***Please read this document carefully. If it is agreeable to you, please sign the document at the end and bring it into your first session.***

**WELCOME TO MY OFFICE**

Welcome to KGH Psychology Practice LLC, the private office of Kyna Griffith-Henry, Ph.D. I offer a variety of psychological services including individual psychotherapy, couples counseling, drug and alcohol assessment and pre-surgical psychological evaluations. I am happy you are here and look forward to supporting you in reaching your mental wellness goals.

**PSYCHOLOGIST-CLIENT SERVICES AGREEMENT**

The following will provide important first-time client information and let you know what to expect during our therapeutic time together. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a “Notice of Privacy Practices” for use and disclosure of PHI for treatment, payment and health care operations. The notice (a copy of which is available on my website and in the online Client Portal) explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of your first session. We can discuss any questions you have about the policies and procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time.

**A WORD ABOUT PSYCHOTHERAPY**

Psychotherapy is a collaborative treatment grounded in dialogue between the clinician and client. In my treatment approach, I use a number of evidence-based psychotherapeutic interventions and techniques to help promote psychological wellness and behavioral change in a supportive, non-judgmental environment. I view psychotherapy as a team effort; thus, it is important to be an active participant in your therapy. Psychotherapy can have risks and benefits. There is a small risk that any psychotherapy can make a problem worse before it gets better. When discussing unpleasant aspects of one’s life, uncomfortable feelings may be experienced such as sadness, anger frustration helplessness, etc. We will address these feelings and discuss ways to manage them in a healthy way. Conversely, psychotherapy has also been shown to have benefits which can often lead to emotional symptom relief, improved problem-solving skills and better relationships. Ultimately the goal of therapy is to have a positive experience, to equip the client with improved coping skills and help the client better manage the emotions they encounter in life; **however**, **there are no guarantees as to what you will experience due to the many variables that can impact therapy sessions.**

**YOUR INITIAL SESSION**

During your first appointment, I will inquire about your medical, social, and mental health history and conduct an in-depth assessment in order to better understand your concerns and determine your treatment needs. It is not uncommon to feel some sense of relief or perhaps even find some resolution to presenting issues during the first session; however, this initial session is primarily for the purpose of meeting each other, gathering information, determining if we are a good fit and developing a treatment plan. If you are coming in with your partner for couples counseling, an opportunity will be given during the initial sessions for each of you to speak with me individually about your concerns. However, it is important to know that any information provided separately will be shared and discussed collectively.

Sometimes it can become apparent during the first session that another clinician would better meet your needs. If this happens, I would be more than willing to provide you with a referral list so that you can connect and continue therapy with another clinician.

**SUBSEQUENT SESSIONS**

As psychotherapy continues past the second and third session, the presenting issues that brought you into therapy will continue to be discussed, while positive healthy coping skills and ways of managing these issues are identified and put into practice in order to help you achieve your therapeutic goals. Therapy sessions typically last between 50 – 55 minutes. The length of your overall treatment depends on your goals and progress. If you have questions or concerns about your progress, feel free to let me know and we can discuss it.

**TERMINATION PROCESS**

If you feel that you are not benefiting from my services, you are free to terminate from therapy at any time. However, I hope that you will speak with me before you exercise this option. I would like to discuss your reasons (in a psychotherapy session) for terminating, so that we can bring enough closure to our time of working together. I can provide referrals to other providers that may better meet your needs.

Likewise, if I feel, during our work together, that you may need further treatment or feel that I can no longer help you with your issue(s), I will discuss this with you and make an appropriate referral. In our final session, we can discuss your progress thus far and review goals obtained, insight gained, and skills utilized during your time in therapy.

**COST OF SERVICES**

My initial psychological intake fee is $165. The fee for subsequent psychotherapy sessions (individual or couples) is $150 for out-of-pocket payers. Psychological testing and report writing are also billed at a rate of $150 per hour. Payment is due at the time of service. Cash or check payments are preferred but credit card and HSA payments are also accepted through a HIPAA-secure phone app called Ivy Pay. It is important to note that returned checks will be subject to a fee of $35.

