

LBA Therapy, LCSW, PLLC

Owner: Lauren Aronson, LCSW

Private Practice – New York

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Consent to Treatment, Policies, and Procedures

Thank you for your interest in working with LBA Therapy, LCSW, PLLC in Private Practice. This practice consists of Licensed Clinical Social Workers (LCSW) and Licensed Mental Health Counselors (LMHC), licensed by the New York State Education Department Office of the Professions. Owner, Lauren Aronson, license number is 082439 for reference.

This document covers and refers to all members and therapists of LBA Therapy, LCSW, PLLC.

This document is intended to inform you of what you can expect and what is expected of you during the course of treatment. The following material will provide basic information about this practice's policies and procedures and should be retained for future reference. Please read the following pages, provide signature, and send it back to me via e-mail to lauren.aronson.lcsw@gmail.com or through Simple Practice.

You are represented as Client or Patient in this form. The team is represented as Therapist. Feel free to contact Lauren Aronson with any questions at the e-mail above.

Communication

You can reach out to the team by e-mail. This practice has no emergency coverage and the following resources can be helpful in the event you feel a need for supportive contact when the therapist is unavailable.

- American Psychological Association (all crisis hotlines and resources):
<https://www.apa.org/topics/crisis-hotlines>

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Alcohol and Drug Helpline: 1-800-923-4357
- Senior Loneliness Line: 1-503-200-1633
- Youth line for teen crisis: 1-877-968-8491

Clients must agree and be prepared to call 911 or go to the nearest emergency room when there is a risk of harm to themselves or others.

Tele-mental Health Informed Consent

There are potential benefits and risks of video calls that differ from in-person sessions. Confidentiality still applies for tele-mental health services and nobody will record the session without the permission from the other person(s).

We agree to use the video-conferencing platform, such as Simple Practice, for our virtual sessions and the therapist can explain how to use it if needed.

You will need a webcam or phone during the session. It is important to be in a quiet, private space that is free of distractions during the session. It is important to use a secure internet connection rather than public or free Wi-Fi. If you do not have access to a computer or internet, we can simply use the telephone.

In case of a technical problem, the therapist will contact the client to restart the session or reschedule it.

If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in tele-mental health sessions.

As the therapist, they may determine that due to certain circumstances, tele-mental health is no longer appropriate.

Although tele-therapy falls under the laws, rules, and regulations governing licensed practice in the State of New York, there are still risks involved in communicating electronically.

Treatment Plan and Continuity of Care

We will regularly review your treatment plan as the client will play an active role in the process to ensure treatment goals are met. If we are unavailable for a short period of time (due to vacation, illness, emergency, etc.), we will notify you in writing and we can discuss your options.

Termination and Scope of Service

The therapist(s) reserves the right to terminate the treatment relationship for the following reasons:

- Non-payment
- In the course of practice, we may be faced with a patient whose condition or complaint is beyond our professional competence and training. In that case, we may consult with a colleague or clinic/hospital who is better qualified to provide treatment. This communication can only happen after we discuss that option and after you sign a consent/release form. We will provide you with a treatment summary, upon request.
- Other reasons therapist(s) deem necessary
- The client also has the right to terminate therapy at any time. The request must be made in writing.

Fees and Payment Information

Individual therapy is billed at the rate of:

- \$150 per 30 minute intake session and 30 minute sessions
- \$180 per above 30 minute sessions

Couples therapy is billed at the rate of:

- \$200 per 30 minute intake sessions
- \$230 per above 30 minute sessions

Family therapy is billed at the rate of:

- \$200 per 30 minute intake sessions
- \$250 per above 30 minute sessions

LBA Therapy offers sliding scale options for individuals on a case by case basis. You are responsible for full payment following the session. The fees above are subject to change.

LBA Therapy accepts Aetna, Oxford, United Healthcare insurance plans. You are responsible for your copay. Please contact your insurance company to find out if we are in their network and the amount of your copay. Insurance billing and questions are handled by Headway and Alma who we partner with for our practice. Their contact information will be provided to you in e-mail from therapist.

Cancellation Policy

Cancellations must be made by e-mail at least 24 hours in advance. Since the therapist is unable to use this time for another client, a fee of \$100 will be charged for each missed treatment session or late cancellation. You will be responsible for paying out of pocket.

