

Roots to Wings, LLC



Andria Palmer, LCSW-C

Child and Family Psychotherapist

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Rootstowingstherapy.com

Client name: _____ **Date of birth:** _____

OUTPATIENT SERVICE CONTRACT AND INFORMED CONSENT

Welcome to Roots to Wings, LLC! This document contains important information about my professional services and business policies. Please read it carefully. Feel free to ask any questions that you might have, so that you can enter into the agreement fully informed. Once you sign this, it will constitute a binding agreement between us.

Counseling Services

I offer mental health services specifically designed to help you. My expertise includes treating trauma and PTSD in children (birth and up), teens, and adults, mending parent child relationships, and issues specific to adult children of narcissistic parents. I am committed to providing the highest quality of services to my clients.

Appointments and Cancellations

You are encouraged to schedule an appointment whenever you feel it will be useful for you to do so. Additional times will be negotiated with you as part of our treatment plan or at the time of your session.

Except for rare emergencies, I will see you at the time scheduled. The length of a typical session is about 55-60 minutes. Because this time is set aside just for you, it is important that you keep this appointment. **Cancellations are accepted up to 24 hours prior** to the time of the appointment. This will allow us to offer the time to another client. If cancellation has not been arranged, the session will be a loss for someone else wishing to use that therapy time. **These missed appointments will be billed at the rate of 50% of your session fee and 100% of any reduced fee services (such as a sliding fee scale). No show fee for insurance clients is \$80.** Emergencies and dangerous weather happen, of course, and the missed appointment fee is sometimes waived in extenuating circumstances.

Costs for Services

It is requested that you make payment at the time of each session, that is, when services are rendered. Payment for services is the direct obligation and responsibility of the client. **The fee for services is \$160 for intake and assessment and \$150 per session thereafter for individual and family sessions.** A fee of \$160 per hour is charged for documentation, diagnosis, printed materials, reports, letters, consultation, travel time for “out of office” services, and telephone calls lasting longer than fifteen minutes.

You will be billed for all the time spent with you or on your behalf. You have the option pay via check, cash, or credit card. Be aware that insurance companies require a mental health diagnosis that meets ‘medical necessity’ for services in order for a bill to be submitted. This diagnosis may follow you or your child in his/her healthcare record. **Some diagnoses may be considered a preexisting condition in future insurance or life insurance applications.**

Confidentiality is also limited when using insurance to pay for mental health services as there are usually many people involved in processing claims (again, this includes a diagnosis). I find a mental health diagnosis is not always appropriate or necessary in meeting the needs of my clients.

Returned checks will result in a service charge of \$25.00. A fee will be assessed at the usual hourly rate for letters, reports, forms, etc. requested by client.

If you experience financial problems, please talk to us so that a mutually satisfactory payment schedule can be arranged.

Court Policy

Please be advised that I do not participate in person, by phone or in writing in any court related matter that the client of Roots to Wings, LLC may be a party to or become a party to in any way. I do not write letters regarding their client’s treatment to any entity, including court and **at no time will offer an opinion or recommendation in any court matter, especially as it relates to custody. I do not do custody evaluations and stating opinions on custody arrangements is outside the scope of my practice.**

Please be advised that should I be requested to write a letter on any court related matter, that they will not be stipulating in writing or in person as to an opinion. I may only provide observations and feedback. At no time will I make a recommendation in regards to custody or any other court related matter. Please be advised that should I be ordered by court to write a letter to the court, the time shall be billed at \$200 per hour.

If a court order is served and is requesting that I be present in person and or there is a request for records, the client's consent will be requested before turning over confidential information. When obtaining this consent, the client will be told exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This includes a client’s mental health history; current status and inclusive records and may not be in the best interest of the client. The therapist client relationship does not render the therapist as an advocate. The therapist will withhold any opportunity to engage in a dual relationship with the client.

Please be advised that should I be court ordered to appear in court, the fee stipulation is as follows:

- \$2,000 per day plus \$200 per hour for travel to and from the court.
- \$200 per hour for preparation

I will NOT be ON-CALL at anytime. Should a case be trialed, or continued, I will be paid in full for each day as well as an additional \$1,000 per day as it hinders my ability to be available to other clients.

All court fees must be received by cashier's check 7 days prior to the court date. Should the court calendar the hearing for another date, I must be re-issued a new subpoena with the new court hearing date.

Should I be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

By signing and dating below, you understand and agree to the above stated court policy and stipulation, including but not limited to the fee structure for all related court matters.

X _____

Client rights and responsibilities

As a client of Roots to Wings, LLC, you have the right to seek alternate treatment at any time which can, and should, be discussed with your therapist. You also have the right to withdraw from treatment at any time, but potential risks such as depression, anxiety and anger may occur. Other potential risks for engaging in therapy is sadness, anger, irritability, difficulty sleeping and anxiety due to the therapeutic process. You also have the right to decline treatment, if part or all of your treatment is to be recorded for research or reviewed by another person.

