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Practice Policies, Informed Consent, Fees & Telehealth/Group Counseling Agreement

Welcome

Welcome to Jeremy Frank and Associates. We are glad you are here.

This document contains important information about our professional services, including individual counseling, drug and alcohol evaluations, telehealth services, and group counseling, as well as our practice policies regarding fees, payment, cancellations, communication, confidentiality, and emergencies.

Please read this agreement carefully before your first session. You will be asked to acknowledge that you have reviewed and understand these policies. Please discuss any questions or concerns with your therapist before signing.

Our goal is to establish a clear, respectful, and collaborative relationship from the beginning. Counseling is a partnership, and understanding both your rights and your responsibilities helps create the safest and most effective environment for treatment.

1. Counseling and Psychotherapy

Counseling and psychotherapy are professional relationships designed to help individuals understand themselves, address emotional and behavioral concerns, develop coping skills, improve relationships, and work toward meaningful change.

Therapy can be rewarding and helpful, but it can also involve discomfort. Discussing difficult experiences may temporarily increase feelings such as sadness, anxiety, anger, guilt, grief, frustration, or vulnerability. These experiences are not necessarily signs that treatment is going poorly; they may be part of meaningful therapeutic work.

The benefits of counseling vary from person to person. There is no guarantee of a particular outcome, diagnosis, or result.

Your therapist will work collaboratively with you to establish and periodically reassess treatment goals. You are encouraged to discuss openly what is and is not helpful to you.

You have the right to ask questions about your treatment, your therapist's training and experience, treatment recommendations, fees, and any other aspect of your care.

2. Professional Licensure and Standards of Practice

Services are provided by appropriately licensed or credentialed professionals practicing within the scope of their education, training, and Pennsylvania licensure or other applicable authorization.

Depending upon the clinician providing your services, this may include psychologists, licensed clinical social workers, licensed professional counselors, certified alcohol and drug counselors, or other appropriately credentialed professionals.

Our clinicians are expected to practice in accordance with applicable federal and Pennsylvania laws, professional licensing requirements, ethical standards, and accepted standards of professional practice.

Pennsylvania regulates the professions of psychology, social work, marriage and family therapy, and professional counseling through the Pennsylvania Department of State and the applicable professional boards.

3. Informed Consent

You have the right to understand the nature and purpose of treatment, the approaches being used, reasonably foreseeable benefits and risks, alternatives when applicable, and the limits of confidentiality.

You may ask questions or request clarification at any time.

You may decline a particular treatment approach or end treatment at any time, subject to any legal or ethical requirements that may apply.

Your therapist may also determine that a different level or type of care is more appropriate for your needs. If that occurs, we will make reasonable efforts to discuss appropriate alternatives and referrals with you.

4. Telehealth Services

Telehealth involves providing behavioral health services through electronic communication rather than exclusively through an in-person visit. This may include secure video conferencing or, when clinically and legally appropriate, telephone communication.

Telehealth has benefits, including increased accessibility and convenience, but it also carries risks. These include technological failures, interruptions, privacy breaches, unauthorized access, limitations in assessment, and difficulties responding to emergencies when the clinician and client are in different locations.

Reasonable efforts will be made to protect the privacy and security of your information. However, no electronic communication system can guarantee absolute confidentiality.

You are responsible for participating in telehealth from a reasonably private location and using a secure internet connection whenever possible. You should take reasonable steps to prevent other individuals from overhearing or accessing your treatment.

At the beginning of telehealth services, and when clinically or legally necessary, your therapist may verify your identity and your physical location. You are responsible for informing your therapist if you move to another location or are physically located in another state during a session. Some of our therapists have limitations on where they can provide care outside of Pennsylvania.

Telehealth services are subject to the laws and licensing requirements applicable to the location where the client is physically present at the time services are provided.

If a technological problem interrupts a session, your therapist will determine the most appropriate way to reconnect or reschedule.

Telehealth is not appropriate for every clinical situation. Your therapist may recommend in-person treatment, a higher level of care, or emergency services when clinically indicated.

5. Emergency and Crisis Services

Our practice provides outpatient behavioral health services. We are not an emergency or crisis-response service.

Therapists are not continuously available and cannot guarantee immediate responses to calls, texts, emails, or portal messages.

If you are experiencing an emergency, believe you are at imminent risk of harming yourself or someone else, or are otherwise unable to keep yourself safe, call 911 or go to the nearest emergency department. Ask to speak to the psychiatrist on call.

Do not wait for a response from your therapist in an emergency.

When clinically appropriate, your therapist may recommend a higher level of care, including crisis services, emergency evaluation, inpatient treatment, partial hospitalization, intensive outpatient treatment, detoxification, or other specialized services.

