

Good Life Center for Mental Health, LLC

CLIENT THERAPIST SERVICES AGREEMENT/INFORMED CONSENT

Welcome to the Good Life Center for Mental Health, LLC. This document contains important information about our mental health professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL/ SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you hope to address. There are many different methods your therapist may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for psychotherapy to be most successful, you will have to work on things you and your therapist talk about both during sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees as to what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will discuss his or her first impressions and provide a plan for treatment, if you decide to continue with therapy. At the end of the evaluation, your therapist will notify you if he or she feels this is a good match for both parties. If your therapist concludes that he or she may not be the right therapist for you, referrals to other practitioners better suited to meet your needs will be provided.

It is the Good Life Center for Mental Health, LLC's policy to obtain relevant past treatment and concurrent information provided by other professionals and at mental health facilities, if applicable. Thus, you may be asked to sign authorizations that allow for these records to be released to us. While we respect your right to refuse access to records, Good Life Center for Mental Health LLC reserves the right not to enter into a therapeutic agreement if access to prior mental health records is denied.

Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about your therapist's modality of work, please discuss them openly with him or her. If your doubts persist, your therapist will assist you in securing consultation with another mental health professional for a second opinion.

MEETINGS

Your initial evaluation will last from 2 to 4 hours. During this time, both you and your therapist will decide if he or she is the best person to meet your treatment goals. If you agree to begin psychotherapy, typically one 50-minute session per week will be scheduled, at a time mutually agreed upon. Some sessions may be longer or more frequent. If you would like to schedule

extended sessions, or more frequent sessions, this may greatly speed up your recovery. Double or triple sessions can be extremely effective.

CANCELLATIONS/NO SHOW POLICY

Once an appointment is scheduled, it is reserved for you and you will be expected to pay for the full scheduled session. If you do not attend a scheduled appointment or if you cancel less than **24 hours before the appointment time, not including weekends/holidays, you should expect to be billed for the entire amount of the session cost.** If, in the unlikely event, your time slot is filled at the last minute, you will not be charged, even if you provided less than 24 hours notice. If you arrive late, you will be charged for the full scheduled session and it will end at the pre-scheduled time. If your therapist is late, additional time will be allocated to your session to ensure that you receive the full scheduled session.

PROFESSIONAL FEES

In order for you and your therapist to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. The therapists in this practice are not participating providers in any insurance plans. Please note that you have complete financial responsibility for health care services provided by an out-of-network provider and you are responsible for full payment of fees. Out-of-network fees for your therapist are as follows:

Service	Fee*
90 Minute Diagnostic Evaluation	\$360
50 Minute Individual/Family Psychotherapy	\$200
60 Minute Individual/Family Psychotherapy	\$240

In addition to weekly appointments, your therapist will charge his or her hourly rate for other professional services you may need, prorated in 15-minute increments. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for any professional time spent on your legal matter, even if the request comes from another party.

*The fees quoted in this agreement are subject to change. You will be notified at least one month in advance of any change in fees.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless otherwise agreed. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances of unusual financial hardship, your therapist may be willing to negotiate a fee adjustment.

If your balance of fees total two sessions or more, your therapist reserves the right not to schedule additional appointments until you have had an opportunity to discuss a payment plan with your therapist.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, your therapist has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information to be released regarding a patient's treatment is his or her name, the dates, times, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

Your therapist is not a participating provider in any health insurance or managed care company plans. Upon request, your therapist will provide you with a receipt, which has all the information that your insurance company will require. You can then submit the receipt to your insurance company for the reimbursement they allow.

It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. If necessary, I am willing to call the insurance company on your behalf to obtain clarification. Due to the rising costs of healthcare, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work on specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not provide reimbursement once your benefits end.

You should also be aware that most insurance companies require that therapists provide them with your clinical diagnosis. Sometimes therapists have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, Good Life Center for Mental Health, LLC has no control over their handling of protected health information. In some cases, they may share the information with a national medical information databank. It is important to understand that, by using your insurance, you are authorizing Good Life Center for Mental Health, LLC to release such information to your insurance company. Good Life Center for Mental Health, LLC will try to keep that information limited to the minimum necessary.

Once we have all of the information about your insurance coverage, your therapist will discuss with you what you can expect to accomplish with the benefits. If your insurance benefits run out before you feel ready to terminate treatment, you have the option to continue with your therapist, or your therapist will try to assist you in finding another provider who will help you continue your psychotherapy. It is important to remember that you always have the right to pay for services yourself to avoid the problems described.

Please note that your therapist will only respond to a request for information pertaining to your case, on your behalf, once he or she receives written notification from you, the patient or insured.

