



Between Us Associates, PLLC

Therapeutic Services To Navigate Life's Challenges

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Treatment Information and Agreement

Welcome to Between Us Associates. This document contains important information about our professional services and business policies. Please read it carefully, as once signed, this constitutes a binding agreement between us. If you have any questions or concerns about any part of this, please discuss them with your therapist before signing.

People often engage in therapy hoping to improve relationships, make critical decisions, or come to terms with difficult symptoms and experiences. Therapy requires an active effort on your part and becomes an agreement between clients and therapist to work together to achieve the clients' goals. Therapy has both benefits and challenges. It often leads to a reduction in feelings of distress, to improved relationships and to resolution of particular issues or symptoms. However, success is not guaranteed. Challenges may include discussing unpleasant feelings or evoke unpleasant aspects of your life.

At Between Us Associates, our therapists see life challenges and their solutions as interpersonal and relational. We believe that problems, their resolution, and personal experiences of change occur within a broader framework of family, community and society. These ideas are the foundation of Family Systems Theory. A therapist working from a family systems approach strongly considers and integrates the influence of nuclear and extended family, as well as the community and wider society.

Beyond a family systems approach, our therapists employ a variety of techniques and empirically-supported therapy approaches, including solution-oriented therapy, narrative therapy, Cognitive-Behavioral Therapy, and Motivational Interviewing. Other services provided by Between Us Associates also incorporate the latest empirically-supported or "promising practices" methods.

You have the right to receive quality treatment without discrimination on the basis of age, color, national origin, race, ethnicity, socioeconomic status, veteran's status, disability, body size, health status, religion, gender or sexual orientation. Pursuant to the New Hampshire Mental Health Bill of Rights, clients have certain rights. A copy of the Mental Health Bill of Rights is on display in the office waiting room. If you have any questions or concerns about any part of this, please discuss them with your therapist before signing.

CONFIDENTIALITY

Unless otherwise required by law, information revealed by you during therapy will be kept confidential and will not be released to any other person or agency without your written permission, or in the case of a minor, the permission of a parent or legal guardian. Current law requires information to be provided under the following circumstances:

- a. When abuse or neglect of a minor child or incapacitated adult is suspected, in which case the appropriate state authority must be informed
- b. When a client or other individual is seen as posing a serious threat of harm to themselves, others or real property, in which case a licensed therapist must warn the police or likely victim
- c. When ordered by a court
- d. When a client has waived certain rights when contracting for insurance coverage of services.

Parents have a right, with some limitations, to access and authorize the release of information on their minor child's treatment.

Some billing and other information may be transmitted electronically to your insurance company. The confidentiality of such communications cannot be guaranteed.

We may occasionally share information with a colleague for purposes of consultation. During a consultation, every effort is made to avoid revealing your identity.

Pursuant to the federal regulation Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R Part 2, records and information pertaining to your alcohol and/or drug treatment are protected and cannot be disclosed without your written consent.

THERAPIST'S EXPERIENCE.

Shawn Hassell, M.S., LMFT

I am a State of New Hampshire Licensed Marriage and Family Therapist, #69, Clinical Member and Approved Supervisor of the American Association for Marriage and Family Therapy (AAMFT). I have a Master of Science degree in Family Studies: Marriage and Family Therapy, from the University of New Hampshire, 1999. I have completed two years two years of post-graduate supervised work experience before becoming licensed. As a Marriage and Family Therapist, I am governed by the Code of Ethics of the AAMFT. A copy of the AAMFT Code of Ethics is available in the office waiting room. I have worked in clinic and home-based settings and, prior to entering private practice, directed a regional office and provided clinical supervision for six years at a statewide non-profit family counseling agency.

