

Lightship Family Counseling, LLC  
24 Battle Street, Suite 2A, Somers, CT 06071  
Phone: 860-331-9548 Fax: 860-969-2939

## **CLIENT-THERAPIST SERVICE AGREEMENT**

Welcome to Lightship Family Counseling, LLC. This document contains important information about my professional services and business policies. This document also contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Please take a few minutes to read this document in its entirety. Once reviewed and if you agree with its content, please sign the document. We can discuss any questions you may have when you sign the document or at any time in the future. You may choose to revoke this agreement at any time which means you no longer consent to treatment with Lightship Family Counseling, LLC.

### **Therapy Services**

Therapy is a relationship and a process between people that works in part because of clearly defined rights and responsibilities held by everyone. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. It is also important that you are aware of legal limitations to those rights. I have responsibilities to you. These rights and responsibilities will be described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process of psychotherapy often requires discussing unpleasant or distressing aspects of your life. Therapy often leads to a reduction in feelings of distress, increase in personal awareness and insight, greater satisfaction in interpersonal relationships, increased skills for managing stress in the future, and improved work/school performance. Please note, that psychotherapy requires an active effort on your part. There is no guarantee about what will happen or when you may feel better. However, in order to be most successful, you will have to work on things we've discussed outside of session.

### **Therapist-Client Relationship**

Clients have the right to be treated without regard to race, color, national origin, ancestry, age, sex, sexual orientation, marital status, religion, and without unlawful discrimination concerning mental or physical disability, or source of payment. Clients have the right to be treated safely, fairly, and with respect for personal dignity and privacy. Clients have the right to ask questions about therapy, a therapist's specific training or experience and counseling techniques used. If at

any point in treatment you feel that you may be more successful with a therapist with different experience or skill set, please talk to me and I will be happy to provide you with a referral. I may recommend alternative therapists if I feel that I may not have the expertise to best support your journey of healing. Please note that it is not appropriate for a client to have a relationship with a client outside of the therapist-client relationship. If you have any complaints, please address them with me. You may also contact the Connecticut Department of Public Health if you feel issues/concerns are not resolved.

### **Confidentiality**

In general, the law protects all communications between and client and a therapist. Lightship Family Counseling, LLC may only release information about our work together if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written advance consent. Your signature on this Agreement provides consent for those activities as follows:

I may occasionally find it helpful to consult with other health and mental health professionals about a case. During a consultation I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

I may receive supervision/group supervision with another mental health professional(s). All mental health professionals are bound by the same rules of confidentiality. If I discuss your case, I will use an alias first name only and there will be no other identifying information. Again, if you do not object, I will not tell you about the supervision meetings in which I may discuss your case.

Disclosures required by Health Insurers to collect overdue fees.

There are some situations where Lightship Family Counseling, LLC is permitted or required to disclose information without either your consent or authorization:

If a client files a worker's compensation claim and the services being provided are relevant to the injury for which the claim is filed.

If you are involved in a court proceeding and a request is made for information concerning the professional services provided by Lightship Family Counseling, LLC, such information is protected by therapist-client privilege. I cannot provide any information without your written authorization or a court order. If you are involved in or contemplating litigation, you are encouraged to consult with your attorney to determine whether a court order would be likely to order me to disclose information.

If a client, family member, parent or guardian files a complaint or lawsuit against Lightship Family Counseling, LLC/me, I may disclose relevant information regarding the client in order to defend myself.

There are some situations where Lightship Family Counseling, LLC is legally required to disclose information without either your consent or authorization, if I believe it is necessary to attempt to protect others from harm. During these situations some of the treatment information may have to be disclosed:

If there is reasonable cause to believe a child is or has suffered abuse or neglect. Lightship Family Counseling, LLC is required by law to file a report with the Connecticut Department of Children and Families (1-800-842-2288).

If there is reasonable cause to believe there is abandonment, abuse, neglect, or financial exploitation of an elderly adult Lightship Family Counseling, LLC is required by law to file a report with the Protective Services for the Elderly at the Department of Social Services (1-888-385-4225/211).

If Lightship Family Counseling, LLC believes a client presents an imminent danger to themselves or another person, I may be required to take protective actions. These protective actions may include notifying the potential victim, contacting the police, initiating hospitalization for the client or victim (if identified), or contacting family members or others who can help provide protection for the client or victim.

If any of these situations arise, Lightship Family Counseling, LLC will make every effort to fully discuss it with you before taking any action and will limit the disclosure to what is necessary. Please note, due to safety concerns for the client or victim, there may be times where Lightship Family Counseling, LLC is unable to disclose that a report is being made to ensure the safety of all involved.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the associated Privacy regulations, 45 CFR, Parts 160-164 and the Security regulations, 45 CFR, 142.308(a) (2) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) and associated Privacy regulations, 13404(a) and Security regulations, 13401(a) together with applicable state laws, governs the privacy and security of certain protected health information. All of these laws may apply to information created during my participation with Lightship Family Counseling, LLC. If I receive psychiatric services from Lightship Family Counseling, LLC, my rights are established by Section 17a-540, Connecticut General Statutes. Connecticut General Statutes (Title 19a, Chapter 368x) protect the confidentiality of HIV/AIDS records. Federal law and regulations (42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3, 42 CFR Part 2) protect the confidentiality of alcohol and drug abuse records. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

### **Minors and their Parents/Guardians**

If you are under the age of 18 years of age (and not emancipated) please be aware that the law may provide your parents with the right to examine your treatment record. Normally, Lightship

Family Counseling, LLC will only provide them with general information on how your treatment is proceeding. If, however, I feel that there is a high risk you will seriously harm yourself or another, I will notify your parents/guardian of my concern. Before providing your parents/guardians with any information I will try to discuss the matter with you and do my best to resolve any objections you might have about what I am prepared to discuss.