CLIENTS WITH MEDICARE

Your therapist has opted-out of Medicare under §§ 1128, 1156 or 1892 of the Social Security Act. If you are eligible for Medicare but choose to work with a clinician who has opted-out of Medicare, then you will have to complete the Medicare Private Contract. Signing this contract indicates an understanding that you (or your legal guardian or representative) will be solely responsible for all costs of treatment and that you will not seek reimbursement from Medicare. Seeking services from a provider who accepts Medicare may lead to less of a total cost for you. For more information about Medicare, you can visit <https://www.novitas-solutions.com>.

CONTACTING US

Therapists often are not immediately available by telephone, as they may be seeing other clients. The telephone is answered by voicemail that is monitored frequently. Your therapist will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If it is difficult to reach you, please leave the times when you will be available in your message. If you are unable to reach your therapist and feel that you cannot wait for a return call, call 911 or go to the nearest emergency room.

If your therapist is unavailable for an extended time, he or she will provide you with the name of a colleague to contact. **Please let your therapist know if you are uncomfortable with brief messages on your voicemail or answering machine confirming, changing or cancelling an appointment.**

CRISIS SERVICES

Your therapist is not available to provide crisis mental health services outside of regularly scheduled sessions. In case of an emergency, please call the National Suicide Prevention Lifeline at 800-273-8255, dial 911, or go to your local emergency room.

PREMATURE TERMINATION

If you feel discouraged between sessions or feel the urge to drop out of therapy for any reason, it is strongly encouraged that you come in for an additional session to discuss your feelings with your therapist. This often leads to a breakthrough.

ELECTRONIC COMMUNICATION POLICY

Many electronic modes of communication used today put your privacy at risk and can be inconsistent with the law and with professional standards. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

Email Communications

Email is typically not a secure way of communicating confidential information; therefore, Good Life Center for Mental Health, LLC therapists will not typically use email to communicate with anyone in treatment. However, Good Life Center for Mental Health, LLC offers secure one-way session reminders and portal notifications through email.

Text Messaging

Generally, text messaging is a very insecure and impersonal mode of communication, thus, your therapist will not typically text message you nor will he or she respond to text messages from you in treatment. However, Good Life Center for Mental Health, LLC offers secure one-way session reminders and portal notifications.

Secure Messaging

Good Life Center for Mental Health, LLC offers an opportunity for clients to communicate with their therapists for administrative purposes via secure messaging through their secure client portal. That means that secure messages should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not message your therapist about clinical matters, unless this is agreed upon in advance. If you need to discuss a clinical matter, please feel free to call your therapist so you can discuss it on the phone or wait to discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Social Media

Your therapist will not communicate with, or contact, any clients through personal social media platforms like Twitter and Facebook. In addition, if your therapist discovers that he or she has accidentally established an online relationship with you, he or she will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

Your therapist may participate on various social networks. If you have an online presence, there is a possibility that you may encounter your therapist by accident. If that occurs, please discuss it with your therapist during your session. Communications with clients online have a high potential to compromise the professional relationship and are not ethical.

Websites

Good Life Center for Mental Health, LLC has a website www.goodlifecenternj.com that you are free to access and review. If you have questions about any of the information on it, you can discuss this with your therapist during your scheduled therapy sessions.

Web Searches

Your therapist will not use web searches to gather information about you without your permission. If you encounter any information about your therapist through web searches, or in any other fashion, please discuss this with him or her during your therapy appointment, so that its potential impact on your treatment can be addressed.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because doing so would jeopardize your confidentiality. If you encounter such reviews, please share it with your therapist so that the potential impact on your therapy can be discussed. We respectfully request that you do not rate our work while you are in treatment with us on any of these websites. This is because it has the potential to negatively impact your therapeutic work.

DISABILITY CLAIMS AND LITIGATION

Your therapist does not provide disability evaluations since this represents a conflict of interest. The reason for this is that if you recover and your therapists reports this fact to the disability officers reviewing your case, you could lose your benefits. This conflict of interest could prevent

you and your therapist from working effectively together. If you wish to be evaluated for a disability, your therapist can suggest the names of evaluators who can provide that service for you.

Your therapist will not serve as an expert in forensic matters and does not provide custody evaluations. The rationale for this is that forensic involvement by a therapist can negatively impact the therapeutic relationship and compromise your recovery due to competing concerns about financial gains or losses. Please note that it is unethical for a therapist to provide treatment and simultaneously serve in a forensic role providing recommendations to the court on disputed issues or legal concerns.

PERSONAL AND BUSINESS RELATIONSHIPS

Your therapist has an ethical responsibility not to develop professional or business relationships with clients, their friends, or family members. Similarly, your therapist will not meet with clients or their associates outside of session for any reason. Your therapist will not accept gifts from clients or family members of clients because this is considered an ethics violation.

