



COUNSELING POLICIES

Please carefully read through the following Counseling Policies. This document contains important information about my professional services and business policies, as well as responsibilities and expectations of you as the client. When you sign the **IMPORTANT SIGNATURES** page of this document, it represents your understanding of all the rules and responsibilities of both the client and the therapist, in addition to understanding the financial terms and agreements.

Welcome! Your therapist, Lauren Steeves can be reached at 978-852-8195 and/or via email: pinnaclefamilycounseling@gmail.com

What is therapy and how does it work?

Therapy is the process of solving emotional problems by talking with a professional trained to help you achieve a more fulfilling individual life, marital/couple relationship, or family relationships. The process of change will, in many ways, be unique to your particular situation. Who you are as a person will help to determine the ways in which you go about changing your life.

The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others. In some instances, talking about your difficulties may exacerbate your symptoms, however over time you should see an improvement. In addition, not all individuals benefit from therapy or working with a particular therapist.

Generally speaking, the relationship between the therapist and the client is the most accurate predictor of success in the therapy. As the client, you have the right to ask your therapist questions about his or her qualifications, professional background, and therapeutic orientation. If at any time during the therapy you have questions about whether or not the treatment is effective, feelings about something your therapist has said or suggested or need clarification of our goals, do not hesitate to bring this up in your session.

You can end therapy at any point you wish. Usually therapy pursues specific goals and you and your therapist will discuss together and appropriate termination process. A final session is strongly recommended for closure.

INTAKE APPOINTMENT

When you arrive, take a seat in the waiting area and your therapist will greet you for your appointment. If you arrive and the building is locked, dial the name of your therapist in the directory, and you will be buzzed into the building. In this case, please wait for your therapist to greet you in the waiting area as you enter the building on the first floor. Please bring the following **REQUIRED** items to your intake appointment:

- completed and signed Registration Packet
- Completed PHQ-9
- Payment (cash, check, credit/debit card)

The time allotted for the appointment cannot be extended due to incomplete forms.

All forms will be reviewed during your intake session and the remaining time will be spent talking about what brought you in for counseling. Your therapist will focus on hearing your story and asking questions to better understand your particular struggle and/or situation. This is also a time to measure how comfortable this feels and if this is a good “fit” between you and your therapist

By the end of your first session, you can expect some feedback from the therapist and both of you will agree on a “game plan” for therapy. If you have any questions, feel free to ask your therapist during your appointment.



UNATTENDED CHILDREN

We are unable to provide supervision for children in the waiting room and cannot accept responsibility for their safety if left unattended. For the safety and welfare of the children and out of consideration for others, please make arrangements for childcare during therapy sessions, or provide adult supervision for children while waiting in the waiting room.

Parents will be held responsible for any property damage caused by their child

CONFIDENTIALITY POLICY

Pinnacle Family Counseling & Consultation has an obligation to respect your right to confidentiality for the information you share within this clinical setting. Confidentiality of client information is governed by federal law (Health Information Portability and Accountability Act) and by state law.

The following is a list of situations in which you may lose your right to confidentiality:

- We are obligated to report any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse or neglect.
- We are obligated to report any prenatal exposure to controlled substances.
- We are obligated to report any serious harm you intend to inflict on yourself or another.
- We are obligated to share information if directed by Court Order to conform to state or federal law, rules or regulations.
- We are obligated to share information with licensing boards, which is pertinent to a disciplinary proceeding involving a provider.

If you are a minor, you have a limited right to privacy in that your parents may have access to your records. Minor clients have rights to complete confidentiality in obtaining counseling for pregnancy & associated conditions, sexually transmitted diseases, & information about drug and alcohol abuse. However, if the therapist believes that sharing this information will be harmful to you, confidentiality will be maintained to the limits of the law.

Group Therapy: The right to confidentiality is addressed in the group setting. However, group therapists are not responsible for any breaches of confidentiality by group members.

IN CASE OF EMERGENCY

Your therapist is not available for after-hours crisis or emergency situations (unless specifically noted by your therapist). In a crisis or an emergency situation, please call 911 or go to the nearest emergency room.

TELEPHONE & EMAIL COMMUNICATION

Voicemail is available between sessions. Messages will be returned as soon as possible during business days. Please do not rely on your therapist's voicemail in times of crisis or for an emergency.

A prorated charge is applicable to time spent with you on the telephone by your therapist beyond appointment scheduling or similar matters (lasting more than 5 min). Telephone sessions between sessions may be scheduled in advance, based on availability of both parties. Therapy sessions conducted on the telephone are not billable to insurance.

Email/Text should ONLY be used for scheduling purposes and may not be checked on a daily basis. Email correspondence is not considered to be a confidential medium of communication and your therapist is not responsible for any information transmitted via email.



