Modern Wellness LLC

2130 Route 35

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Sea Girt, NJ 08750

**Outpatient Services Contract**

Welcome to Modern Wellness LLC. Since this is your first visit we hope what is written here can answer some of your questions as you seek therapy. Please let us know if you want some clarification on any of the topics discussed in this Outpatient Services Contact, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to all the information in this Outpatient Services Contract.

**Psychotherapy Services**

We provide psychotherapy services for children, adolescents, adults, couples and families. The first appointment(s) serves as a consultation. We will want to hear about the difficulties that led to you making the appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, we will give you some initial recommendations on what we think will help. If we do not think we are able to best assist you, we will give you names of other professionals who we believe would work well with your particular challenges. If you do not agree with our treatment recommendations or do not think our personality styles will be a good match for you, let us know and we will do our best to suggest a different therapist who may be a better fit.

If you and your therapist decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual, couples and family therapy sessions last 45 or 60 minutes unless otherwise arranged. Oftentimes session are set for one each week, but that varies based on what is most appropriate for your treatment plan.

Therapy can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits included increase healthy habits, improved communication and stability in relationships, and lessening of distress. Some potential risks include increases uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples that come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results.

If during your work together with your therapist, noncompliance with treatment recommendation becomes an issue, we will make an effort to discuss this with you to determine the barriers to treatment compliance. We encourage you to discuss any concerns you may have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include, but are not limited to, violence or threats towards us, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently and gradually end therapy. Others feel ready to end therapy without a phasing out period of time.

We may at times seek consultation with other therapists to ensure we are helping you in the most effective manner. We will give all information only to the extend necessary, and we make every effort to avoid revealing the identify of our clients. The consultant is also under legal obligation to keep information confidential.

**Availability between Sessions**

We are not often immediately available by phone. Office hours are Monday through Friday 9am-7pm. The best way to make contact with us is to email us at Laine.modernwellness@gmail.com, and we will try our best to respond within the same business day. If there is an emergency or you need immediate assistant please contact local police by dialing 911.

**Rates and Insurance**

Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important that you verify your mental health benefits so your understand coverage prior to your appointment. Some insurance companies will require a precertification before the first appointment or they will not cover the cost of services.

Our current fees are as follows:

Initial Intake Appointment: $200.00

Subsequent Sessions: $150.00

**Patients with insurance**: the negotiated rate with each insurance company, or copay amount.

The fees are reviewed annually and are subject to change.

We are happy to assist you by having our Billing Manager file claims to your

insurance company on your behalf. However, you, not your insurance company, are responsible for payment of the fee for therapy. Acceptable forms of payment include, check and major credit cards, and payment is expected at the time of service. Cancellations or missed appointments without 24 hours notice will be subject to full fee charge, and insurance companies do not pay charges for missed appointments. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, we will provide you with information to send to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

**Social Media Policy**

In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. I do not accept friend or contact requests from current of former clients on any social networking sites including; Twitter, Facebook, LinkedIn, etc. We will not respond to friend requests or messages through these sites.

We will not solicit testimonials, ratings or grades from clients on websites or through any means. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly. Please do not contact us through text messages or emails regarding clinical issues. These are not a secure communications, and there is possibility that we will not get the message in a timely manner, or that communication will be interpreted in an unclear manner.

If you need to contact your therapist between sessions, please coordinate directly with your therapist. Text messages and emails are only to be used for scheduling, changing or canceling appointments. Please do not use text message to share any confidential information, as these means of communication are not HIPPA protected.

**Professional Records**

Both law and the standards of our profession require that we keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you agree that the requested information released.

**Confidentiality**

In general, the confidentiality of all communications between a client and a mental health clinician is protected by law, and we can only release information to others with your written permission. However, there are a number of exceptions, which are indicated on the consent form.

We would make reasonable effort to discuss any need to disclose confidential information about you, and we are happy to answer any questions you have about the exceptions to confidentiality.

**MINORS**

If you are under 18 years of age, it is important for you to know that the law provides your parents with the right to have access to information about your treatment. Since privacy is often needed in order for therapy to be helpful, I ask parents to waive their right to specific information about our conversations. If they agree to this, I will provide them with general information about our work together, and I will discuss with you any conversations I have with your parents. In the event that I believe you are at risk of behavior that could seriously harm you or another person, I will notify your parents of my concern, and I will also tell you that I am sharing this information.

**RECORDS REVIEW AND RETENTION**

If I request records of prior evaluations or treatments, I will ask that you give me non-original copies. For adults, I will retain clinical records for seven years after the last session. In the case of minors, I will retain records for seven years, or until your 21st birthday, whichever is later.

**INFORMED CONSENT**

I certify that Modern Wellness LLC has answered any questions I have about the information contained in this contract. I have read, understand, and accept the terms of this contract.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Co-Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_