Health Savings Accounts.

I am not an in-network provider and do not accept payment directly from insurance companies. If you would like to use your out-of-network benefit, I can provide you with an itemized receipt, which you can use to submit a claim. It is your responsibility to determine the limits of your insurance and to secure whatever authorizations might be needed.

If you are unable to pay in full at the time of each appointment and you need to work out alternate payment arrangements (e.g., paying over time), please discuss this with me and we can develop an agreement that works for us both.

I reserve the right to collect any and all unpaid fees, including using a collection agency and/or small claims court. If this becomes necessary, you will be responsible for any costs incurred (typically an additional 35% of the amount owed).

ELECTRONIC COMMUNICATIONS
I do not communicate with clients by email or text messages. If you need to reach me, please call. I do make and receive calls by cell phone. Please note that I cannot guarantee security/confidentiality of calls made/taken by cell.

TELEPHONE MESSAGES
You will usually reach my voice mail when you call. Please leave a message, always including your telephone number and times I might reach you. I will make every attempt to return your call as soon as possible. You are more likely to reach me (rather than my answering machine) if you call 5 to 10 minutes before any given hour.

EMERGENCY COVERAGE
As a solo practitioner, I am not able to provide emergency coverage 24/7. If you have an urgent question, please leave a message on my answering machine and I will get back to you as soon as possible, typically within one business day, unless I am out of town, in which case I will call upon my return. Please flag your question as urgent only if it absolutely cannot wait until your next appointment. Often you will be asked to come in for an additional appointment to discuss the urgent matter. If you are unable to come in, charges for telephone consultation will apply.

In the event of an emergency that cannot wait, please go to the nearest hospital emergency room for assistance.

LIMITS ON CONFIDENTIALITY
The law protects the privacy of communications between client and therapist. In most situations, I can only release information about your child's treatment to others (teachers, primary care doctors, other professionals working with your child) if you sign a written Authorization form. You will have the option to either give or decline consent.

There are 4 specific situations covered separately by your signature on this Agreement:

- Periodic consultation with mental health colleagues, all of whom are legally bound to maintain confidentiality. During these case reviews, every effort will be made to avoid revealing your child's name/identity.
- Communication with your insurance company, at your request. The information I submit pursuant to your claims will become part of the insurance company's files, which I have no control over.
- Communication for your protection. If you threaten to harm yourself, I may be obligated to contact family members or others who can help provide protection.

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

- Court order. If you are involved in a court proceeding and a request is made for information concerning your child's treatment, I will not disclose that information without your consent, unless there is a court order to do so.
- Health oversight activities. If a government agency requests information for health oversight activities, I may be required to provide it.
- Legal complaint. If you file a complaint or lawsuit against me, I may disclose relevant information in order to defend myself.

There are some situations in which I am legally obligated to take actions that I believe are necessary to protect others from harm and, in doing so, I may have to reveal information about a client's treatment.

- If I have reason to suspect that a child or an incapacitated adult has been abused or neglected, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If a client communicates a serious threat of physical violence against a clearly identified or reasonably identifiable victim, or a serious threat of substantial damage to property, I may be required to take protective actions such as notifying the potential victim, contacting the police, or seeking involuntary hospitalization for the client.

If such situations arise, I will make every effort to fully discuss them with you before taking action, and I will limit my disclosure to what is necessary.

It is important that we discuss any questions or concerns you may have about confidentiality. Please feel free to bring these up with me.

PROFESSIONAL RECORDS

The law requires that I keep Protected Health Information about your child in a Clinical Record. While you, as parent or guardian, legally own the privilege of confidential information obtained during your child's sessions, it is important to understand that many children will have trouble discussing their thoughts and feelings without some assurance of confidentiality. Please respect your child's need for privacy while understanding that I will take appropriate steps to disclose to you pertinent information regarding suicide risk, child abuse, and behaviors posing the risk of serious danger to your child. The details regarding issues discussed during routine sessions will not be disclosed to you, except in the event of the high-risk situations listed above. That being said, parents (even non-custodial parents) do have the right to access their child's Record and to authorize the release of information to other concerned parties. Due to the sensitive and confidential nature of these records, I request that we go over the contents together, should you need to read them. In the event that you request a copy of your child's Clinical Record, you will be charged a copying fee of $25.00 or 50 cents per page, whichever is greater.

CLIENT RIGHTS

HIPAA provides you with rights regarding your child's Clinical Record and disclosures of Protected Health Information. These rights include requesting that I amend your child's record; requesting restrictions on what information from the Clinical Record is disclosed to others; requesting an accounting of disclosures of Protected Health Information; determining the location to which protected information disclosures have been sent; having any complaints you make about my policies and procedures recorded in your child's Record; and obtaining a paper copy, upon request, of this Agreement, the HIPPA Notice form, and my privacy policies and procedures. The NH Board of Mental Health also requires that I inform you of your rights as a consumer of mental health services. The Mental Health Bill of Rights is posted in my waiting room and available upon request. A statement regarding my qualifications and scope of practice, as well as the psychology Code of Ethics, is available upon request.

A FINAL NOTE

I appreciate your taking the time to familiarize yourself with the information in this Agreement. If you have any questions, please don't hesitate to ask. Successful therapy takes place in the context of a positive relationship between you, your child, and I. If at any point during the therapy you have concerns, are unhappy with me/my policies, or wish the sessions could be focused in a different way, please feel free to discuss this with me. I want this to be a positive experience for you and your child, and consider your feedback highly valuable. I look forward to working with you.

YOUR SIGNATURE ON THE CHILD REGISTRATION SIGNATURE PAGE INDICATES THAT YOU HAVE READ THIS CLIENT INFORMATION AND SERVICE AGREEMENT, THE MENTAL HEALTH BILL OF RIGHTS, AND THE NH NOTICE HIPPA FORM.

YOUR SIGNATURE ON THE CHILD REGISTRATION SIGNATURE PAGE TESTIFIES THAT YOU AGREE TO ALL TERMS SPECIFIED IN THESE DOCUMENTS. YOU MAY REVOKE YOUR AGREEMENT AT ANY TIME, IN WRITING. I WILL HONOR YOUR REVOCATION EXCEPT TO THE EXTENT THAT I HAVE ALREADY TAKEN ACTION, OR IF YOU HAVE NOT PAID YOUR BILL.