Crisis Management Outside of a Scheduled Session

When a therapist provides clinical crisis-management services outside of a regularly scheduled session, including extended urgent clinical intervention, coordination with other members of a treatment team, or other substantial clinical work, those services may be billed at the clinician's applicable hourly rate.

6. Confidentiality

Communication between you and your therapist is generally confidential and protected by applicable federal and state laws and professional ethical requirements.

Information will generally not be disclosed to others without your written authorization unless disclosure is permitted or required by law.

There are important exceptions to confidentiality. These may include, but are not necessarily limited to:

- Suspected child abuse or neglect when reporting is required by Pennsylvania law;
- Suspected elder abuse or neglect when reporting is required by Pennsylvania law;
- Situations involving serious and imminent risk of harm to yourself or another person;
- Certain court orders or legal requirements;
- Medical emergencies;
- Professional consultation or supervision when permitted and clinically appropriate;
- Information necessary for treatment coordination when appropriately authorized;
- Other circumstances in which disclosure is permitted or required by law.

Pennsylvania licensed health-related professionals and other qualifying individuals are mandated reporters of suspected child abuse when the statutory requirements are met. Pennsylvania requires mandated reporters with reasonable cause to suspect child abuse to make a report to ChildLine or through the appropriate state reporting system.

If a disclosure is legally required or permitted, we will make reasonable efforts to limit disclosure to information that is necessary and appropriate under the circumstances.

When we are required or permitted to make a disclosure, and when doing so is consistent with safety and legal requirements, we will make reasonable efforts to discuss this with you beforehand and, when appropriate, to support you in making the disclosure yourself rather than having us do so. This is intended to help preserve your sense of agency in the process. This may not always be possible — for example, in situations involving imminent risk of harm to you or others, or certain legally mandated reports — where we may need to act without advance notice.

7. Substance Use Treatment and Confidentiality

Because members of our practice specialize in substance use and addiction treatment, certain records may be subject to additional federal and Pennsylvania confidentiality protections.

Federal 42 CFR Part 2 provides special protections for substance use disorder patient records, and Pennsylvania has additional statutory requirements governing confidentiality of substance use disorder treatment information.

When applicable, releases of information will identify the person or organization receiving information, the information to be disclosed, the purpose of the disclosure, and other legally required elements.

8. Group Counseling

Group therapy offers the opportunity to receive support, perspective, education, and therapeutic feedback from both the therapist and other group members.

Group therapy is different from individual therapy. While the therapist is responsible for maintaining professional confidentiality, we cannot guarantee that another group member will maintain confidentiality.

Every group member is expected to respect the privacy of others.

Group Confidentiality

Members agree:

- What is shared in group stays in group.
- Members will not repeat, share, screenshot, record, photograph, or otherwise distribute another participant's disclosures.
- Members will not discuss another participant's identity or personal information outside the group.
- Members will respect the privacy, experiences, opinions, and boundaries of other participants.
- Members will not contact other group members privately for the purpose of providing therapy, crisis intervention, or clinical advice.

The group facilitators may be required to take action when there is an imminent or serious safety concern or when disclosure is otherwise required or permitted by law.

9. Group Attendance and Participation

Group members are expected to:

- Arrive on time whenever possible.
- Remain for the duration of the group unless an exception has been discussed with the facilitator.
- Notify the facilitator when they will be absent.
- Participate respectfully and allow others an opportunity to speak.
- Avoid interrupting, dominating, or intentionally disrupting the group.
- Remain on camera during virtual groups unless another arrangement has been discussed with the facilitator.
- Participate from an environment that reasonably protects the privacy of the group.
- Avoid attending group while driving.
- Avoid recording the group in any form.

We encourage members to attend consistently. Depending upon the particular group, members may be asked to commit to a minimum number of consecutive sessions in order to establish continuity and safety within the group.

Repeated absences, disruptive behavior, violations of confidentiality, or other conduct that interferes with the safety or therapeutic function of the group may result in removal from the group.

10. Group Communication and Texting

Group texting is intended for scheduling and logistical communication only.

Group members should not use group text messages for:

- Therapy;
- Processing emotional experiences;
- Crisis intervention;
- Clinical advice;
- Discussions about another group member;
- Confidential clinical information.

The therapist/facilitator will not provide therapy through text message.

During Zoom groups, the chat function should not be used for private conversations between participants. The group should remain focused on the shared therapeutic experience.

11. Group Fees and Payment

Ongoing groups are paid for monthly in advance.

The monthly group fee is due at the beginning of each month unless an alternative arrangement has been specifically approved.

