

PRACTICE AGREEMENT/ OFFICE POLICIES
Stacey B. Shapiro, LCSW, LLC
54 Friends Lane
Newtown, PA 18940

Welcome to our practice and thank you for entrusting me with your care. This document contains important information about our professional services and business policies. So that misunderstandings may be avoided, it is very important that you read these policies carefully and ask for clarification when needed. After reading this, please sign and date this form. If you have any questions or concerns about your care please contact me with your concerns.

WHAT TO EXPECT FROM OUR PRACTICE:

Our first few sessions will involve an evaluation of your needs or your families needs. During this time, you and I will both decide if I am the best person to provide the services you need in order to meet your treatment goals. Once psychotherapy has begun, I will usually find a time that meets your needs for weekly appointments. These will be scheduled for 45- 50-minute sessions. These sessions are important to keep in order to provide the best treatment. The sessions may be individual (adult or child), parenting sessions or family sessions. Once an appointment time is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (with the exception of illness or inclement weather).

FEE SCHEDULE:

This practice accepts checks, payable to "Stacey B. Shapiro, LCSW, LLC." as well as Master Card, American Express, Discover and Visa. The fees are as follows:

Initial Diagnostic Interview or Consultation: \$175.00 60 minute session

Counseling Session (including individual or family therapy): Standard 45 minute session \$150.00

Pre-scheduled 30-minute session: \$100.00

Telephone Consultations per quarter hour: \$45.00

Form Preparation, per quarter hour increments: \$35.00

Preparation or Attendance in Legal Proceedings (see litigation limitation), per hour: \$500.00

Missed appointment/Late cancellation: \$150.00 Returned Checks: \$45.00

For other services not listed above, please discuss with your therapist. You will be expected to pay for each session in full at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. In addition, during the course of therapy it may become necessary to increase fees to compensate for increased overhead costs and inflation. This is usually done at the 1st of the year.

INSURANCE REIMBURSEMENT:

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. Please note that Stacey B. Shapiro, LCSW, LLC is an "Out-of-Network" provider. If you choose to file insurance, our office will gladly fill out a receipt that will enable you to submit to current insurance carrier. Once you receive the claim forms from your insurance carrier you mail the receipt I provided along with the claim form to your insurance company, who in turn, should mail you a check. We strongly recommend researching details about your mental health coverage. If you have a secondary health insurance company, you'll need to find out that coverage and the interactions with the first coverage.

It's helpful to find out specifics of your mental health coverage with your insurance company by asking questions such as:

Is there a deductible?

How many visits per year are covered?

What are the dates of the benefit year?

Which services are covered (e.g., couples therapy, group therapy)?

You should also be aware that your contract with your health insurance company requires that this office provide it with information relevant to the services that your therapist provides to you, including a clinical diagnosis. Sometimes your therapist is required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, your therapist will make every effort to release only the information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, your therapist has no control over what they do with it in some databank.

Your therapist, Stacey B. Shapiro, will provide you with a copy of any report submitted, if you request it. By signing this Agreement, you agree that your therapist can provide requested information to your insurance.

Your therapist, Stacey B. Shapiro, will gladly provide whatever assistance she can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of this practice's fees. Also, please note that you always have the right to pay for your services without seeking insurance reimbursement in order to avoid the problems described above (unless prohibited by contract).

CANCELLATION POLICY: Your appointment time is reserved exclusively for you. Unless cancelled at least 24 hours in advance, you will be charged, \$150.00 for the missed appointment/late cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In case of inclement weather, the practice will be closed. If the weather conditions are questionable, please call my voice mail the morning of your appointment and listen for the outgoing message regarding the office opening. Late fees will not be applied in case of illness, hazardous driving conditions or emergencies.

CONTACTING YOUR THERAPIST: Prior to your initial visit, you will be provided with the office phone number and email address. Please note that email is not a secure form of communication, and its use is best for scheduling purposes. If someone is not available for your immediate attention, please leave a message on the voicemail and someone will make every effort to reach you within 24 hours of your call (with the exception of weekends and holidays). For psychological emergencies, call 911 and go to your nearest hospital and ask for the psychiatrist on call. If someone will be unavailable for an extended period of time, you will be notified and referred to another colleague, as needed.

TELEPHONE & EMERGENCY PROCEDURES: If you need to reach us between appointments, you may leave a message 24 hours a day, 7 days a week, on my voicemail, at 610-608-2960 or 215-352-4400. If your call is an emergency, call your nearest Crisis Center or Hotline. Or call 911 or your local emergency room. The following are numbers for local Crisis Centers and Crisis Hotlines. NAMI 1866-399-NAMI. Helpline Philadelphia Suicide and Crisis Center 215-686-4420; Crisis Line Contact Care, PA, Bala Cynwyd, PA helpline 610-649-5250, 215-879-4402, office 610-649-8102.