**COSTS OF OTHER SERVICES THAT PERTAIN TO YOUR TREATMENT**

In addition to the psychotherapy services offered, other professional services may be necessary. The following services will be charged at a rate of $150/hr. prorated in five-minute increments:

Telephone consultation beyond 15 minutes, report writing, any attendance of meetings with other professionals that you may have authorized for clinical reasons, preparation of treatment summaries and the time spent performing other duties that may be requested of me. Any other basic paperwork such as letters or forms that need to be completed will have a cost of $10 per form or letter.

**COST OF PARTICIPATION IN LEGAL MATTERS**

**Please note, I typically do not participate in court proceedings** but if you, as a client, are involved in any legal proceedings that require my participation due to a court order or attorney request whether it be through my presence in meetings, report writing or telephone conversations or any additional time that is needed for me to spend time on your legal matter, you the client, will be responsible and required to pay the hourly rate ($150) even if the request comes from another party.

**INSURANCE COVERAGE AND PAYMENT POLICY**

I am an in-network provider for the following health plans: Medicare, Geisinger Health Plan, Aetna, Horizon Blue Cross Blue Shield of New Jersey (and most out-of-state BCBS PPO plans), Magellan (including AmeriHealth, Independence Blue) and United Healthcare (including Oscar, Oxford, UMR, Medicare Advantage, Secure Horizons, and Evercare). I am able to check your insurance benefits (solely as a courtesy) but that is not a guarantee of coverage. As the client, you are responsible for notifying me

of any change to your insurance. Additionally, you are responsible for any payment/balances not covered by your insurance. Ultimately, it is your responsibility to know your insurance benefits and thus, you are responsible for any and all amounts the insurance does not pay.

Payments and copayments are due in full before services are rendered. Balances are not allowed to be carried over multiple sessions. If I am not in network with your insurance, you will need to pay for the session yourself out-of-pocket at the time of service; and I will give you a detailed receipt (a superbill) that you can submit to your insurance in an effort to recoup some of the cost. I do not guarantee that your insurance will reimburse you for out-of-network services. I recommend that you call your insurance ahead of time and make sure you understand your out-of-network coverage benefits. **PLEASE NOTE, if your insurance company does not pay for my services, perhaps because of your deductible guidelines or for any other reason, you will be responsible for paying for those services.** It is important that you find out exactly what mental health services your insurance policy covers as you are responsible for full payment of my fees. Credits on your account will be applied to any outstanding balances. Sometimes financial hardships occur. I encourage you to contact me promptly if temporary financial problems arise that impact the timely payment of your account. Please do not hesitate to let me know so that I can assist you in addressing the management of your account.

**PAST DUE ACCOUNTS**

If after 60 days your account has not been paid and there is an outstanding balance and no other arrangements have ben agreed upon between us, KGH Psychology Practice LLC reserves the right to use legal means to secure payment which may involve hiring a collections agency or going through small claims court. If your account is referred to a collection agency, you agree to pay all of the collection costs incurred. Also, if a collection agency is used, the information disclosed will be limited to only your name, dates, times and the nature of the service provided and the amount due.

**WAIVER OF CONFIDENTIALITY DUE TO PAST DUE PAYMENTS**

You understand that if your account is submitted to an attorney or collection agency, if we have to litigate in court or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may be come a matter of public record.

**INSURANCE REIMBURSEMENT AND CONFIDENTIALITY**

It is important that you know that your insurance company represents a third-party interest and may access your files. You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide diagnostic and sometimes treatment information (e.g. a clinical diagnosis, a procedure code, a date of service, treatment plan, description of impairment, progress of therapy, case summaries, etc.). I make every effort to release only the minimum 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 electronically. I will provide you with a copy of any report I submit, if you request it. **By signing this agreement, you agree that I can provide requested information to your insurance carrier.**

**LATE / CANCELLATION / NO SHOW POLICY**

**Cancellations and rescheduling must be arranged at least 24 hours before your scheduled session.** If a session is missed which will be considered a No-Show or notice is given less than 24 hours before your scheduled appointment, you will be charged **$75 Late cancellation or No-show fee** on the credit card you agree to provide by signing this document below. This is necessary because a time commitment is made to you and your session slot is held exclusively for you. (Insurance companies do not pay for missed appointments.) Exceptions may be made in the cases such as sickness, personal emergency, or weather severe enough that neither of us can make the session.

