

JESSICA ANNE DEEB, LCSW, LLC

CONSENT TO TREATMENT

CONFIDENTIALITY

Information shared during a counseling session is considered confidential under HIPPA (the Health Information Privacy and Portability Act). However, there are some exceptions when your privacy is not protected by me that you should know about.

1. All information will be held confidential and privileged unless the psychotherapist has suspicion that I (client) have neglected or abused a child (including minors witnessing domestic violence), a senior citizen or a disabled person, in which case a report will be made as required by law to the appropriate law enforcement and social welfare agencies.
2. All information will be held confidential and privileged unless I (client) report suicidal or homicidal ideation, intent or plan, in which case a report will be made as required by law to the appropriate law enforcement and social welfare agencies.
3. All information will be held confidential and privileged unless the psychotherapist has been subpoenaed by a court of law.
4. If I am utilizing insurance or EAP to assist in payment for my services, I agree by my signature below to allow my psychotherapist to release information in my record, including but not limited to: my history, condition, diagnosis, prognosis, treatment plan and treatment recommendations to insurance/EAP personnel involved in reviewing my case.
5. Other information may be released in accordance with the Health Insurance Portability and Accountability Act as described in this office's Notice of Privacy Practices.

You have the legal right to have *access* to your therapy file. If requested, you will be provided with a professional summary. A professional summary includes: the dates of our sessions, our treatment goals, a summary of our sessions, and a synopsis of your progress in therapy. My detailed session notes are to help me process my thoughts and remain my legal property (though strictly confidential to no one but myself). Anyone seeking access to their file will be provided with a summary within 10 business days at the rate of \$25 per report. Anyone else wishing to access your file will first need you to come into the office and sign a release permitting the release of your information.

I agree to receive telephone calls or messages from this office to the telephone contact numbers I have provided.

I agree to receive mailings from this office to the home address I have provided.

I have received a copy of the Notice of Privacy Practices adhered to by this office.

Print Name

Signature of Client

Date

Print Name

Signature of Counselor

Date

9400 River Crossing Blvd., Ste. 102, New Port Richey, 34655 • 105 S. Albany Ave., Tampa, 33606

Office 1-727-808-4818 • Fax 1-727- 375-8631 • www.jessicadeeb.com

JESSICA ANNE DEEB, LCSW, LLC

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FEE SCHEDULE

The costs for counseling sessions vary and are based on my sliding fee schedule. A sliding fee schedule means that you pay what you can afford based on income and family size. This typically ranges from \$35-\$75 for a traditional 50 minute session. If you wish to pay less than the normal \$75 fee you will be asked to provide last year's tax return and together we will decide what rate works best for you. If your financial situation changes for the better or worse during our work together, please let me know so we can adjust your rate accordingly. See chart. Booking a longer session is up to you. An additional half hour added on to a traditional 50 minute session is \$20-\$50 more.

While phone sessions are not the norm, they may occur from time to time in the case of a crisis. Phone sessions are subject to the same sliding fee schedule as mentioned above. **Phone sessions will be billed and due upon receipt.**

There are fees for special services. These fees include, but are not limited to, the following:

1. Preparation for any reports, forms, or other administrative requests. (\$40/hr)
2. If I participate in a legal case, regardless of which party's attorney calls or subpoenas me, fees include but are not limited to testimony, time for travel, waiting in the courtroom, telephone conferences, depositions and review notes. In addition, you are responsible for any fees that I incur by your attorney. (\$40/hr)
3. Finally, the above established fee per session will be charged for face to face consultations held on your behalf with other professionals/agencies. (established hourly fee for service)

Cancelling or rescheduling your appointment is easy. Simply leave me a phone message. **However, you will be responsible for the entire cost of a session when cancelled in less than 24 hours, not including emergencies.**

Fees are to be paid in full the day of your session. I prefer to collect the session fee **at the beginning of the session**, as it makes the process of ending smoother.

Cash, checks, money orders, cashiers check, and credit cards are accepted. If you are paying with check, please have your check already prepared and ready before your session starts. Please make your checks out to: Jessica Anne Deeb, LCSW, LLC. Bounced checks will be subject to a \$40 fee due at the time of receipt. If you are paying by credit card at my Tampa office, I will need to gather your credit card information to keep on file so that I can run your information the next business day at my **New Port Richey location which is set up for credit cards.**

Each year, there will be a potential \$5 increase in your rate of cost per session to cover my yearly increase of expenses. We will discuss this together before any changes to your fee are arranged.

Print Name

Signature of Client

Date

Print Name

Signature of Counselor

Date

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FEE SCHEDULE (continued)

My services will be funded as follows:

Self Pay:

My fee for services will be \$_____per 50 minute session.

My fee for services will be \$_____per 80 minute session.

Health Insurance: _____.

My annual deductible is \$_____.

My copay is \$_____per 50 minute session.

My sessions are limited to _____ per year.

Employee Assistance Program (EAP): _____.

My sessions are limited to _____ per year. There is no copay for EAP services.

Print Name	Signature of Client	Date
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Print Name	Signature of Counselor	Date
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ABOUT THERAPY

Choosing a therapist that feels right to you is absolutely essential. Likewise, I will want to make sure that your needs and my expertise are a good fit. My goal is to help you get what you need out of counseling, even if what you need is a referral to another therapist or agency who specializes in a particular area or with someone whom you feel a stronger connection with. **It usually takes between one to three sessions for me to get enough information and for you to get a good feel for me for us to decide if we are a good fit.**

Although mental health counseling is expected to be helpful in resolving your problems, there is no guarantee about the usefulness or effectiveness of treatment.

By signing this release, you are affirming that I have disclosed to you in simple, non-technical language the nature of therapy, including the material risks and benefits, and the alternatives available to you and the risks for no treatment. You are also affirming that this disclosure was understood by you and enabled you to make an informed consent to this treatment. You may revoke this consent at any time without penalty.

CRISIS AND EMERGENCIES

I do not assure availability at all times and the practice is not geared to the provision of emergency services. Should there be a psychiatric emergency and I am not readily available to assist you in making arrangements, call 9-1-1 or go to the nearest emergency room. If you live in New Port Richey, you can also call BayCare's crisis line at 727-841-4439. If you live in Tampa, you can also call 813-234-1234.

TERMINATION

It is my standard office policy to terminate counseling services for any client whom I have not counseled within 30 days of the last service. At that time, I will mail out a letter asking if you wish to continue counseling services. If I does not get a response within 10 days of the letter being mailed I will assume you wish to terminate services and will remove your name from my active client list. Of course, you are welcome to call for an appointment as a new client at any point in the future. However, I reserve the privilege to accept new clients or not, depending on a host of factors including case load and time allocation.

Print Name

Signature of Client

Date

Print Name

Signature of Counselor

Date

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