

Serenity Solutions, LLC  
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## Policies and Consent to Treatment

### **Treatment Consent:**

I, \_\_\_\_\_ (print name), consent to treatment with Serenity Solutions, LLC. I understand that no guarantees have been made regarding the results or outcome of this treatment. I understand that either party can terminate treatment at any time. However, it is recommended that the reasons for termination be discussed in advance.

### **Fees and Payments:**

Payment for individual sessions is due at the beginning of each session. Payment for group sessions is due according to the group payment agreement (see group payment agreement). Payment can be made in the following ways:

- cash
- check
- credit or debit card

The fees are as follows:

- 45-50 minute individual/couples session: \$140
- 90 minute group session: \$50 (discounts available for pre-payment of group sessions)
- Completion of forms and writing of letters for legal, employment, disability or other reasons is charged in 15-minute increments at the hourly rate of \$140 (which equals \$35 for each 15-minute increment). For example, if it takes 30 minutes to complete a form, you will be charged \$70 (2 X \$35).

There is a \$30 fee for all returned checks.

### **Insurance Reimbursement:**

Serenity Solutions, LLC does not contract with any insurance companies, thereby making us an out-of-network provider. If your insurance company offers out-of-network benefits, you may be eligible to receive some reimbursement for your sessions. Please contact your insurance company to find out what steps you need to take to receive reimbursement. For a list of helpful questions to ask when contacting your insurance company, see [www.SerenitySolutionsTherapy.com/fees.html](http://www.SerenitySolutionsTherapy.com/fees.html) and click on "Click here for information about insurance reimbursement."

Serenity Solutions, LLC will provide you with a monthly invoice to submit to your insurance company. Please be advised of the following:

- Most out-of-network benefits pay only a small percentage of our fee.
- You may have to first meet a deductible to be eligible for reimbursement.
- Serenity Solutions will be required to provide a diagnosis on your invoice in order for you to be eligible.

\*If you are applying for insurance reimbursement, you are required to pay the full fee at the time of treatment.

If you are interested in applying for insurance reimbursement, please initial here and provide your insurance information on the intake form. \_\_\_\_\_ (initials)

### **Cancellation/No-show Policy:**

Serenity Solutions, LLC requires 24 hours notice if you are unable to keep an appointment. If you cancel less than 24 hours in advance, or if you do not show up for your appointment, you will be charged the full fee for the session.

**Inclement Weather Policy:**

In the event of inclement weather, Serenity Solutions, LLC will ascertain the safety of driving, walking and taking public transportation to the office through local news reports. If we determine that it would not be safe for the therapist and clients to travel to the office, all in-person appointments will be canceled. Clients will have the option to request a telephone, Skype or FaceTime session.

If Serenity Solutions determines that there is minimal or no risk to travel to the office, all appointments will be honored. If you do not feel safe traveling to the office, you have the option to cancel your appointment but will be required to pay (based on the 24 hour cancellation policy) or to have a telephone, Skype, or FaceTime session.

Serenity Solutions cannot guarantee the privacy of telephone, Skype or FaceTime sessions and is not responsible for any breaches of confidentiality that may result from lack of security with these means of communication (see Electronic Communication Authorization below). Additionally, telephone, Skype or FaceTime sessions are not reimbursable by insurance companies at this time and cannot be included on invoices to be submitted to insurance companies for reimbursement.

**Electronic Communication Authorization:**

For ease of communication, Serenity Solutions uses cell phones and computers (includes calls and voicemail, text and emails) for business purposes. We welcome communication by electronic means for non-clinical issues such as scheduling, confirming and canceling appointments. We recommend that clinical issues, including psychiatric emergencies be dealt with face-to-face or through telephone communication. While we make every attempt to secure our electronic devices through password protection, we cannot guarantee the privacy and security of information communicated through cell phones, text, or emails, as our files are not currently encrypted.

Please sign below to authorize electronic communication with Serenity Solutions. Please be advised that if you do not authorize electronic communication, there may be a delay in communication.

Signature: \_\_\_\_\_

**Recording of Sessions:**

To ensure the confidentiality of your sessions, no recording of sessions on any electronic devices will be permitted by the client or any Serenity Solutions staff. If it is ascertained that there would be a benefit to recording sessions or a part of sessions (for example, recording of relaxation exercises or for educational purposes), a written consent form must be signed by the client and Serenity Solutions staff.

**Confidentiality:**

A therapist's office needs to be a safe place where you can feel comfortable sharing personal information. Therefore, Serenity Solutions, LLC adheres to a strict confidentiality policy. We will not reveal any of your personal information to anyone without your written permission. This includes all of your personal information, including your name and any other identifying information. The only exception to this rule is in cases of safety. According to the law, we are required to ensure your safety and the safety of others and will contact hospitals, police or child or adult protective services if it is suspected that you are going to attempt suicide, attempt to kill another person, if it is suspected that a child or elderly person is being abused or neglected or if you require emergency medical treatment while in our care.

If you would like us to have contact with anyone, please let us know and we will complete a Records Release Authorization form. This includes family, friends, doctors, and employers.

You have been provided with a copy of the "Notice of Privacy Practices," which provides more specific information regarding the privacy of your records and your rights in regards to your records.

Please sign below to acknowledge that you received a copy of the "Notice of Privacy Practices."

Signature: \_\_\_\_\_

**Clinical Consultation:**

It is common practice for therapists to seek clinical consultation in order to ensure that they are doing the best work that they can to help you reach your goals. Therapists at Serenity Solutions, LLC may consult with a clinical supervisor or other professional in the field regarding their work with you. In abiding by our confidentiality policy, we will not reveal any identifying information during these consultations. Additionally, any person with whom we consult with is bound by the same confidentiality laws that we abide by, requiring them to keep all information shared during a consultation confidential.

**Mental Health Emergencies:**

Serenity Solutions, LLC does not provide 24-hour crisis intervention services for mental health emergencies (when you in danger of hurting yourself or someone else). In the case of a mental health emergency, you can contact the following:

- Hall-Mercer Crisis Response Center at Pennsylvania Hospital  
245 South 8th Street, Philadelphia, PA 19107  
215-829-5433
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Emergency: 911

Please sign below to indicate receipt of this form and agreement with the policies described in this form.

\_\_\_\_\_

Client signature

\_\_\_\_\_

Date

\_\_\_\_\_

Staff signature

\_\_\_\_\_

Date

Initial here if you would like a copy of this form. \_\_\_\_\_(initials)