If you are late for a session, you may lose some of that session time. Chronic lateness and missed appointments will interfere with your success in therapy. Please note that a pattern of cancellations and no-shows will result in the termination of therapy. This policy is important to keep in mind as multiple cancellations and no-shows will result in scheduled appointments not being available to other clients that may need my services. Should therapy need to terminate for these reasons, I will review and discuss the repeated cancellation and no-show policy written here with you and provide you with referral options at the point of termination.

**LIMITS OF CONFIDENTIALITY**

**CLIENT PRIVACY**

The privacy between the client and their psychotherapist/psychologist is protected by law and I am only allowed to release information about our clinical work together if given written consent by you as the client. It is important to know that although client confidentiality is protected between client and provider there are a few exceptions to this agreement. The following are the exceptions to client privacy and confidentiality during the psychotherapy process:

1. **Instances of Abuse**; Child (18 and below) and Older Adults (60+): As a mandatory reporter, I am required ethically and by law to report any reported or suspected form of abuse that may cause injury, death, emotional harm or risk of serious harm to a child or adolescent under the age of 18. These forms of child abuse are identified as sexual, physical, emotional, and neglect of a child. In addition, I am also mandated to report any intentional act or failure to act by a caregiver or another person in a relationship where there is an expectation of trust, which causes harm or distress to an older adult/person (age 60 and older). Acts of elder abuse are identified as physical, sexual, emotional, financial/material exploitation, neglect, abandonment, and self-neglect.

2. **Suicidal and Homicidal Threats, Intent, and Plan:** As a psychologist, I am required to ethically report any instances where a client/patient will indicate to me that they are in imminent danger and have an intent and/or plan to kill him or herself at which time I am obliged to seek further help through hospitalization, contacting the authorities, mobile crisis and/or supportive family and friends or others who can help provide protection for the client in danger of hurting themselves.

In addition to any threat, intent or plan of suicide mentioned by the client/patient, I am also required ethically and by law to report any instances where a client/patient is threatening serious bodily harm to another individual or group of individuals (i.e. homicidal threats, intent, plan etc.) and take necessary protective actions. These protective actions include notifying the potential victim or victims, contacting the police, calling mobile crisis and seeking hospitalization for the client/patient that is threatening harm on others.

If either situation (suicidal and/or homicidal threats, intent, plan) occurs at the time of our work together, I will attempt to discuss this situation with you to process and identify a safety plan for us to achieve what is necessary to keep those involved and those potentially involved as well as yourself safe.

3. **Legal Proceedings:** If you are involved in a court proceeding and a request is made for information concerning our professional therapeutic work together such information is protected by the psychologist-patient privilege law. In this case, I will not provide any information without your consent. It is important to note though that if there is a court order by a judge requesting me to provide information of our therapeutic work together or my testimony in these legal proceedings, I am obliged by law to comply with the court order to provide this information even though in this case I may not have your consent.

4. **Professional Consultation:** As a psychologist, often times consultation with other psychologists/mental health professionals is necessary to aid in providing the best possible care for the

clients we service. If consultation is necessary, every effort will be made to protect the identity of the client- no identifying information will be shared regarding the client during consultation with another professional. The consultant is also legally bound to keep the information discussed with them confidential. Consultative meetings will not be told to the client unless it is important to the therapeutic work between us.

Although this document provides a summary of client privacy and confidentiality, it is important to discuss client privacy and confidentiality and the exceptions to privacy and confidentiality, as well as any questions that may arise for you in our therapy sessions when we meet in person.

**COMMUNICATION POLICY AND CLIENT RIGHTS**

**CONTACTING ME / EMERGENCIES**

I am usually in my office between 8:00 AM and 3:00 PM, Tuesdays, Wednesdays and Thursdays; however, I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by a confidential voicemail that I monitor frequently. If you need to speak with me please leave a message and I will make every effort to return your call on the same day or the next, with the possible exception of weekends and holidays.

