Date: _____ Client number: _____

FairView Counseling and The Play Therapy Center

Office Policies and Consent for Treatment

WELCOME

Thank you for choosing FairView Counseling and The Play Therapy Center. As a non-profit counseling agency, our mission is to foster the health and welfare of children by providing quality, mental health treatment. This document is designed to ensure that you understand our professional relationship.

ATTENDANCE & CANCELLATION

Appointment times vary by clinician and last approximately 50 minutes. Parents/caregivers must remain on FVC property for the duration of the session. Evening appointments are always in high demand. We understand that there are times when you must miss an appointment due to emergencies or unforeseen obligations. If it is necessary to cancel an appointment, please call or leave a message at least 24 hours before your appointment. *Inconsistent attendance may result in the termination of service. This is determined by the clinical team in accordance with FVC policy.

You may leave a voicemail 24 hours a day, 7 days a week.
There is a fee of $40 for NO SHOWS or LATE CANCELLATIONS.

Illness - If your child arrives for therapy and is visibly ill or potentially contagious (including but not limited to lice, bed bugs, etc), we reserve the right to reschedule the appointment in order to protect the wellness of other children and our staff. We encourage our clients to be fever and symptom (vomiting, diarhea, pink eye, lice, etc) free for 24 hours before attending a session. FVC requires our clients to follow the immunization guidelines recommended by the American Academy of Pediatrics. *Parents who choose to not vaccinate are advised to seek treatment for their children elsewhere.*

Weather - Our office is generally open and DOES NOT follow school district closings for inclement weather. You may refer to the WFMZ-TV STORMCENTER online at www.WFMZ.com or Channel 69 news for weather closing.

Emergencies - As a client in outpatient treatment, you are expected to manage your day-to-day functioning. In the case of emergency in which you feel unsafe, call 610-379-2007 for Holcomb Crisis Intervention of Berks County, dial 988 for Suicide and Crisis Lifeline, or go to your local emergency room.

CONFIDENTIALITY & RECORD KEEPING

Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship with the expectation that it will not be divulged to others without permission. FairView Counseling protects the confidentiality of client information in accordance with legal and ethical requirements of Pennsylvania Code and Federal Law. Any communication about your treatment outside of FairView Counseling and The Play Therapy Center requires your written consent. Exceptions to confidentiality include child abuse, adult and domestic abuse, and serious threat to health/ safety and are reviewed in detail in our Notice of Privacy Practices (HIPAA).

FairView Counseling maintains client records as required by law. Clients may request to review their records. Inactive client charts are closed after 60 days.

To maintain the privacy of all individuals at FairView Counseling, there will be no visual or audio recording in the building unless discussed with your provider beforehand.

Clients participating in art therapy may leave their artwork with their art therapist for duration of treatment. In order to uphold professional record-keeping practices, your art therapist may photograph your work to include it in your chart. At the end of therapy, all artwork will be sent home with you. In the event that treatment is ended prematurely, or you are unable to take some pieces home with you, any remaining artwork will be photographed for your chart and then confidentially disposed of when the chart is closed.

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COMMUNICATION POLICY

If you need to communicate with your therapist or change an appointment, always do so by calling the front office. Emails and faxes are not private, and this type of communication can be intercepted. It is your informed decision to email or fax documents to this office. Any communication between sessions will be discussed in your next session unless other action is deemed appropriate by your provider.

COURT POLICY

FVC therapists do not provide mediation, reunification, or custody evaluation services. Parents in high conflict separations/divorces often want a child therapist to make recommendations in court proceedings, such as custody determinations. FVC therapists do not provide testimony or clinical input to be used in court. American Psychological Association (APA) guidelines make a clear distinction between forensic evaluations and the services that therapists provide to children, families, and parents during psychotherapy. For children to feel that their concerns can be safely discussed, they must know that the content of their therapy sessions will remain confidential and that their therapist will remain neutral and uninvolved in any parental disputes, custody determinations, or legal decision-making.

If a therapist is asked by a parent or subpoenaed by an attorney to provide clinical input intended for court, doing so would be a conflict of interest, beyond our bounds of competence, and would violate several provisions of Professional Ethical Principles and Code of Conduct. *Such actions may result in termination of the therapeutic contract.*

FINANCIAL OBLIGATION

FVC and/or it's providers are in-network with many insurance companies. It is the client's responsibility to be familiar with what their specific plan benefits are prior to services being rendered. If you choose to use your insurance coverage, your co-pay is due at the time of service. You are responsible for any amounts that apply to your deductible or that are not covered by your plan. Our office will bill your insurance company directly. For this to occur, FVC may have to provide necessary client health information, including HIPAA protected information to the insurance company for payment purposes. By signing this consent, you are assigning medical benefits to be paid to FVC.

FVC also offers a sliding fee scale for clients without insurance or who are covered by insurances we don't accept. Household income is used to determine your portion of our fee for services. By signing this consent, you are agreeing to pay your portion at the time of services

Any changes in insurance coverage or household income must be reported to our office as soon as possible so that your information can be updated appropriately.

Fees for other services such as completing forms, writing letters, etc. are typically not covered by insurance companies and therefore due at the time of request. Cash, checks, and major credit cards are accepted.

PSYCHOTHERAPY SERVICES

Our intake session allows your therapist to get to know you and assess your needs for treatment. After the intake session(s), your therapist will be able to offer you a clinical impression, what therapy will include, and a general treatment plan. If you have questions about your therapist's procedures, you should discuss them when they arise.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult parts of life, psychotherapy may elicit uncomfortable thoughts and feelings. Psychotherapy also leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

There are many treatment methods that your therapist may use to deal with the concerns that you hope to address. Psychotherapy calls for an active effort and requires work during our sessions and at home.

When clinically appropriate, touch may be used in combination with other therapeutic interventions during therapy. Physical contact often occurs naturally during a child's session but may also be used for modeling relaxation and coping

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skills and/or to help maintain your child's safety. You are encouraged to discuss this with your child's therapist if you have concerns.

CONSENT FOR TREATMENT

For children 13 and younger, FVC requires a signed 'Consent for Treatment' from BOTH PARENTS REGARDLESS of marital status. You must bring two signed consent forms with you on the day of intake, or you will not be seen for your scheduled appointment.

Signing below indicates that you have reviewed and understand the information described above and agree to abide by the contents and terms of this agreement for the duration of your child's treatment.

PRINT Client name _____

**For clients age 14+*
Client signature _____ Date_____

Parent/Guardian signature _____PRINT _____ Date_____

Copy Given to Client _____ Date: ____ /____/____