

Kenien Counseling, LLC
1330 Hillcroft Lane
York, PA 17403
Email: kenienphd@gmail.com
(717) 668-1801

Office Policies Agreement and Consent for Counseling and Assessment Services

Appointments

Kenien Counseling, LLC provide all professional services by appointment. Initial intake appointments are scheduled with parents/caregivers to obtain background and clinical information, including concerns leading to the seeking of services. Routine scheduled therapy appointments are generally 45 minutes in duration. Psychoeducational assessment services require several hours and are scheduled accordingly. It is important for you to be on time for your appointments. This allows our practice to remain on schedule.

Crisis/Emergency Appointments

If you need to schedule a crisis or emergency appointment, you should contact our practice and we will make every effort to schedule an appointment as soon as possible. For life-threatening emergencies, call 911 and/or proceed to your local emergency room.

Missed Appointment Policy

Your appointment time is reserved for you. We ask that you provide notice of at least 24 hours if you need to cancel an appointment. Should you have a late cancellation, no show, or late arrival for your appointment, this will be considered a missed appointment. We define a missed appointment in the following ways:

Late Cancellation: Notice of less than 24 hours of your inability to attend a scheduled session.

No Show: Failure to provide any notice of your inability to attend the session prior to the appointment time.

Missed appointments exclude serious emergencies or sudden illness. The death of a family member, natural disaster, accident, weather conditions, or severe illness of a family member living at home, all qualify as emergencies. A business meeting, final exam, doctor's appointment, minor illness (e.g., cold), or sleeping in, would not be considered an excused session.

After three missed appointments, any additional missed appointments will result in either a discharge at our practice or the option to reimburse our full fee for the scheduled service for each subsequent missed appointment. You may also be required to change your ongoing appointment day and time.

Contacting Our Practice

In the event that your clinician is not immediately available by telephone, you may leave a voicemail. Voicemails are confidential and your message can only be accessed by our professional providers. We make all attempts to return messages by the end of our work day. However, there are times when it may take longer for a return call.

We understand that email is a frequently used form of communication, and this is an option for contacting Kenien Counseling, LLC, and our clinicians. However, we must make you aware that while we take precautions to keep email secure; there is no way we can fully ensure its security. If you choose to use email as a form of communication, please do not include sensitive information. **In addition, email is not to be used in the case of an emergency. Please call our practice at (717) 668-1801 for all urgent situations.**

Kenien Counseling, LLC Practice Facilities

We deem our practice premises to be reasonably safe, however, you should present for your appointments at your sole discretion, with awareness and responsibility for any natural risks (e.g. stairs, walkways, driveway). You may cancel an appointment without penalty or fees in any situation in which you deem the building premises unsafe (e.g. icy conditions in parking area). Although every attempt is made to maintain safe premises, your signature on this agreement indicates that you are accepting sole responsibility for your safety while in, on, or around our practice premises. You should understand and agree that Kenien Counseling, LLC is not responsible and cannot be held liable for any negative consequences of damages related to the premises inside or outside of the building.

Winter Precautions. Please be very cautious when walking in the driveway and pathway to and from our entrance during the winter to avoid slipping on ice or snow. If the weather prevents you from making your appointment, **please call to cancel** so we know that you are not coming. This is greatly appreciated. In the event that our practice needs to close during regular business hours, we will make all attempts to reach you prior to your appointment using the phone numbers provided. If you are concerned about travel conditions, please call our practice prior to leaving. You may cancel your appointment without penalty should weather conditions affect your attendance.

Children and Minors. Children on our premises must have adult supervision at all times. Any toys available in the waiting area are intended for use according to the discretion and supervision of parents/caregivers. Parents/caregivers are responsible for being aware of and ensuring safety around natural physical dangers, such as doors and steps. Please be notified that children and minors are not allowed to remain in the waiting room unsupervised and an **adult must accompany them to the restroom**. There will be no one available to supervise children who are not involved in the session, and every effort should be made to bring only the individuals involved in the session or services (or bring an adult to supervise children in the waiting area).

Behavioral Health Services

Participation in behavioral health services can have both risks and benefits. Therapeutic services often involve discussing unpleasant aspects of life or stressful situations. Individuals in therapy may experience uncomfortable feelings (e.g. anger, sadness, and guilt), emotional distress, and/or increased behavioral problems. However, participating in these services can also yield many benefits, including improved emotional and behavioral functioning, social and family relationships, and alleviation of emotional distress. However, there are no guarantees with regard to effectiveness of behavioral health services or for the patient's (and/or participating family members) experience of risks and benefits.

Professional Record Keeping

The laws and standards require that psychological and behavioral healthcare providers maintain clinical records of all services provided. The following information may be included in your clinical record: reasons for seeking services, symptoms, diagnoses, treatment plan, session information and progress, medical, social, and family history, records from other providers, billing information, phone calls and other communications, information provided by other individuals; and other information related to the clinical services. Paper records are maintained in a locked location and kept onsite.

