

SHIDEH LENNON, PH.D.
CLINICAL PSYCHOLOGIST
NYS Lic. # 013428
(347) 273-1105

26 Court St – Suite 1014
Brooklyn, NY 11242

159 Green St – Suite 22
Kingston, NY 12401

Psychologist-Client Service Agreement

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail.

Although these documents are long and sometimes complicated, it is very important that you read them carefully. We can discuss any questions you have about that. When you sign this document it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred.

Psychological Services

Therapy is a relationship between people that works in part because of the clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to create change. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to know about. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These respective rights are described in the following section.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things that we discuss outside of sessions.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation I will be able to offer you some initial impressions of what our work may include. At that point, we will discuss your treatment goals and create a personalized, initial treatment plan, if you decide to continue. You should evaluate this information as well as your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise.

Appointments

If we decide that I am the best person to provide the services you need in order to meet your treatment goals, I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent.

The time schedule for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, please provide at least 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hours notice, you must pay for the missed session in full. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In addition, you are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time.

Professional Fees

The standard fee for a 45-minute session is \$120 and \$180 for my Kingston and Brooklyn offices respectively. You are responsible for paying for your session on a weekly basis unless prior arrangements have been made. If you have health insurance for which I am an in-network provider, I will file claims for reimbursement of my professional fees. You are responsible for the full amount of your co-pay as determined by your particular plan. If I am an out of network provider for your health plan, you are responsible for my full fee. In that case I will be happy to assist you in filing for reimbursement by providing any necessary information so you can file your claim.

Professional Records

I am required to keep appropriate records of the psychological services that I provide. Although psychotherapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, and a general mention of the topics discussed. You have the right to a copy of your file at any time. You have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

The confidentiality of all communications between a client and a psychologist is generally protected by law and I, as your therapist, will keep the content of our sessions in the strictest confidence. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. You may request that information be shared with whomever you choose and you may revoke that permission in writing at any time.

There are certain situations however, in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. These include, but are not limited to:

- If I have good reason to believe that you are threatening serious bodily harm to yourself or others. If I believe a client is threatening serious bodily harm to another person, I may be required to take action, which may include notifying the potential victim, the police, or seeking hospitalization. If a client threatens harm to him/herself, I may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.
- If I have good reason to suspect, or have evidence of, abuse/neglect toward children, the elderly, or a disabled person. In such a case I am required by law to report the “reasonable suspicion” of such abuse/neglect to the appropriate state agency.
- In response to a court order or where otherwise required by law.
- To the extent necessary to make a claim for payment through the client’s health insurance carrier or to make a claim on a delinquent account via a collection agency.
- To the extent necessary for emergency medical care to be rendered.

In addition, if I am working with an adolescent over the age of 12, it is in the best interest of our work that information disclosed in our relationship remains confidential. Issues discussed vary according to individual need, but may include those related to relationships with family and peers, alcohol and drug use and experimentation, sexuality and sexual behavior, disobedience and oppositional behavior, and topics associated with the existential paradox of being. Confidentiality will be maintained unless the adolescent is being abused, neglected or poses a serious risk for harm to oneself or others, as indicated above. Periodically, family sessions will be held in accordance with treatment indicators and in most situations, with the endorsement of the adolescent client.

There are also times when I find it helpful to consult with colleagues as part of my practice. In that case, your name and identifying information will not be disclosed. The consultant is also legally bound to keep the information confidential.

Availability

I am often not immediately available by phone and do not answer the phone when I am with a client. You may leave a message on my confidential voicemail at any time with some good times to reach you and I will return your call as soon as possible. If you are calling with an emergency and cannot wait for a response, it remains your responsibility to take care of yourself until such time as we can talk. In such a case you can contact your family physician, your psychiatrist if you are working with one, call 911, or go to your nearest emergency room. In addition, I will make every attempt to inform you of any planned absences.

Additional Information

You have the right to choose not to receive therapy from me, at any time. If you choose this, I will provide you with names of other qualified professionals whose services you

might prefer. You also have the right to ask any questions about or prevent the procedures used during therapy. I encourage you to ask questions about my methods as they arise. I abide by the Ethical Principles of the American Psychological Association (www.apa.org) and the rules and regulations of Psychological Practice for the State of New York.

I am very pleased to welcome you as a client in my practice. Please feel free to discuss with me any problem that may arise regarding any of these policies.

Your signature below signifies that you have read and understand the preceding information, and your questions have been satisfactorily answered.

Patient Name: _____

Patient Signature: _____

Legal Guardian Name: _____

Legal Guardian Signature: _____

Date: _____

Shideh Lennon, Ph.D. _____ Date: _____