Christine Lavoie, Psy.D., LCMHC, NCC

I am a Licensed Clinical Mental Health Counselor in the state of New Hampshire and Nationally Certified Counselor, Professional Member of the American Mental Health Counselors Association (AMHCA) and act as the current Treasurer for the New Hampshire Mental Health Counselors Association (NHMHCA). As a Clinical Mental Health Counselor, I am governed by the Code of Ethics of the American Mental Health Counselors Association (AMHCA). A copy of the AMHCA Code of Ethics is available in the office waiting room. I have a Doctor of Psychology degree in Clinical Psychology, 2008 and a Masters of Education Degree in Counseling Psychology, 2003. I have worked with families, couples and individuals in clinic, hospital, school and home based settings and prior to entering private practice, I directed a substance abuse prevention program, facilitated parenting support groups and youth skill building groups and provided clinical supervision for several state wide non-profit agencies.

Betty R. Anson, MA, LMFT

I am a Licensed Marriage and Family therapist (NH, #117), Clinical Member of the American Association for Marriage and Family Therapy (AAMFT). I serve on the Education Committee of the New Hampshire Association of Marriage and Family Therapists (NHAMFT) and on the Advisory Board of the Marriage and Family Therapy program at Fairfield University, Fairfield, CT, where I received my MA in Marriage and Family Therapy in 2006. I have completed two years of post-graduate supervised work experience before becoming licensed. As a Marriage and Family Therapist, I am governed by the Code of Ethics of the AAMFT. A copy of the AAMFT Code of Ethics is available in the office waiting room. I have worked in office and home-based settings and, prior to returning to school for my second Masters degree, held several senior executive Human Resource positions in the Metropolitan New York City area.

Kathleen Wood, MSW, LICSW

I am a Licensed Independent Clinical Social Worker (NH, # 1238) and a Member of the National Association of Social Workers. As an Independent Clinical Social Worker, I am governed by the Code of Ethics of the National Association of Social Workers (NASW). A copy of the NASW Code of Ethics is available in the office waiting room. I have a Masters of Social Work Degree and a Bachelors of Arts Degree in Social and Rehabilitation Services. I have worked with families and individuals in home, office and hospital based environments. I have experience working with anxiety disorders, depression and adjustment disorders. I am well versed in Dialectical Behavior Therapy (DBT) and facilitated DBT groups for several years in the community mental health setting.

TREATMENT PLAN

We will discuss a plan for treatment together by the end of our third session. This will include an applicable mental health diagnosis, assessments made, why these recommendations are being made, and the risks and benefits of this treatment, of treatment alternatives, and of doing nothing. You are encouraged to ask any questions you may have about the course of your treatment, as those questions arise. We will engage in ongoing evaluation of the progress of therapy, considering your treatment goals and moving forward only with your ongoing informed consent.

RECORDS

Your record will be kept for seven years after you end treatment. You have the right to see the contents of your record and to add a statement regarding your situation or commenting on the services you received. You can have a copy of your record within 30 days of a written request, except as otherwise provided by law, and will be charged an established fee for copying.

TREATMENT OF MINORS

Between Us Associates cannot engage in the treatment of a minor without the written authorization of a parent or guardian. In the treatment of clients under the age of 18, parents have a right to examine the treatment record and authorize the release of information relating to their child, provided parental rights have not been terminated or there is not a court order preventing us from doing so. When a minor turns 18, partial ownership of the record goes to him/her. The parent then no longer has sole authority to access the record, as the 18 year old now must sign for any release of record.

COUPLES COUNSELING

Couple's work will generally involve a majority of the therapy time with the partners together, but also some time with each individually. Since treatment records involving couples sessions will contain information about each party, both clients must sign this informed consent. With regard to any secrets revealed by a partner to the therapist, be aware that ethical codes support that the therapist may not reveal any individual's confidences to the partner without the prior written permission of that individual. For couple's work to be effective, it is sometimes crucial for the therapist to know if there are secrets. However, if a partner reveals a secret to the therapist, that therapist might need to make a judgment as to whether the secret is best shared or not. Not sharing a secret can at times impede progress in couple's therapy. Rarely, a partner sharing the secret with his/her partner might be made a condition for continuing therapy. The therapist in this circumstance would discuss and encourage the disclosure to the partner. The therapist could not share the secret directly without permission, but ethically and in good faith could not continue working with the couple while holding a secret with one partner that, in the therapist's professional judgment, severely impedes progress. (This section is adapted from Jansen, M., Bischof, G. & Hovestadt, A. (2008) MFT's Handling of Secrets Between Partners in Couples Therapy, Presentation of research project at the 2008 AAMFT Annual Conference, Memphis, TN., and from Weeks, G., Odell, M., & Methven, S. (2005). *If I had known: Avoiding common mistakes in couple's therapy*. New York: Norton.)

