

The Center for Growth, Inc.
(215) 922-LOVE (5683)
www.TherapyInPhiladelphia.Com

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Virtual Counseling using a HIPPA compliant Video Conferencing Platform

Client Agreement / Contract

This document is designed to ensure that you understand our professional relationship.

At The Center for Growth our desire is to help you meet your goals. To do so, may require one session, several months, or even years of counseling. As a client, you have the right to end your counseling relationship at any point. If counseling is successful, you should feel that you are able to face your immediate challenges.

Although your sessions may be psychologically intimate, it is important for you to realize that your relationship with your therapist is a professional rather than a social one. Please do not invite your therapist to social gatherings, offer gifts, or ask your therapist to relate to you in any way other than in the professional context of your counseling sessions. Your therapist will keep confidential the contents of a counseling, intake, or assessment session. Both verbal and written records about a client can not be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of The Center for Growth not to release any information about a client without a signed release of information.

Limits of Confidentiality

- *Duty to warn and protect:* Your therapist is required by law to contact the police and your family if you disclose intentions and/or a plan to harm yourself or others.
- *Abuse of children and vulnerable adult:* if a client states / suggests that he or she is abusing a child / vulnerable adult, or has recently abused a child or vulnerable adult, or a child / vulnerable adult is in danger of abuse, your therapist is required by law to report this information to the appropriate social service / legal authorities.
- *Prenatal exposure to controlled substances:* As a health care professional, your therapist is required by law to report admitted prenatal exposure to controlled substances that are potentially harmful.
- *In the event of a client's death:* In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's therapy records.
- *Professional misconduct:* Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.
- *Court orders:* Health care professionals are required to release records of clients when a court order has been placed.
- *Minors/Guardianship:* Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

- *Technology:* Therapists use TherapyNotes.Com to maintain records / schedule appointments / collect payments and SpruceHealth.Com to speak on the phone or Video. Both programs are HIPPA compliant platforms.
1. When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g. diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and the name of the clinic.
 2. Information about clients may be disclosed in consultations with other professionals in order to provide the best treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.
 3. When couples or families are receiving services, a joint file is kept. Therapists at the Center for Growth do NOT hold secrets between the people receiving services together. If you wish to keep some things confidential, then you are advised to seek services as an individual, not as a couple or a family. As an individual, you could have your partner (or family) attend some of the sessions. In session, you might notice that the primary difference between individual counseling and couples/family counseling is that the therapist will be focused on meeting your needs, as opposed to the collective needs of the family unit. From a confidentiality perspective, as an individual whose partner sometimes attends session, the partner will not have access to the records, unless a release of information form is signed by you.

Client's Rights and Responsibilities

- Clients have the right to know their therapist's experience and training.
- Clients have the right to know about treatment choices and what their therapist can offer.
- Clients have the right to receive treatment that is helpful to them.
- Clients have the right to receive fair treatment, regardless of race, gender, disability or religion.
- Clients have the right to a safe treatment environment, free from sexual, physical and emotional abuse.
- Clients have the right not to answer any question, or provide information that, for any reason they do not want to provide.
- Clients have the right to refuse audio or video recordings of their session (but you may ask for it if you wish).
- Clients have the right to ask their therapist about their treatment progress.
- Clients have the right to terminate treatment at any point for any reason. If you are court ordered to receive treatment then you still have the right to terminate treatment with your therapist, but there may be legal problems. Thus, it is best if you speak with your lawyer who can advise you further.
- Clients have the right to file a complaint with the government or their therapist's professional group(s).
- Clients have the responsibility to treat their therapist with dignity and respect.

- Clients have the responsibility to give the therapist accurate information so that they can deliver the best care possible.
- Clients have the responsibility to ask questions if they do not understand the therapy process.
- Clients have the responsibility to follow the agreed upon treatment plan.
- Clients have the responsibility to keep their appointments, and if they can't, to call as soon as possible to cancel.
- Clients have the responsibility to openly talk about their concerns with the quality of care they are receiving and to report abuse/fraud.
- Clients are responsible for payment of services received.

Legal Issues

If you are in the midst of any type of legal issues such as litigation, a dispute with your employer, separation or divorce, please inform your therapist immediately. Please be aware that in custody cases, therapists typically need signed permission from both parents, and that medical records are frequently subpoenaed when litigation is involved.