Notice of Therapy Animal on Site

My therapy dog in training is often in the office with me. Please inform me of any allergies or fears of dogs that may put your health or well being at risk. Even when the dog is not present in the office, allergies may be triggered due to trace dandruff and hair deposited during her clinic hours. If you have a service animal you wish to bring to the session, please inform me so we can prevent any issues that may be encountered by having two animals in the clinic simultaneously.

Communication via email, phone, and text

I often use communication by phone, text, and email to provide feedback and answer questions for clients in the most timely manner possible. Communications via all these methods may not be secure and/or HIPAA compliant. However, I make every effort to ensure the communications remain private and confidential to the best of my ability. By signing this consent, you are indicating you aware of the limits of privacy by using communication devices and technology to communicate and will not hold Andria Palmer or Roots to Wings, LLC for any breach of confidentiality caused by any client or third party. You are also agreeing to the use of email, phone, and text use as well as the storage of client name and number in the clinician's phone (first name only). If you experience a mental health emergency, emails and texts are not appropriate. In this case, you should go to your nearest emergency room and/or call 911.

Initials _____

Initial Here if you decline the use of text, email

Video/Audio Recording

I may ask your permission to allow video and/or audio recording of sessions of you and/or your child for supervision, education, and training purposes. At times I like to record parent-child sessions for review with parents during parent only sessions. Other intended audiences might include just myself for review purposes, any clinical supervisors from whom I may be receiving consultation or supervision, students I am supervising, or audiences at workshops/trainings. You have every right to refuse to be video/audio taped and your decision in this matter will never impact the quality of services you receive. Even if you agree to recordings at this time, you may revoke your decision at anytime.

I agree to allow video/audio recordings of my or my child's sessions.
I DO NOT agree to video/audio recordings of my or my child's sessions.

Social Media

I maintain a public facebook page and website for the purpose of advertising, networking, and education. I will not "friend" present or past clients in facebook because it compromises your confidentiality and our respective privacy. This blurs the boundaries of our therapeutic relationship. It is not a regular part of my practice to search clients online. Extremely rare exceptions may be made during times of crisis and only concerning your safety or welfare. There are also sites (including my website blog or facebook page) that allow users to post reviews. It is unethical in the social work profession to solicit current or past clients for reviews. I will never ask for or request a testimonial, rating or endorsement from my clients, past or present. Of course, you have the right to express yourself on any site you wish. Due to confidentiality, I cannot respond to any review on these sites whether it is positive or negative. I encourage you to take your privacy seriously and keep in mind that sharing personally on a public forum compromises your confidentiality.

Confidentiality

Counseling/therapy services are best provided in an atmosphere of trust. In fact, according to the laws of the state of Maryland, whatever you tell a licensed therapist cannot be revealed to anyone else without your written consent. The only **exceptions** to the confidentiality are:

1. Court order,
2. You threaten harm to another person (including this therapist and family),
3. You threaten suicide or self-injury,
4. Indicate having engaged in physical or sexual abuse either as a victim or a perpetrator.

In these instances, I am mandated to file a report or intervene in the situation to protect you or other potential victims. I also have the legal right to collect past due fees that are collected through collection agencies or small claims court. In such instances, you will be notified in advance, and only information specifically pertinent to the collection process will be released.

In cases where the identified client is a minor (under age 18), I will use my discretion as to what will/will not be shared with parents and guardians. If parents are divorced and shared custody is court ordered, both parents must sign the consent and agree to treatment. Both parents must agree if the child is to enter or withdrawal from services. In cases where one parent decides the

child should withdraw from services, it will be up to my clinical discretion whether to continue seeing the child.

At times, third parties may be utilized to assist in providing the best care possible, including third party billers or during consultation with colleagues/supervision on cases. No identifiable information about clients is ever shared during consultation or supervision. Likewise, I supervise interns from local universities and colleges who may be present during clinic hours. They will be educated regarding your rights to confidentiality. You have the right to opt out of allowing any intern or student in your or your child's session at any time.

EMDR, Animal Assisted Therapy, and Equine Assisted Psychotherapy

Signing this consent does not guarantee participation in EMDR, AAT, or EAP as these are specialized therapies that have their own specific set of benefits and risks. Additional consents for treatment are required to participate in the above mentioned therapies. Participation in these therapies will be determined by you and me and will be based on the client's individual needs and treatment plan.

Please feel free to ask for more detail about any of these policies. Please ask before signing if you have any questions about psychotherapy or my office policies. Your signature indicates that you have read the office and business policies and agree to enter therapy under these conditions.

By signing this consent, I attest I have read this contract and agree to abide by it. I agree to pay the agreed upon fees and any fees denied or unauthorized by my insurance. Please let me know if you would like a copy of the Informed Consent.

Signature of client or guardian(s) if a minor

Date

Relationship to client

Witness

Date

Updated 1/29/19