For emergencies only I will try to return your call as soon as I possibly can. **If you are in crisis and unable to reach me and feel that you cannot wait for me to return your call, you may try your local Crisis Intervention or go to the nearest emergency room.** **If you are having a life-threatening emergency and you require immediate attention, please call 911.** Other numbers you may try if you are in distress include: Warren County Crisis: (908) 454-5141; Northampton County Crisis: 610-829-4801; Lehigh County Crisis: 610-782-3127; National Suicide Prevention Lifeline: 1-800-273-8255. If I will be unavailable for an extended time, for example while on vacation, I will provide you with the name of a colleague to contact, if necessary. Please note that if I am contacted in an emergency short emergency phone calls (15 min or less) will not be charged; however, longer emergency calls (longer than 15 min) will be billed to you prorated as necessary (based on my rate of $150/per hour). It is important to understand and be aware that emergency phone calls are not covered by your insurance company.

**SOCIAL MEDIA POLICY**

The use of social media as a way to contact me (i.e. Twitter, LinkedIn, Facebook, Instagram etc.) is prohibited in my profession. This is due to the security, confidentiality, ethical issues that would arise and clinical ramifications to you as the client and to our therapeutic work together. Due to the importance of your confidentiality and the importance of minimizing dual relationships, **I do not accept friend or contact requests from current or former clients on any social networking site.** If you encounter me online by accident, please do not try to contact me through any social media platform. Should contact be made even accidentally, I will not respond and will need to terminate any online contact that was made. If you have questions about this, please bring them up when we meet and we can talk more about it.

**EMAIL AND TEXT MESSAGE COMMUNICATION**

With your permission, I may use email and text messaging communication ONLY for administrative and scheduling purposes unless another agreement has been made. Email and text messages with me through my office is only reserved for changing or canceling appointments, billing matters or other issues of this administrative nature. If you have a clinical or crisis issues please try to reach me by phone or use the above mentioned resources and phone numbers mentioned above in the “Contacting Me” section as email and text messaging is not a secure venue to be discussing clinical concerns. It is important to discuss clinical matters by phone or in person while in session due to security and clinically appropriate reasons. For my business phone I use a HIPAA compliant confidential VOIP phone system called IPlum.

For my business email I use a HIPAA compliant confidential email system called Hushmail.

**PROFESSIONAL WEBSITE**

Online you will find that I have a professional website, www.kghpp.com This website is used to provide practice information and services provided as well as professional information about me to clients. In addition, the website is most likely used to set up an initial appointment with first time clients. Any contact needed to be made with me outside the initial contact to schedule a first appointment, please use my confidential business phone (908-386-2100) or confidential email: dr.kghenry@therapysecure.com.

**RECORD KEEPING**

Both the law and the standards of my psychologist profession require that treatment records are kept. Under the provision of the Health Care Information Act of 1992, you have a right to a copy of your file at any time. You have the right to request that a copy of your file is made available to another health care provider if needed at your written request and after a consent form is signed giving me permission to send records to that provider. KGH Psychology Practice LLC uses billing and electronic health record software (i.e. SimplePractice, www.simplepractice.com) to submit claims to health insurance providers, track claims and payment, to schedule appointments, and to record and store clinical/therapy notes. The billing software records and stores your protected health information data; please note that the billing software is compliant to HIPAA (Health Insurance, Portability and Accountability Act of 1996.) Client therapy records are typically maintained for 7 years following termination of therapy. After 7 years from the date treatment has ended, client records are destroyed to preserve your confidentiality and privacy.

**CLIENT RIGHTS**

HIPAA provides you with several new or expanded rights regarding your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosure are sent; having any complaints you make about my policies and procedures recorded in your records and the right to a paper copy of this agreement, the notice of privacy practices, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

**Your signature below indicates that you have read the information in this document in its entirety, understand what has been written and agree to abide by its terms during our professional therapeutic work together. Your signature is also an acknowledgement that you have received a Notice of the Privacy Practices /HIPAA notice form.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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