Confidentiality and Consent for Treatment

What you discuss during your therapy session is kept confidential. No contents of the sessions, whether verbal or written, may be shared with another party without your written consent to release information or your written consent of your legal guardian. The following is a list of exceptions:

- **Duty to Warn and Protect:** If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan or threat to harm another person, the therapist is required to warn the possible victim and notify legal authorities.
- **Abuse:** If you disclose or it is suspected that there is abuse or harmful neglect of children or vulnerable adults (the elderly, individual(s) with disability), the therapist must report this information to the appropriate state agency or legal authorities.
- **Prenatal Exposure to Controlled Substances:** Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

- Minors/Guardianship: Parents or legal guardians of non-emancipated minor clients have the right to access clients' records.
- Team members: Patient information may be shared amongst the therapists within this practice for continued care and/or other matters
- Insurance providers: Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of services, dates and times of services, diagnosis, treatment plan, progress of therapy, case notes, summaries, etc.

By signing this form, you agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Patients' Rights

- You have a right to verify the credentials of licensed professionals who provide services
- You have a right in developing an individual plan of treatment
- You have a right to participate voluntarily in and to consent to treatment
- You have a right to object to, or terminate treatment
- You have a right to have access to your records
- You have a right to receive clinically appropriate care and treatment that is suited to your needs and administered with respect for your dignity and personal integrity
- You have a right to be treated in a manner that is ethical, culturally sensitive, and free from abuse, discrimination, mistreatment, and exploitation
- You have a right to privacy
- You have a right to be free to report grievances regarding services to New York State Education Department
- You have a right to request a change of therapist
- You have a right to have records protected by confidentiality and not be revealed to anyone without your written consent (with a few exceptions mentioned above)

Legal

Therapist reserves the right to be compensated for time spent related to legal or criminal situations. Therapist does not write letters regarding their client's treatment to any entity, including court. The therapist will not offer an opinion or recommendation in any court matter, even related to custody.

If a court order is served and is requesting that therapist be present in person or there is a request for records, the client's consent will be requested before turning over confidential information. When obtaining the 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.

If called to testify in a deposition or court hearing, the client may not discern between information and records provided. All information and records are available for discovery. The therapist reserves the right to discuss implications of releasing information and records.

Court Fees

Please be advised that should therapist be court ordered to appear in court or at a deposition, the fee stipulation is as follows:

- \$1,500 per day
- Other fees include \$180 per hour to prepare records for submission to court, \$180 per hour for depositions and phone contacts, and all attorney costs incurred by therapist as a result of legal action
- Note that this fee is payable 7 days prior to your court date. Since therapist would be forced to clear their calendar of all appointments to be made available to appear in court, this fee is non-refundable. If your court date is postponed and if therapist must again clear their calendar to attend court, you will again be charged the full fee. If your court date is cancelled, this fee is non-refundable.

No further appointments will be scheduled until this fee is paid in full. If this payment is not paid in full within one calendar month, it will be brought to collections.

Please coordinate with the therapist to ensure they are available for the date and time of deposition or court hearing. The therapist may agree to accept the subpoena via email if agreed upon. A subpoena in which the client provided the therapist as a potential witness shall be billed in full for all court related activity.

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, the therapist must be issued a new subpoena with the new court hearing date.

Should the therapist be on vacation or not available, 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 this document, I understand and agree to the above stated legal and court policy and stipulation, including but not limited to, the fee structure for all related court matters. I understand the terms of confidentiality and the terms of non-payment. I understand that my therapist is not responsible for the outcome or any judgements made regarding my case.

Consent to Treatment

By signing the below, you or your legal guardian agree to the following:

I acknowledge that I have read and understood the preceding pages and I consent to treatment by Lauren Aronson, LCSW and other therapists in the practice for myself, or my child. I understand that I am obligated to pay in full at the time of the service. Any outstanding balance will result in termination of service.

I have read all pages of this document thoroughly and understand the information it contains. I agree to the conditions of my treatment as described in this document.

X _____
Patients/Legal Guardian's Name Date

X

Patients/Legal Guardian's Signature

Date