Fee Information & Payment Policy

Your therapist agrees to provide counseling services for you in return for a fee. Each session, otherwise known as a clinical unit, defined as a 53 minute hour for assessment, and individual, family and relationship counseling. Our fees are stated on our website, and online when you schedule your session. My fee for consultation with a doctor, therapist, teacher or professional connected to your case for the two hours are free of charge. Thereafter it is 50% of my normal rate for a 53 minute client hour spent discussing your care with the other professional. Under most circumstances, it is inappropriate for a psychotherapist to become involved in a treatment client's legal case. However, should this become necessary, the fee for any time your therapist must spend in a forensic situation is double this/her/their fee per 1 hour unit.

Payment is expected at the time of service. Virtual sessions will require credit card payment. Credit Cards, Checks and Cash are accepted for in person sessions. There is a \$50 service charge for all returned checks. You will be given a receipt for all fees paid if you would like. Check with your insurance company to determine if your coverage honors outpatient counseling provided by The Center for Growth. Please note that many insurance companies require surveys that request information about symptoms, diagnosis, and treatment. By using your insurance plan you are granting permission for your therapist to communicate personal information to your insurance company. Please remember that The Center for Growth has no control of, or responsibility, for how information is handled once it is released to third parties.

Scheduling

You can visit the website <http://www.therapyinphiladelphia.com/tips/appointments> to schedule your own appointments individually or as a recurring appointment in order to save your favorite spot. Otherwise, negotiate a plan with your therapist for how scheduling will be completed.

Cancellation / Office Hours

In the event that you will not be able to keep an appointment, you must notify your therapist 48 hours in advance. If such advanced notice is not received, you will be responsible for paying the appointment fee in full. If for any reason you need to contact your therapist, please call (215) 922-5683 x 300 and leave a message on their voice mail 24 hours a day, seven days a week. All messages will be returned within 72 hours. Phone messages are checked Mondays through Fridays.

Credit Card Authorization Agreement

In the case that you miss or fail to cancel an appointment within 48 hours of the scheduled time you will be charged the full session fee. If a check is returned unpaid you will be charged a \$50 fee for the returned check as well as the full session fee. If I, do not notify my therapist at The Center For Growth of my/our inability to attend previously scheduled appointments at least 48 hours in advance, I authorize The Center For Growth to charge my credit card. I will only be charged on this credit card in the event that I fail to show or if I fail to bring my child for a scheduled appointment. Furthermore, I authorize The Center For Growth to charge my credit card for a session if it was paid for by check and the check was returned for any reason. If I have chosen to keep a credit card on file for payment, I authorize The Center For Growth to charge session fees after each appointment. I will not dispute charges (“charge back”) for sessions I have received, appointments I missed or did not cancel with 48 hours’ notice as described above. I further authorize The Center For Growth to disclose information about my attendance/ cancellation to my credit card company if I dispute a charge. By signing below, I acknowledge that I have read, understood and agreed to the terms outlined above. I authorize The Center For Growth to charge fees as described:

Signature: _____

Emergencies

The Center for Growth is a small organization. Private practice clinicians cannot assume responsibility for client’s day to day functioning, as some more intensive treatment programs are designed to do. It is the responsibility of the client to discuss expectations of after-hours care with their therapist upon intake so that, if necessary, an appropriate referral can be made.

Should you feel that your situation requires immediate attention, your therapist will return all calls within 72 hours. You may leave a message on your therapist's voice mail at (215) 922-5683. If you do speak with the therapist, you will be billed at the therapist's current hourly rate for individual therapy for the time they spend with you on the telephone. You should be advised that your insurance company may not reimburse you for the telephone. If you wish to speak with someone immediately and a phone call back from your therapist within 72 hours is not fast enough, please contact your local suicide/crisis hotline. One such number, which is available (24 hours a day /7 days a week) is (215) 686 – 4420.

In the case of an emergency, when a client fears harm to himself/herself or another, please go to your closest Emergency Room and ask to speak with a psychiatrist.

Consent to Treatment

As the client, your signature below indicates that you understand the limits of confidentiality and understand their meanings and ramifications and grant consent for The Center for Growth to provide psychological services and counseling to you and /or minor members of your family. Lastly, your signature acknowledges that you have received a copy of this form, including the Client's Rights and Responsibilities and Crisis/Emergency Procedures.

Client Signature _____

To Parents of Teenagers

As the client, your signature below indicates that you understand the need for confidentiality between your teenager and their therapist, and that confidentiality will be maintained unless this therapist determines that your teenager is a danger to self or others.

Parent / Guardian Signature _____