**BEACHWOOD COUNSELING CENTER**

**Katherine Jackson, Ph.D., ATR-BC, RYT**

**Katherine Jackson, Ph.D., ATR-BC, RYT, “Dr. Kate” is a Ph.D. level psychotherapist, board certified art therapist, and registered yoga teacher. She is also a full time Associate Professor at Ursuline College teaching in the Masters of Counseling and Art Therapy program. Dr. Kate has been practicing for 30+ years, and has been in private practice since 1998. She specializes in working with teens, adults, couples, and families dealing with anxiety, depression, life transitions, divorce/separation, life’s uncertainties, personal growth and self knowledge, and issues with loss.**

**The following is general information that you should be aware of:**

**THERAPIST-CLIENT SERVICE AGREEMENT AND HIPAA NOTICE**

This Agreement explains my professional services and business policies, and summarizes the Health Information Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI). When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. However, under certain conditions I may be unable to act on the revocation. These circumstances include a situation where you have not satisfied your financial obligations with me.

**MEETINGS**

My clinical hour is 50 minutes. Our first appointment may run closer to 60 minutes in order for me to gather crucial information about you and how we may best work together. I typically wish to see new clients once a week or every other week, in order for us to establish solid therapeutic ground. Clients often maintain this schedule until they (or we) agree that a less frequent schedule is more appropriate for them. **Once an appointment is scheduled, you will be responsible for a late cancellation fee unless you provide 24 hours advance notice of cancellation.** Because this is an hour established and reserved specifically for you, the charge for a late cancellation or a missed appointment is your full appointment fee.

**PROFESSIONAL FEES**

My fee for your initial appointment is $150. Subsequent sessions are billed at $125. In addition to scheduled therapy appointments, I charge for other professional services you may need. These services include, but may not be limited to, report and letter writing, collateral or professional consultation (with your permission), and time spent performing other professional services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party (in a case involving you). Because of the difficulty of legal involvement, I charge $175 per hour for preparation and attendance at any legal proceeding, and all transportation expenses. These fees are subject to change.

**PROFESSIONAL SERVICES AND FEES**

* Initial assessment and intake $150 for 60 minute hour
* Individual, Couples, Family therapy $125 per 50 minute hour
* Individual Yoga and therapy sessions/practice $100 per 50 minute hour
* Consultation via phone calls, 15 minutes = $35, 30 minutes = $65, 45 minutes = $95, to be paid at time of conversation.
* Letters to attorneys, schools, other mental health professionals are billed depending on degree of difficulty, ranging in cost from $25.00-350.00.

**CONTACTING ME**

Due to the nature of my work, I may not be immediately available by telephone. If you call my office and I am not available, you may leave a message for me on my voicemail. I check my messages frequently and will return your call as soon as possible. I do not answer my phone during therapy sessions. I ask that you reserve crisis calls for truly urgent situations. If I am not available to take your call or if I am unable to respond to your message immediately, please go to your nearest Emergency Room or contact another available resource, including:

o 9-1-1

 o Mobile crisis hotline 216.623.6888

o Your family physician or psychiatrist. Ask for the mental health professional on call.

**LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a therapist. 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. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

 o I may occasionally find it helpful to consult other health and mental health professionals about your case, although every effort is made to avoid revealing your identity. These other professionals are also legally bound to keep the information confidential. If you are comfortable with this practice, I will not tell you about these consultations unless you feel that it is important to our work together. All such consultations will be noted in your Clinical Record.

o You should be aware that I may occasionally employ or engage in contracted services with an administrative assistant to help with scheduling, billing, accounting, and quality assurance. In most cases, I need to share protected information with this individual for both clinical and administrative purposes. This assistant is bound by the same rules of confidentiality, has been trained to protect your privacy, and has agreed not to release any information outside of my practice without my permission.

**There are some situations where I am permitted or required to disclose information without either your consent or Authorization:**

o If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the privilege of law. I cannot provide any information without your (or your personal or legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

o If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

o If you file a complaint or lawsuit against me, I may disclose relevant information about you in order to defend myself.

o If you file a worker's compensation claim, you must sign a release so that I may release the information, records or reports relevant to the claim.

**There are situations in which I am legally obligated to take actions that I believe are necessary to attempt to protect you or others from harm. If this happens in your case, I may have to reveal some information about your treatment. These situations are very unusual in my practice:**

o If I know or have reason to suspect that a child under 18 years of age (or developmentally disabled, or physically impaired child under 21 years of age) has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, the law requires that I file a report with the appropriate government agency, usually the Public Children Services Agency.

o If I have reasonable cause to believe that an elderly adult is being abused, neglected, or exploited, or is in a condition that is the result of abuse, neglect, or exploitation, the law requires that I report such belief to the county Department of Job and Family Services.

o In addition, if I know or have reasonable cause to believe that a client has been the victim of domestic violence, I must note that knowledge or belief and the basis for it in the client records.

o If I believe that a client presents a clear and substantial risk of imminent serious harm to him/herself or someone else, and I believe that disclosure of certain information may serve to protect that individual, then I must disclose that information to the appropriate public authorities, and/or the potential victim, and/ or professionals, and/or the family of the client.

 If such a situation arises in your case, I will make every effort to fully discuss it with you before taking any action and I will limit the disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns with me. The laws governing confidentiality can be quite complex and I do not have legal training. In situations where specific advice is required, seek formal legal advice.

**YOUR RIGHTS**

HIPAA provides you with rights with regard to your Clinical Record and disclosures of Protected Health Information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement/Notice form. I am happy to discuss any of these rights with you.

**BILLING, PAYMENT AND FEE SUMMARY**

You will be expected to pay in full for each session at the time it is held. I request that you complete a credit card authorization statement, so that I may bill your credit card at time of service, unless other arrangements are made. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client is demographic information (i.e., name, nature of services provided, amount due), completely unrelated to the details of treatment. If such legal action is necessary, these costs will be included in the claim.

**INSURANCE BILLING**

I have limited insurance billing privileges with Medical Mutual which is billed under a group plan through Beachwood Counseling Center’s licensed counselor, Judy Jankowski, LPCC-s. No other insurance plans are accepted.

**THERAPIST-CLIENT SERVICE AGREEMENT AND HIPAA NOTICE Your signature at the end of this Agreement indicates that you have read this Agreement and agree to its terms. It also serves to acknowledge that you have received notification regarding HIPAA.**

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**Client Name (Please Print)**

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**Name of Parent/Guardian *if Client under 18* (Please Print)**