

Welcome to **Jennifer Novello, LMSW, ACSW, PLLC**. I am committed to providing caring and professional mental health care to all of my clients. As part of the delivery of mental health services, I have established this agreement regarding fees and other administrative issues. Please read it carefully and contact me if you have questions.

ETHICS AND PROFESSIONAL STANDARDS

I am licensed in the State of Michigan as a Licensed Masters Social Worker (LMSW) and nationally credentialed by the National Association of Social Workers as a member of the Academy of Certified Social Workers (ACSW). As a clinical social worker, I am committed to maintaining all ethical and professional standards as established by my profession and the State of Michigan.

It is a best practice standard to spend the first appointment(s) focused on gathering information about what brings you to therapy and your hopes for treatment. During this process a range of medical, psychological, and social information will be gathered. I will then provide feedback and recommendations for treatment. If my recommendations make sense to you and it is decided that on-going therapy with me is indicated, we will establish treatment goals to guide our work. The progress of therapy will be evaluated over time. If either you or the therapist feels the treatment is not progressing satisfactorily, this should be discussed and an alternative plan of action made.

CONFIDENTIALITY

The laws in the State of Michigan require that issues discussed during therapy remain confidential. The only exceptions to confidentiality are in cases of suspected child abuse; in cases where the therapist believes that an individual demonstrates a clear potential to harm to him/ herself or another person; and in cases of a court subpoenas. If one of these exceptions occur, I am legally and ethically required to report information even if it goes against the patient's wishes.

At other times, you or your therapist may feel it beneficial for your therapist to communicate with other individuals such as your physician, former therapist, or school staff. If you want such communication to take place, you must sign a release of information form, authorizing this communication. Without your written consent, communication will not take place.

In couple or family therapy, or when different family members are seen individually, confidentiality does not apply between the couple or among the family members. I will use my clinical judgment when revealing such information. I will not release any information to an outside party unless I am authorized to do so by all adult family members who were part of the treatment.

MINORS

If a patient is under 18 years of age, the law may provide the patient's parents with the right to gain information about treatment. For older minors, the clinician will provide the parents with general information on how the treatment is proceeding. For younger children, it is important to have parents actively involved in treatment. Regularly scheduled time with parents will be scheduled to coordinate care, discuss progress, and to provide parent guidance. In all cases, if the clinician feels there is a high risk for the minor to self-harm or harm another, the clinician will inform parents and make a safety plan.

SCHEDULED APPOINTMENTS, MISSED APPOINTMENTS AND CANCELLATIONS

Every effort will be made to schedule therapy appointments at a mutually agreeable time. Please remember that your appointment time is reserved for you and cannot be used by anyone else. If you need to cancel or reschedule your appointment, please provide at least 48 hours' notice.

I understand that missing work or school may be an important consideration for scheduling. Early morning and after school/ work appointments are in high demand. These appointments will be offered in order of seniority. If you wish to be on the wait list for an early morning or after school/ work appointment, please inform me and I will place you on the list and notify you when an opening is available.

I will usually be able to begin appointments at the scheduled appointment time. If the session begins late due to the therapist, the session will still be the length planned. If the client arrives late for the appointment, the session will end at the time it was scheduled to end.

Please be aware that if you do not show up for your appointment or fail to cancel your appointment 24 hours prior to your appointment, you will be charged a \$25.00 fee based on the nature of the appointment. This charge will not be submitted to your insurance carrier and is your sole responsibility. Additionally, if you fail to show for your appointment and do not contact your therapist, previously scheduled appointments will be canceled until such time that you recon tact the therapist.

BILLING SERVICES

In order to establish a realistic plan for professional services, it is important to evaluate what resources are available to pay for such services. If you have a health benefits policy, it will usually provide some coverage for mental health services. I will provide you with assistance in facilitating your use of any insurance benefits to which you are entitled. However, you, and not your insurance company, are responsible for full payment of the fee for services.

FEES

The first intake (90791) appointment is \$210.00. Subsequent appointments may be 60 minutes (90837) at \$160.00; or 45 minutes (90834) at \$140.00. Family appointments (90847) are \$155.00 for 45 to 60 minutes.

INSURANCE REIMBURSEMENT

Please familiarize yourself thoroughly with your insurance coverage for psychotherapy services. The extent of coverage, yearly deductibles, co-insurance payments, or co-payments vary significantly depending on your insurance plan. Jennifer Novello, LMSW, ACSW, PLLC cannot be responsible for knowing the specifics of your personal policy. You are responsible for any deductibles, co-insurance payments, or co-payments associated with your plan. Therefore, it is important that you are thoroughly familiar with the nature and extent of your insurance coverage for professional services provided for Licensed Clinical Social Workers. Payment for services is expected at the time of service and can be made by cash, check or credit card.

PAYMENT METHODS

Clients are expected to pay the therapy fee at the time of service by cash, check or charge (Visa or MasterCard). Returned checks will incur a \$25.00 fee. If payment is not made, there will be a brief period of time devoted to discussion of options, including possible referral to a sliding fee provider or free community resources and to the termination of our work together.

OFFICE HOURS

I am typically in the office Monday through Thursday and occasionally on Friday. Office hours are by appointment only. During the summer, office days and hours will vary.

EMERGENCIES AND AFTER-HOURS POLICIES

If you have a situation that cannot wait until regular business hours, you may attempt to contact me at 517-999-9005. DO NOT EMAIL ME for urgent matters. If I am unavailable and it is an urgent or emergent situation, please call 517-346-8460 for Community Mental Health Emergency Services (812 E. Jolly Road, Lansing, MI), call 911 or go directly to your local hospital emergency room.

TREATMENT SERVICES AGREEMENT AND CONSENT TO TREATMENT

Please examine this document closely and ask me any questions you may have prior to signing this agreement. Your signature below constitutes an understanding of this document and your agreement to abide by the conditions listed above. By signing this document, you are also giving your informed consent to participate in psychotherapy with me, Jennifer Novello, LMSW, ACSW. The signed document will become part of your patient record. A copy will be provided to you upon request.

Signature of Client/Parent/Parent or Legal Guardian

Date