Parental Consent and Release of Information

The consent of BOTH parents (and/or legal guardians) is required for youths under the age of 14 years. For children with separated or divorced parents, if one parent objects to the child's participation in psychological or behavioral health services, a court order must be obtained to authorize Kenien Counseling, LLC to provide services without the other parent's consent.

Limits on Confidentiality

Our *Notice of Policies and Practices to Protect the Privacy of Your Health Information (PHI)* is available by request. You will be asked to sign a Consent Regarding Notice of Privacy Practices for Protected Health Information, which acknowledges your receipt and understanding of our policies. The Notice provides details regarding limits on confidentiality and requirements for the disclosure of your PHI if: (1) there is a suspicion of abuse or neglect of a child even if we do not see the child in a professional capacity. We are required to report suspected abuse if anyone aged 14 or older tells us they committed child abuse, even if the victim is no longer in danger, or if anyone disclosed that he or she knows of any child currently being abused; (2) there is suspicion of abuse or neglect of an elderly person, or disabled person; (3) there is a belief that you are in

danger of harming yourself or another person or you are unable to care for yourself; (4) there is a suspicion that you intend to physically injure someone; (5) there is a court order that exists to release information; (6) there is a request from a government agency to review information for health oversight activities; (7) you file a complaint or lawsuit against The Center or any Center employee (your entire treatment file can be used within the legal defense); (8) there is a natural disaster whereby records may become exposed; or (9) when otherwise required by law. These situations are very unusual and the laws regarding confidentiality are complex. You should speak with your treating provider regarding any questions on this information.

In most situations, Kenien Counseling, LLC and our providers can only release information regarding your behavioral health services if you sign an authorization form that meets the legal requirements imposed by HIPAA. Your signature on this Agreement offers consent for the following:

Occasionally the treating provider may need to consult with other professionals regarding treatment. Every effort is made to avoid revealing your identity. In these cases, other professionals are also legally bound to keep information confidential. Typically, these consultations are not discussed directly with you, however they function to provide you with the highest quality of care.

Legal Matters

The clinical services provided by Kenien Counseling, LLC and our staff are not forensic in nature, and you understand that the services under this agreement are not for custody purposes, disputes, or legal matters. Our providers do not engage in forensic services with individuals they see for clinical treatment or services. Therefore you knowingly and freely waive your right to request the release of information to your attorney or any other Officer of the Court for custody or legal purposes. The release of clinically significant information to any Officer of the Court shall be by Court Order only, signed by a duly appointed judge. If a Court Order is issued, you understand that we do not need your authorization to release this information.

Financial Policy

Kenien Counseling, LLC is committed to providing the best possible care, and your understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibilities. Most of our fees are established as an hourly or per session rate and are billed accordingly. However, some of our services, including assessment, are billed as a flat rate. Our current fee schedule is posted on the website (keniencounseling.com) or is available upon request. Please note those fees are subject to change without prior notification.

Payment. Please note that all payments are due at the time of service and will be collected before your session. Our practice accepts cash and personal checks only. Returned checks will result in an additional \$35.00 fee to cover bank charges and processing costs.

Concerns and Changes

Although these policies provide general information regarding Kenien Counseling, LLC, we recognize that you may have additional questions or concerns. Please feel free to bring these to our attention. We want to provide a service that will be supportive and successful for our clients. Any concerns should be discussed with treatment providers.

Changes may be made to Kenien Counseling, LLC policies without advanced notice to clients, when needed. We will make them available at your next appointment.

Consent of Agreement

Kenien Counseling, LLC will retain a copy of this signed page as part of your medical record. The remainder of this document is for your record and reference. Your signature indicates that as of the revision date shown on each page of this document, you are in agreement with our updated policies. In the case of significant changes, you will receive a copy of the new policy agreement and be asked to re-sign this form.

Your signature below indicates that you are providing your informed consent to participate in behavioral health services provided by Kenien Counseling, LLC. You agree to hold harmless and release from all liability Kenien Counseling, LLC's providers for any negative effects or damages that may result from your participation in said services, release of information, and/or fee collection process.

You are agreeing that if you, or anyone on your behalf, file a lawsuit, licensure, or ethics complaint, or take any other legal action against Kenien Counseling, LLC and/or employee(s) of Kenien Counseling, LLC concerning any aspect of your participation in services, and there is a favorable ruling for Kenien Counseling, LLC and/or Kenien Counseling, LLC employee(s), you will be responsible for all legal, professional, office, and court costs for the complaint or suit filed by you or anyone on your behalf. These costs will be due 30 days from the determination in favor of Kenien Counseling, LLC employee(s).

When you sign this Agreement, any previously signed Agreements are void and are no longer in effect. You may discuss any concerns with the treating provider before signing.

Your signature indicates that you have read, understand, and agree to the terms of this Agreement, as well as the policies of Kenien Counseling, LLC outlined above. Furthermore, I consent to treatment with Kenien Counseling, LLC, Play Therapy and Assessment.

(Signature)

(Date)

On behalf of _____, my minor child or person entrusted to me for guardianship, I agree to the above policies and give permission for Kenien Counseling, LLC to provide treatment for my child.

(Signatures of both parents/legal guardians)

(Date)