In Connecticut children between the ages of 13 and 17 years of age may independently consent (and control access to records of) diagnosis and treatments in a crisis situation. After the sixth treatment session, the provider must require notification to the parent or guardian unless it would be seriously detrimental to the minor's well-being. This determination must be reviewed and documented after every sixth treatment session

### **Appointments**

Appointments for psychotherapy differ in duration based on the services the client is requesting or clinical need as determined by Lightship Family Counseling, LLC. Appointments will ordinarily be 45 to 60 minutes in duration, once per week at a time we agree on. The time scheduled for your appointment is assigned to you alone. If you need to cancel or reschedule a session Lightship Family Counseling, LLC asks that you provide 24-hour notice. If you miss a session or cancel with less than the 24-hour notice requested office policy is to collect a \$70 missed/late cancellation fee (unless we both agree that you were unable to attend due to circumstances beyond your control). Please note that insurance does not provide reimbursement for cancelled or missed sessions, so the incurred fee of \$70 will be your responsibility to pay. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

There are times where Lightship Family Counseling, LLC may need to cancel your appointment with less than 24-hour notice due to personal emergency or professional emergency response needed in the community. Every effort will be made to ensure timely cancellation of your appointment and rescheduled appointment times as soon as possible. No charges will incur for sessions cancelled by Lightship Family Counseling, LLC.

### **Professional Fees**

The fee for a 45–55-minute Intake session is \$200. The fee for a 30-minute session is \$100 (please note this is not standard and primarily used for telehealth with younger children who cannot maintain focus remotely for a typical session duration). The fee for a standard 45-minute individual session is \$150. Family or couples 50-minute sessions, 60-minute individual sessions, or 60-minute crisis sessions are charged a rate of \$175. You are responsible for paying at the time of your session unless prior arrangements have been made. Payments may be made by cash, check, credit card, HSA or FSA. Any checks returned to Lightship Family Counseling, LLC are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. If your account has

not been paid within 45 days or you refuse to pay for services rendered, Lightship Family Counseling, LLC reserves the right to use an attorney or collection agency to secure payment.

### **Insurance Reimbursement**

In order for us to set realistic goals, it is important to evaluate what resources are available to pay for your therapy. If you have an insurance policy, it is important to speak with a customer service representative to fully understand your benefits and coverage for behavioral health services. Some insurance companies may provide coverage for behavioral health services in-office but not telehealth for behavioral health services. It is the clients responsibility to know your insurance benefits. Lightship Family Counseling, LLC asks that you provide copies of the front and back of your insurance card and a picture ID for your file. I encourage you to immediately send updated pictures of new insurance cards provided or to call Lightship Family Counseling, LLC with any changes in insurance coverage to prevent reimbursement issues or additional bills being sent directly to the client.

At this time Lightship Family Counseling, LLC participates with and is considered “in-network” with Cigna, Anthem, and Medicaid of Connecticut. If you are insured by any other insurance carrier Lightship Family Counseling, LLC will be considered out of network. Explanation of Benefits (EOBs) or statements can be sent to the client as requested electronically for insurance/HSA/FSA reimbursements. Please contact the office with any questions.

### **Contacting Lightship Family Counseling, LLC**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. I aim to return all calls within 48-72 hours. Additionally, you may use text messaging to contact me but understand text messages are not secure and by doing so you may be compromising your confidentiality. Lightship Family Counseling, LLC utilizes Kareo electronic health record which provides client with access to set up a client portal to engage in secure messaging services, to send reminder emails, phone calls, and texts as well as individual broadcasts should sessions need to be cancelled by Lightship Family Counseling, LLC. Active clients may use their patient portal to contact me. Lightship Family Counseling, LLC has a general correspondence email for questions regarding schedules or availability of appointments. There is also a secure HIPAA-complaint email address to use when sending any personal health information, client updates, parent concerns, questionnaires, or correspondence from outside agencies (schools, work, DCF, probation, etc.).

Phone/Text: 860-331-9548

General Correspondence Email: [Lightshipfamilycounseling@gmail.com](mailto:Lightshipfamilycounseling@gmail.com)

Secure HIPAA Compliant Email: [LFC@counselingsecure.com](mailto:LFC@counselingsecure.com)

In the event of a life-threatening emergency please call 911 or go to your nearest Emergency Room. If there is a psychiatric emergency that requires immediate attention, please call 911 or

211 for assistance. If there is a concern that arises but does not put anyone, client or other at imminent risk you can call 860-331-9548. Please be sure to leave a voicemail with your callback number, brief synopsis of what is occurring, and what you are looking for assistance with (getting a sooner appointment, need a referral to a higher level of care).

**Consent to Psychotherapy Treatment**

Your signature below indicates that you have read, understand, and agree with the information in this document and agree to abide by its terms during our professional relationship. Your signature also acknowledges your receipt of the Notice of Privacy Practices for Protected Health Information. You consent to therapeutic services, professional fees, and that you have had the chance to discuss questions or concerns.

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Client

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Client DOB

\_\_\_\_\_

Phone Number