Missed group sessions do not result in a reduction or credit to the monthly group fee. The monthly fee reserves the participant's place in the group and supports the ongoing structure and availability of the group.

If the practice offers occasional in-person group gatherings, those meetings may be scheduled monthly or quarterly depending upon the group.

12. Fees and Payment

Our practice operates primarily on a fee-for-service/private-pay basis.

Unless otherwise agreed upon in advance, payment is due at the time services are provided.

Current individual therapy fees generally range from $180–$270 per 50-minute session, depending upon the clinician and service provided.

Fees may be periodically reviewed and adjusted. It is considered standard practice to modify fees routinely.

Clients are responsible for all charges incurred, including charges for services that are not reimbursed by insurance.

We accept payment through the payment methods designated by the practice, including electronic payment methods such as Square when applicable.

13. Drug and Alcohol Evaluations

Drug and alcohol evaluations are separate professional services and are not included in the regular psychotherapy fee.

The standard fee is:

- Evaluation session: $250 per session

A comprehensive evaluation will typically require three sessions, although the number of sessions may vary depending upon the complexity of the evaluation and the information required.

- Written evaluation report: $300

A typical comprehensive evaluation therefore totals approximately $1,050, assuming three evaluation sessions and one written report. There may be specific mandates from court or probation that require more sessions so the total cost may change in accordance with what is requested.

Additional clinical services, records review, collateral contacts, extensive documentation, or other work beyond the standard evaluation may be billed separately when appropriate and will be discussed with the client whenever reasonably possible.

An evaluation does not guarantee a particular diagnosis, recommendation, treatment disposition, or outcome.

14. Letters, Forms, Documentation, and Other Written Work

Letters, forms, reports, treatment summaries, disability documentation, academic/work documentation, legal documentation, correspondence with third parties, and other written materials that require substantial clinical time outside of a regularly scheduled therapy session may be billed separately.

These services are billed hourly at the clinician's applicable hourly rate.

Whenever reasonably possible, the anticipated amount of time and associated fee will be discussed before substantial work begins.

The clinician may decline to provide a letter, recommendation, form, or other documentation when the requested material would be outside the clinician's scope of practice, unsupported by the clinical record, inconsistent with professional standards, or otherwise inappropriate.

15. Insurance and Reimbursement

Our practice is a private-pay practice.

We do not communicate with insurance companies regarding payment-related concerns on behalf of clients. This includes disputes regarding claims, deductibles, reimbursement, authorization, coverage, denials, benefit limitations, or insurance payment.

Clients are responsible for contacting their insurance company directly regarding their benefits and reimbursement.

We do not guarantee that an insurance company will reimburse any portion of your treatment.

When appropriate, we may provide documentation or a superbill that you may submit to your insurance company. Providing documentation does not create an obligation on the part of the practice to communicate with the insurance company or resolve a reimbursement dispute.

Single-Case Agreements

We do not enter into single-case agreements with insurance companies.

If your insurance company requires a single-case agreement in order to cover treatment, you are responsible for discussing alternatives directly with your insurance carrier.

You remain responsible for payment of services regardless of whether your insurance company reimburses you.

16. Outstanding Balances

Clients are responsible for maintaining their accounts in good standing.

If a balance accumulates, we encourage you to communicate with your therapist or the practice promptly so that payment arrangements can be discussed when appropriate.

If an account develops an outstanding balance, the therapist may choose to pause future sessions until the balance has been paid or an acceptable payment arrangement has been established.

A pause in treatment for an unpaid balance does not mean that treatment has been terminated without notice. However, clients should understand that appointments cannot necessarily be held indefinitely while an account remains unpaid.

Outstanding balances may be subject to lawful collection procedures when appropriate.

17. Cancellations and Missed Appointments

We require at least 24 hours' notice to cancel or reschedule an appointment.

Appointments cancelled with less than 24 hours' notice and missed appointments may be charged the full scheduled fee.

We ask that clients be mindful of the time reserved specifically for them. A late cancellation or missed appointment is not simply time that the therapist loses; it is also an appointment that could potentially have been offered to another person who may be actively seeking or urgently needing care.

This is particularly important in the population we serve, where clients may be experiencing significant mental health, substance use, or other behavioral health concerns and may be waiting for an available appointment.

We understand that emergencies happen. We will use reasonable clinical judgment when determining whether an exception is appropriate.

18. Communication With Your Therapist

Text messaging is generally limited to scheduling and logistical matters.

We do not provide psychotherapy through text message, email, or other informal electronic communication.

Electronic communications may not be completely secure. Please use discretion when communicating sensitive information electronically.

