



Jen Mossefin Therapy, PLLC

Jennifer Mossefin, MSW, LCSWA, LCAS

1812 Chapel Hill Rd, Durham, NC 27707 **Tel.** 984-329-2286 **Email:** Contact@JenMossefinTherapy.com

Client/ Therapist Agreement

Please take a moment to read this overview of mental health services and indicate that you understand our policies by checking each box as you read it.

Confidentiality: Under state and federal law, your or your child's counseling records are protected. Thus, the content of our sessions is strictly confidential. Information about you or your child cannot be released without your written consent. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. This right of confidentiality belongs to you, and you are free to discuss your therapy with whomever you choose. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, send bills or faxing information), it will be done with special safeguards to ensure confidentiality. If you elect to communicate with me by email or text message at some point in our work together, please be aware that email or text message is not completely confidential.

However, under mandated law, there are exceptions to this confidentiality.

The following are legal exceptions to your or your child's right to confidentiality. I would inform you of any time when I think I will not have put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately. Once such a report is filed, I may be required to provide additional information.

3. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If a judge orders the release of client records or compels me to testify in court, therapists are required to do so. This does not include subpoena requests from attorneys, but does include validly executed search warrants signed by a judge.
5. If, at any time, I have concerns about particular issues, I may discuss that issue with a qualified and trustworthy attorney, but the privilege extends to that attorney who must also maintain this confidentiality and may only discuss the issue with me.
6. If I am in an accident or have a medical emergency, I have a Professional Will that provides access to your contact information by a professional peer who will contact you. They will not have access to any of your medical record information, and will only know that you are a current client of mine who will need to be notified if our appointments need to be rescheduled or cancelled.
7. Certain pieces of confidential information must be discussed with staff and services used to obtain payment through insurance and authorizations, in which I will only release as much information as is necessary to complete these required tasks. Though the staff and services must maintain confidentiality, I do not have control what these services do once the information is in their hands.

Insurance carriers often request and require oral or written case summaries as a condition of reimbursement. Also if you were referred to me by another professional, I would like to notify them of your contact with me, unless you instruct me otherwise.

Record Keeping I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location that cannot be accessed by anyone else. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social and treatment history, records I receive from other providers, copies of records I send to others and your billing records. You have the right to a copy of your file unless of an unusual circumstances that may involve danger to yourself.

Fees and Billing Policy All fees are due at the time services are provided. In general, all sessions are billed at \$110 per 60 minute "clinical hour". Different fee schedules exist based on varying circumstances. You may pay by cash, check, or credit card. I also accept HSA cards. In the event that a check should be returned, you will be responsible for paying any fees that are charged to me by my own banking company, in addition to the original amount owed. This payment may be made by cash only. Non-payment of copay, coinsurance or agreed rate will prevent any follow-up appointments from being scheduled. **Account balances must be paid in full prior to scheduling the next appointment unless you have communicated with me about any extenuating circumstances and we have come to an agreement.**

Insurance Billing Policy If you choose to use your insurance plan, you will be encouraged to pay for services rendered at the time of service. If you are unable to pay the full amount please review your financial concerns with your therapist. Please be aware that if you do elect to use your health benefits, your insurance company will require that I submit diagnostic and clinical information. All of the diagnoses come from the Diagnostic and Statistical Manual of Mental Disorders- V. I have a copy in my office and will be happy to review it with you to help you learn more about what it says about your diagnosis. While

such information is very sensitive and generally treated as such by insurance carriers, I cannot guarantee how any particular insurance company or employer will respect the information. Additionally, there may be times that your insurance company will seek more information before giving further authorizations for reimbursement. At those times, it will be necessary to use part of your clinical sessions completing the necessary paperwork and providing them with the requested information.

Authorization to Release Information and to Pay Benefits

By signing below, I agree to authorize Jen Mossefin Therapy, PLLC to release any of my behavioral health information, including any drug and alcohol history, to my insurance company, as needed to process my insurance claim. In addition, I authorize my insurance company to make payments directly to Jen Mossefin Therapy, PLLC for covered behavioral health services.

Appointments My services are provided by appointment only. The length of the appointment is generally scheduled for 45-60 minutes. I require 24-hour notice for cancellations, otherwise you will be charged a No Show/ Late Cancellation fee of \$40. I know that unpredictable circumstances do arise and will allow one emergency cancellation for which you will not be charged, upon my discretion. Please be aware that insurance carriers do not reimburse for missed appointments. If you know that you will need to cancel an appointment, please contact me and we will reschedule your session at a more convenient time and date. In the event that you arrive late for an appointment, only the remainder of that appointment time can be carried out, appointments cannot be extended. With this policy, it is intended that you, as well, will not be inconvenienced and seen later than scheduled by a previous client's late arrival.

Sober State of Mind Regardless of whether we are working on a substance related problem, it is important that you come to your sessions in a clear state. Therapeutic work does its best when you have not used a substance before session, or are still experiencing intoxicating effects from prior use. If you attend a therapy appointment while under the influence you will be charged the full fee, and be required to leave. I may insist that you take a ride service home if you do not seem safe to drive.

Telephone Accessibility If you need to contact me between sessions, you can reach me via email, text or by phone. I am available Monday through Friday 9am until 6pm, however during these hours I am often unavailable because I am in session. If you contact me on days I am in the office, I will make an effort to respond the same day. If you contact me after hours or on days I am not in the office, I may not respond until I am back in the office, so please allow up to 48 hours for a response. If a true emergency situation arises, please call 911, or your areas crisis team, go to your nearest emergency room, or follow your safety plan, if we have created one for you.

Termination The client will normally be the one who decides when therapy will end, with a few exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that work. If I am not, in my judgement, able to help you, I will provide you with the names, addresses and telephone numbers of other qualified providers with whom you can work. Some other common reasons for termination are if the client fails to make adequate progress toward treatment goals or will not comply with treatment recommendations. If the client demonstrates ongoing therapy interrupting behaviors including non-compliance, no-shows or cancellations. Lack of communication/ contact from the client and non-payment of agreed upon fees will also result in termination.

If you have missed a scheduled session or have not scheduled any appointments with me in a month I will attempt to contact you twice to clarify your intention to continue therapy either via phone or email depending on the form of communication you have consented. If you do not respond I will assume that

you are no longer interested in pursuing therapy and will terminate our therapeutic relationship. I will email you to communicate that termination has occurred. You are welcome to contact me following termination to discuss resuming therapy or locating appropriate referrals.

Consent You are under no obligation to continue a therapeutic relationship with me, and may terminate treatment at your discretion. If you decide to terminate therapy, I will provide you with the names, telephone numbers and addresses of other qualified providers upon request.

Confirmation of Appointments By signing below I agree for Jen Mossefin Therapy, PLLC to contact me at the following number or email to confirm, make or change appointments:

Phone #'s _____

Email address(s): _____

I also agree/ do not agree to allow clinician to leave a message regarding our appointment, if I am not available at the time of the call (circle one).

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Client Name

Client Signature

Date

Printed Name of Responsible Party if Applicable

Responsible Party's Signature (if patient under 18)

Date

Jennifer Mossefin, MSW, LCSWA, LCAS
Jen Mossefin Therapy, PLLC

Date