

LAURA VAN RIPER, LCSW, SEP
CONTRACT FOR THERAPY SERVICES

Welcome. Please take a moment to familiarize yourself with my policies and procedures. If there are any items that are unclear to you, please do not hesitate to ask for clarification. Attached is a notice that explains in detail your privacy rights as mandated by state and federal guidelines, under the Health Insurance Portability and Accountability Act (HIPPA). HIPPA requires that I provide you with a copy of this notice and that I obtain your signature acknowledging that I have provided you with this information. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement, in writing, at any time.

PSYCHOTHERAPY SERVICES:

There are several important components to a successful treatment relationship. A clear understanding of what is expected, ongoing communication throughout the relationship, and adherence to treatment recommendations are essential. It is also important for anyone in treatment to feel informed, to be involved in decision-making, and to be an active participant in the process of treatment. This contract represents your acknowledgment of your commitment to this approach to treatment and an opportunity for me to share my treatment philosophy. I request that you carefully read through this treatment contract, asking questions when you have them. If you are in agreement with this approach, acknowledge your understanding and commitment to treatment by signing the last page of this contract. I ask that you keep the first three pages of this document for future reference. As a clinical social worker, I provide diagnostic assessments, individual and family psychotherapy, consultation, and liaison with other professionals (providing recommendations for treatment and making referrals as indicated). I also am involved in a peer consultation group that meets on a monthly basis, which is a vehicle for my continued growth professionally, for your benefit and mine. I am a solo practitioner and not in a group practice. I do the scheduling of my own appointments and collecting of fees for services.

CONFIDENTIALITY AND INFORMED CONSENT:

In general, information disclosed/communicated during the course of treatment is both confidential and protected by law. However, there are a few important exceptions, including: 1) when you (or the legal guardian of a minor) has signed an appropriate consent for the release of information; 2) if a judge issues a specific order requiring my testimony (this may occur in a child custody/visitation dispute, divorce or adoption proceeding, or in a lawsuit where mental condition is felt to be an issue; 3) statute-mandated reporting of any suspected abuse (of a child, significant other, spouse, or elder); and 4) when there is a reported or perceived threat to harm self or others; potential harm to others also requires by law that steps be taken to notify the potential victim, as well as, the police. The overall message is that I have a clear moral, ethical and legal responsibility to prevent people from being harmed when, to the best of my professional judgment, such danger appears to exist. I may occasionally consult with colleagues about the service that I provide for you. The most common manner in which this would occur would be through presenting your case (without identifying information) to my peer consultation group. These mental health professionals are bound by the same laws regarding confidentiality as I am. Further, I am required to keep appropriate records for clinical and legal purposes. If you utilize third party reimbursement (insurance) I will need to provide the insurer with a clinical diagnosis. If you have concerns about the information required, please voice your concern with me so that we can determine what information will actually be released.

Psychotherapy can have benefits and risks. Psychotherapy has been shown to have many benefits. Therapy often leads to a better understanding of yourself, better relationships, solutions to specific

problems, and significant reductions in feelings of distress. Therapy can involve discussing unpleasant aspects of your life, and you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. There are no guarantees of what you will experience. Further, there are often alternative treatments that may address some of your challenges, such as holistic strategies or medication. Whenever I feel that an alternative treatment might be helpful, I will discuss this with you.

WORK WITH CHILDREN AND TEENS: It is my professional belief that children and adolescents are entitled to confidentiality regarding the specific content of their therapy/treatment contact. This represents an important component in the development of trust and a therapeutic alliance. It is also important for parents to receive general information on how treatment is proceeding. If substantial concerns arise about a family member, I recommend that the concern(s) be addressed and resolved in the context of a family therapy session. If a parent (or family member) calls or emails to provide me with information about the client, please be aware that in the next therapy session, I will acknowledge that I received the phone call or email so that the client is aware of the communication. The exceptions to confidentiality previously described apply to children and adolescents as well. It is important for both a child/adolescent and their parents to feel informed about the treatment process at every level, which includes therapy recommendations, diagnostic issues, education, medication issues, treatment goals and expectations, as well as prognosis. Part of this process includes discussing alternative approaches, the associated risks/benefits of treatment (or alternative treatments), an understanding that a desired treatment outcome is not guaranteed; and having an opportunity to ask questions. This supports positive communication, teamwork, improves treatment focus, minimizes confusion and helps avoid treatment disruption.

LOGISTICS: Therapy sessions are typically 45-50 minutes in length. While it is often helpful to meet weekly or bi-weekly, we will determine together a schedule of sessions that will meet your needs. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide at least 48 hours advance notice of cancellation. If another client is interested in, and available to take your slot, then you will not be charged for your missed appointment. In the case of sudden illness or emergency, I am certainly willing to be more flexible.

PROFESSIONAL FEES:

I request payment at the time of service and in turn will provide you with a monthly statement that you may choose to file with your insurance company. I will also charge you for the following services: report or letter writing, telephone conversations and emails that require more than 10 minutes of my time, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time.

INCLEMENT WEATHER:

In the event of inclement weather, safety comes first. It is usually best for your therapeutic progress for us to have a teletherapy session if one of us is unable to get to the office due to bad weather. I will plan on having a phone or Face-time session during our scheduled time unless you notify me of extenuating circumstances.

CONTACTING ME:

Due to my type of work, I am often not immediately available by telephone when I am in with a client. When I am unavailable, my telephone is answered by a voice mail that I monitor frequently. I will make

every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available.

PROFESSIONAL RECORDS:

You should be aware that, pursuant to federal guidelines, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. 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 we set for treatment, your progress toward these goals, your medical and social history, your treatment history, any past treatment records that I 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 others, 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 or have them forwarded to another mental health professional so you can discuss the contents.

In addition, I also may keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies, without your written, signed Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

INSURANCE REIMURSMENT:

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I strongly suggest you find out exactly what mental health services your insurance policy covers. In any case, you are responsible for full payment of my fees at the time of service and I will provide you with a statement that you are free to file with your insurance company.

PLEASE CONTINUE TO SIGNATURE PAGE

**LAURA VAN RIPER, LCSW, SEP
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YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPPA PRIVACY NOTICE FORM DESCRIBED ABOVE.

Client/Parent/Legal Guardian Signature _____

Clients 16-17 Signature _____

Thank you. I look forward to working with you.