Therapists are not expected to respond immediately to messages.

We generally return calls or messages during regular business hours and may not monitor communications outside of those hours.

Do not use email, text messaging, or routine office communication for emergencies.

19. Boundaries and Professional Relationships

Maintaining appropriate professional boundaries is an important part of ethical clinical care.

Therapists will maintain appropriate professional boundaries with clients and will avoid relationships or activities that could interfere with clinical judgment or create conflicts of interest.

Clients are encouraged to discuss any boundary concerns directly with their therapist.

20. Records

Clinical records are maintained in accordance with applicable federal and Pennsylvania requirements and professional standards.

Clients may request access to their records subject to applicable law.

Requests for copies, summaries, or extensive record review may involve administrative or professional fees when permitted by law.

Records will be maintained and stored using reasonable safeguards designed to protect privacy and security.

21. Treatment Coordination and Releases of Information

Your therapist may recommend communication with another healthcare provider, treatment program, family member, attorney, employer, school, or other third party when clinically appropriate.

Except when disclosure is otherwise permitted or required by law, written authorization will generally be obtained before confidential information is disclosed.

You may revoke a valid authorization in writing, subject to applicable law and limitations regarding information already disclosed.

22. Concerns About Treatment

We encourage you to discuss concerns about your treatment directly with your therapist.

You have the right to ask questions, express disagreement, request changes in your treatment approach, request a referral, or discontinue treatment.

You have the right to respectful and considerate care without discrimination on the basis of protected characteristics or source of payment.

If you believe another level or type of care would better meet your needs, we encourage you to discuss this with your therapist.

23. Minors

Treatment of minors is subject to Pennsylvania law and the rights of parents or legal guardians.

Depending upon the minor's age, legal status, type of treatment, and circumstances, parents or guardians may have rights regarding consent, access to records, and participation in treatment.

Your therapist will discuss confidentiality and its limits with minors and their parents or guardians as appropriate.

24. Telehealth and Interstate Practice

Because telehealth involves providing services to a client based upon the client's physical location, clients must notify their therapist if they will be physically located outside Pennsylvania during a scheduled telehealth session.

The therapist will determine whether they are legally and professionally authorized to provide services in that jurisdiction.

For psychologists, Pennsylvania participates in the Psychology Interjurisdictional Compact (PSYPACT), which may permit qualifying psychologists to provide certain telepsychology services across participating state boundaries when the appropriate authority has been obtained.

Other clinicians may be subject to different interstate practice requirements. Pennsylvania is currently in the process of becoming part of the COMPACT. The Counseling Compact is an interstate compact, or a contract among states, allowing professional counselors licensed and residing in a compact member state to practice in other compact member states without need for multiple licenses. Once those changes are established, our clinicians with those permissions will be able to conduct therapy sessions outside of Pennsylvania or other states in which they are licensed.

25. Consent and Acknowledgment

By signing below, I acknowledge that:

- I have read or have had this document explained to me.
- I have had an opportunity to ask questions about the information contained in this agreement.
- I understand the nature, benefits, and potential risks of counseling and/or telehealth services.
- I understand the limits of confidentiality.
- I understand that group confidentiality cannot be guaranteed because other group members may not comply with confidentiality expectations.
- I understand the Jeremy Frank and Associates's fee, payment, cancellation, and outstanding-balance policies.
- I understand that Jeremy Frank and Associates does not communicate with insurance companies regarding payment or reimbursement disputes.
- I understand that Jeremy Frank and Associates does not enter into single-case agreements with insurance companies.
- I understand that crisis services are not provided through routine text, email, or other informal communication.
- I understand that I should call 911 or go to the nearest emergency department in an emergency.
- I understand that my therapist may recommend a higher level of care when clinically indicated.
- I understand that I am responsible for notifying my therapist of my physical location during telehealth services when relevant.
- I have been given an opportunity to discuss any questions or concerns with my therapist.

Client Information

Client Name: _____ **Date of Birth:** _____

Address: _____

City/State/ZIP: _____

Cell Phone: _____ **Email:** _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Client Signature: _____ **Date:** _____

Therapist Name: _____

Therapist Signature: _____ **Date:** _____

Payment Authorization

I authorize Jeremy Frank and Associates to charge my designated payment method for services for which I am financially responsible, including applicable missed-appointment/late-cancellation fees and outstanding balances in accordance with the policies described above.

I understand that I remain responsible for all charges regardless of whether a third-party insurance company reimburses me.

Name on Payment Account: _____

Payment Method: _____ **Card Number:** _____

Security Code: _____ **Zip Code:** _____

Signature: _____ **Date:** _____