ACCOUNT RESPONSIBILITY
Because we are a “fee for service” provider, billing statements from Pinnacle Family Counseling & Consultation will NOT automatically be sent - should you need a statement or itemized receipt, please inform your therapist, and we will provide this for you upon request.
To ensure proper credit, please make checks payable to Pinnacle Family Counseling & Consultation. There will be a \$40 fee for returned checks . Thereafter, payment will only be accepted in the form of cash, credit card or money order.
Should you default on any payment obligations, we reserve the right to forward your information to collections, and an additional 30% may be assessed to cover the costs of this action.
We are not obligated to provide continuing services in the event Pinnacle Family Counseling & Consultation is named as a creditor in any bankruptcy filing

MISSED APPOINTMENTS
We realize that on occasion you will not be able to make a scheduled appointment. However, please remember that your therapist has reserved this time for you alone, so our policy is to charge a minimum of \$85 for missed appointments or a minimum of \$50 for cancelations without a AT LEAST 24-hour advance notice . It is up to your therapist’s discretion to require <i>more</i> than a 24-hour notice or to charge a <i>higher</i> rate for missed appointments.
This charge is NOT covered by insurance and will be billed as your responsibility. Please help us serve you better by keeping scheduled appointments. <i>Clients with more than one missed appointment may be subject to same day scheduling and/or termination of care.</i>

MAKING PAYMENTS
Please understand that payment of your bill is considered a part of your treatment. If mailing, please remit payment to:
Pinnacle Family Counseling & Consultation 67 S Bedford St Suite 400, Burlington, MA 01803

FEES		
Description	Unit	Rate
Intake/Evaluation	45-50 min	\$200
Individual	45min	\$130
Family	45-50 min	\$160
Group	60-90 min	\$50
Couples	50 min	\$150
Complexity Add-	n/a	\$25
Crisis	60 min / 30 min	\$150/ \$75
Consultation	60 min	\$200+
Late Cancellation / No show	n/a	\$50 / \$85
Returned Check	n/a	\$40
Phone calls, Letters, & Reports	15 min	\$25+
Court Appearances**	15 min**	\$250+**

PREPARATION OF FORMS AND REPORTS
These require chart review and often, discussion with the client. A prorated charge is applicable to time spent and is not billable to your insurance.

RELEASE OF RECORDS



Most of the information a clinician collects about you will be classified as confidential. However, when insurance is involved, Pinnacle Family Counseling & Consultation does not have control over and cannot assure its clients of confidentiality. That means employees of the insurer and employees of contracted organizations of the insurer have access to your chart. This is provided for in the insurance policy between you and your insurance company. The client record is legally the property Pinnacle Family Counseling & Consultation. However, clients may have access to information contained in the file, except in those cases where the release of such information may be deemed harmful to the client's well-being. Information can be released to others only upon written informed consent of the client. In a few cases,

****COURT & LEGAL PROCEEDINGS**

PFC does NOT provide disability determination, custody studies, or handle court issues.

- PFC providers do not perform court evaluations nor do they appear in court on behalf of individuals, children or adults. PFC services are designed to assist in alleviating problems through individual or relational psychotherapy. PFC providers are not trained for, nor do they maintain records with the intended purpose of court involvement.
- In addition, the legal process is such that we may be compelled to reveal information about you that could affect you negatively or undermine your relationship with your therapist. Because the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition.
- Should we be called to court by a judge court order, or our records court ordered or subpoenaed, we will charge the full amount applicable under law for our services. Copies of records are available for a \$15.00 processing fee, plus \$0.50 per page for copying.
- In the event that it is necessary, by court order or by subpoena, for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, (including but not limited to: travel, necessary expenditures (copies, parking, meals, and the like), time spent speaking with attorneys, reviewing records and preparation of reports) @ the rate of \$250.00 per hour, rounded to the nearest half hour.
- The client further agrees to pay a retainer fee of \$2,000.00 two weeks prior to the appearance, presentation of records, or testimony requested. Checks will not be considered an acceptable form of payment for these services



CLIENT BILL OF RIGHTS

PFC does not discriminate on the basis of religion, race, gender, marital status, age, sexual orientation, national origin, previous incarceration, disability or public assistance status.

Every client:

- shall be informed prior to, or at the time of, the intake appointment of services available at PFC and of any financial charges that are the client's responsibility to pay beyond the coverage of health insurance.
- can expect complete and current information concerning his or her diagnosis and individual treatment plan in terms he or she can understand.
- shall have the right to know by name, and the competencies of, the licensed mental health professional responsible for coordination of his or her treatment.
- shall have the freedom to place grievances and recommend changes in policies and services to PFC staff free from restraint, interference, coercion, discrimination, or reprisal.

In addition to the rights listed above, services offered by practitioners licensed by the State of Massachusetts, you have the right to: (a) expect that a practitioner has met the minimal qualifications of training and has the experience required by state law; (b) examine public records which contain the credentials of the practitioner; (c) obtain a copy of the rules of conduct.

Every client:

- has the right to be informed of and to refuse to participate in any experimental research.
- may expect courteous treatment and to be free from verbal, physical, or sexual abuse by PFC staff.
- has the right to a coordinated transfer of care when there will be a change of providers.
- may assert the client's right(s) without retaliation.
- has the right to choose freely among available mental health professionals and practitioners in the community and to change providers after mental health services have begun within contractual limits of the client's health insurance (if any).

NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. Protecting our patients' privacy has always been important to this practice. A new state and federal law, the Health Insurance Portability and Accountability Act (HIPAA), went into effect on April 14, 2003 and requires us to inform you of our policy. At Pinnacle Family Counseling & Consultation, we are very careful to keep your health information secure and confidential. This law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment; for example, a review of your file by a specialist doctor whom we may involve in your care. We may use or disclose your health information for payment of your services. We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer. We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. You have the right to see or receive a copy of any of your health information. You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing.



I, _____ have received a copy of the counseling policies
(please print your name)

and procedures for Pinnacle Family Counseling & Consultation and have been given the opportunity to address any questions or concerns and I have a full understanding of the policies at this counseling center. I understand that if any policies change, I will be given updates as to the changes.

(please sign here)