PROFESSIONAL RECORDS

As required by law and professional standards, your therapist maintains clinical records. You are entitled to receive a copy or summary of the records, unless it is believed that seeing them would be emotionally damaging, in which case, your therapist will provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting, so it is recommended that you review them with your therapist so that you can discuss what they contain. Your therapist has made arrangements for the secure retention and preservation of confidentiality of your records in case of his or her separation from the Good Life Center for Mental Health LLC, relocation, death or disability. Should such a circumstance arise the Good Life Center for Mental Health LLC, will maintain the records. If records are going to be relocated to another provider or facility, a public notice will be made and current clients will be personally notified promptly of where their records will be maintained.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a mental health provider is protected by law and protected health information can only be released with the written permission of all parties who signed this “Outpatient Services Agreement/Consent” form. Please review the HIPAA notice form for further clarification. As noted, there are a few exceptions.

Your therapist is legally obligated to take action to protect others from harm, even if information about a patient’s treatment needs to be revealed. For example, if a therapist believes that a child, elderly person or disabled person is being abused or has been abused, the appropriate state agency must be notified.

If your therapist believes that a patient is threatening serious bodily harm to another, he or she is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm him or herself, the therapists may be obligated to seek hospitalization for him or herself or to contact family members or others who can help provide protection. If this type of situation occurs in the course of your treatment, your therapist will attempt to fully discuss it with you

before taking action. To reduce the risk of harm from firearms, the law requires that therapists to inform the police

Your therapist may share information with other staff at the Good Life Center for Mental Health, LLC and consult with other professionals in order to provide clients with the highest level of service. During a consultation, every effort is made to avoid revealing the identity of the patient. The consultant is also legally bound to keep the information confidential. Ordinarily, your therapist will not inform you about these consultations.

If you have been referred directly to Good Life Center for Mental Health, LLC by a physician, clergy, or other professional, your therapists may, as good business practice, thank them for the referral, unless you object to such practice.

Good Life Center for Mental Health, LLC may have contracts with attorneys, accounting firms, technology companies, and collection agencies. As required by HIPAA, Good Life Center for Mental Health, LLC will have formal business associate agreements (BAA) with these entities in which they agree to maintain the confidentiality of this data, except as specially allowed in the agreement or otherwise required by law. If you wish, we can provide you with names of these organizations and/or a blank copy of our BAA.

The following are a few additional circumstances in which the law allows or requires therapists to disclose treatment information either with or without your permission:

- In most legal proceedings, you have the right to prevent the disclosure of information about your treatment. In some legal proceedings, a judge may order your therapists to provide testimony if he or she determines that the issues demand it. If such situations arise, your therapist will make every effort to fully discuss it with you before taking any action and will limit the disclosure to what is necessary.
- If a government agency is requesting the information for health oversight activities, your therapist may be required to provide it to them.
- If a patient files a complaint or lawsuit against their therapist, the therapist may disclose relevant information regarding the patient to defend him or herself.
- If a patient files a workers compensation claim related to the services that your therapist is providing, your therapist may, upon appropriate request, disclose protected information to others authorized to receive it by the workers' compensation law.

MINORS AND PARENTS

In order to authorize mental health treatment for a child, parents must have either sole or joint legal custody of the child and be authorized to grant permission for medical treatment. If parents are divorced, a copy of the custody decree will be requested. If there is joint custody, the signature of both parents will be required. Regardless of the custodial arrangement, consent from both parents is preferred.

For patients under 18 years of age, parents must review and sign the CONSENT FOR THE PROVISION OF SERVICES TO A MINOR form. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is Good Life Center for Mental Health, LLC's policy to include in the minor consent an agreement from parents to allow their child's records to remain private and give up access to the child's records. The therapist will provide you with general information about your child's (i.e. 12 years and younger) treatment

status and will encourage teenage children to share directly with their parents. Ordinarily, the therapist will not share information your child has disclosed to parents without the child's assent. If the therapist believes that your child is at serious risk of harming him or herself or another, the therapist will inform the parent. Examples of serious risk would include a plan to harm him or herself or suicidal ideation which is intensifying. Parents agree not to involve the therapist in any custody or visitation disputes, as this would not be in the best interest of your child's relationship with the therapist and would be counterproductive to the therapeutic process.

In the state of New Jersey, a minor over the age of 16 can consent to behavioral health services on a temporary outpatient basis without parental consent.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that you discuss with your therapist any questions or concerns that you may have at the next meeting. However, if you need specific clarification or advice that your therapist is unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex. In New Jersey, minors over the age of 14 must provide permission, along with the legal guardian, to provide information to a third party.

Your signature below indicates that you have read the information in this document and agree to abide by its terms.

If a minor, Minor's name is _____

Date _____
Minor's Signature (For children 14 and over)

Client's Printed Name (Parent/Guardian for Minors)

Date _____
Client Signature (Parent/Guardian for Minors)

2nd Parent/Guardian Printed Name

Date _____
2nd Parent/Guardian Signature (If applicable)