CONFIDENTIALITY: In general, the law protects the privacy of all communications between a client and a psychotherapist. In most situations, information can only be released about your treatment to others with your written permission, but there are a few exceptions. You should be aware that this practice contracts with independent business associates for administrative purposes, such as, billing and quality assurance. Disclosures required by healthcare insurers or for overdue fee collection are discussed elsewhere in this Agreement. If the therapist believes that her client presents an imminent danger to his/her health or safety, she may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

If your therapist has cause to suspect that a child under 18 is abused or neglected, or if there is reasonable cause to believe that a disabled adult is in need of protective services, the law requires that a report is filed within the appropriate state agency. If the therapist believes that a client presents an imminent danger to the health of another, the therapist may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the Therapist/client privilege law. The therapist cannot provide information without your written authorization, or a court order. If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that client in order to defend our practice.

Sometimes it is helpful for the therapist to consult each other and other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our clients. The consultant is also legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless we feel that it is important to our work together. See limits to confidentiality page as well.

CONFIDENTIALITY and COUPLES THERAPY/PARENT SESSIONS/FAMILY THERAPY:

When providing couples therapy, my objective is to work to help both partners improve their interactions so in this case, my primary client is the relationship. My goal as a couple's therapist is to enhance the couple's relationship; however that isn't always the effect. Sometimes, despite everyone's best efforts, individuals discover that their own self interests and the interest of the relationship are not compatible. In those cases, my goal is to help couples end their relationship as amicably as possible and identify community resources to aid the healing process.

At times, this may mean meeting with each partner individually as part of the treatment. What is said in individual sessions will be considered a part of couple's therapy and may be discussed in our joint sessions. Do not tell me anything you wish to keep secret from your partner. I will use my discretion in revealing information, but if information is told to me that's harmful to the couple and would interfere with treatment, I reserve the right to disclose information and/or terminate the couple's treatment, with the understanding that I cannot be the guardian of any one partner's secret from the other. If either partner would like to release a copy of the record, I cannot give it to you unless both of you agree as you both have the right to privacy. If the relationship breaks up and either or both of you wish to pursue individual counseling, I will use my discretion in deciding if I can continue working with you. Often in these cases, I refer to other therapists in order to minimize a conflict of interest.

CONFIDENTIALITY DURING FAMILY THERAPY SESSIONS:

What is said individually amongst teenagers (ages 14 and above) in session is confidential unless they sign an authorization form for disclosing information to their parents. If there is a safety issue that falls under reasons by law to break confidentiality we will talk with the teen and help assist them to tell their parents about the issue. IF they refuse we will break confidentiality to ensure the safety of the children.

If children report reckless behavior we will not keep this secret from parents either. So, please do not report behaviors or secrets that are self destructive to the clinician unless you are ready to tell your parents.

During sessions methodology used in the treatment may not be disclosed to the parents to ensure some confidentiality for the children. However, insights that are important for the parents to know about the child's inner world may be disclosed if it is clinically appropriate and can help the progress of treatment for the child.

SOCIAL MEDIA:

We will not accept any clients as friends on social media. Our relationship is therapeutic; therefore, it is not appropriate to be friends on social media.

ACCESSING RECORDS:

The laws and standards of our profession require that Licensed Clinical Social Workers (LCSW) keep Protected Health Information about you in your Clinical Record. This falls under the HIPAA laws. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and your therapist believes 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, we recommend that you initially review them in your therapist's presence, or have them forwarded to another mental health professional so you can discuss the contents.

The client must execute A SEPARATE CONSENT TO RELEASE MEDICAL RECORDS form before we can release these records. In addition, if there is another person in the record such as your spouse or a child age 14 and above we need their signatures for release of the records. If your therapist refuses your request for access to your records, you have a right of review, which your therapist will discuss with you upon request.

LITIGATION LIMITATION: Due to the nature of a therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as but not limited to: divorce and custody disputes, injuries, lawsuits, etc...), neither you nor your attorneys, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the counseling records be requested.

TERMINATION: After the first one or two meetings, we will assess if we can be of benefit to you. We do not accept clients who, in my opinion, we do not have the particular skills or experience necessary for your treatment. If at any point, during treatment we assess that we are not effective in helping you reach the therapeutic goals, we will discuss it with you and, if appropriate, terminate treatment. In such a case, we will give you referrals that may be of help to you. If you are dissatisfied with treatment please let us know and so we can close the treatment appropriately. After a month of absence from treatment without responding to efforts to reach you, your file will be automatically terminated with this office. Ideally, therapy ends when we agree your treatment goals have been achieved. Additional conditions of termination include: You have the right to stop treatment at any time. If you make this choice, referrals to other therapists will be provided upon request and you will be asked to attend a final 'termination' session. Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. If you are meeting with another therapist, you must first terminate treatment with that therapist before I can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, I am ethically required to terminate your treatment. Other legal or ethical circumstances may arise and compel me to terminate treatment. In these cases appropriate referral(s) will be offered. Also, I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies. Other situations that warrant termination include: regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions.

Signature of Client

Date

Signature of Guardian

Date

Signature of Guardian

Date

Signature of Clinician

Date