CANCELLATIONS

If you need to cancel an appointment please call (603) 836-5003 at least 24 hours before your appointment. Clients failing to keep appointments, or not cancelling at least 24 hours in advance of the appointment, will be

charged a \$55 missed session fee. This is not billable to your insurance company, so you will be responsible for the full fee.

EMERGENCY COVERAGE

If you need to reach your therapist, please call (603) 836-5003 to leave a message. We are generally available to return calls during normal business hours. Our phone system allows you to indicate if it is an urgent situation requiring a rapid return call, and sends out that message directly to our therapist on call, who will then call you back. General, non-urgent messages will be checked regularly. If your number is blocked and you would like a return call from your therapist, please unblock the phone by pressing *87. If your therapist is going to be unavailable due to a holiday or vacation, another licensed clinician will be covering. In the event of an emergency involving immediate risk of harm to self or others, do not wait for a return call from your therapist. Go to the nearest emergency room for an evaluation or phone your local police department.

At Between Us Associates, we believe that therapy is most effectively done in person. However, if we need to do a telephone session, please be aware that insurance will not cover a telephone session. You will be responsible for payment for that telephone time.

PROFESSIONAL BOUNDARIES AND CONFLICTS OF INTERESTS

Therapists must maintain professional boundaries with present and past clients in order to protect clients from harm. These boundaries may differ depending on circumstances, but certain boundaries must never be crossed. For example, a therapist must not form social relationships or become sexually involved with a current or past client. Do not hesitate to raise any questions you may develop regarding professional boundaries or your treatment at Between Us Associates. If your question is not resolved to your satisfaction, you can access the NH Board of Mental Health Practice at (603) 271-6762.

Actual or potential conflicts of interest may sometimes arise. If it becomes apparent at some point that a conflict of interest exists in providing you treatment, the risks of continuing treatment, options for further actions, and ethical implications of different options, will be discussed with you and in colleague consultation. It may be necessary to refer you to another therapist, at Between Us Associates or elsewhere.

FEES FOR SERVICES

Between Us Associates fee is \$95 per 50-minute session, unless you are using your insurance and Between Us Associates has contracted a different fee with your insurance company. Payment for the session is due at the time of service. We accept cash, personal check made out to Between Us Associate, PLLC and credit cards (Master Card, Visa, Discover).

In addition to weekly sessions, Between Us Associates charges a fee of \$95 per hour for any additional professional services performed. Such services are not billable to your insurance company and may include, but are not limited to, telephone conversations lasting longer than 10 minutes, collateral telephone calls, preparation of records or treatment summaries or time spent performing any other service you may request. Between Us Associates will break down the hourly cost into 15 minute increments and charge accordingly for work performed in less than one hour.

In circumstances of unusual financial hardship it is important to notify your therapist so that a fee adjustment or payment installment plan can be discussed. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Between Us Associates has the option of using legal means to secure payment and can include utilizing a collection agency. If such legal action is necessary, Between Us Associates will only release to the collection agency client name, nature of services and amount due.

Treatment is most effective when it is not made part of legal disputes. If we are required to take part in any such actions the fee for any and all time participating in these actions is \$150 per hour for all time spent, including but not limited to time preparing a treatment summary, report writing, trial preparation, travel time, and actual participation. The charge will be for a *minimum four hours to account for the rescheduling of a half-day's worth of client sessions*. These charges are not covered by your insurance.

INSURANCE REIMBURSEMENT

We are in-network providers for the Anthem Blue Cross and Blue Shield family of insurances (This includes Anthem BCBS New Hampshire, HMO Blue New England, Matthew Thornton, and several others.) and for NH Medicaid (Healthy Kids). Due to the rising costs of health care, insurance benefits have become increasingly complex. As a result, most plans now require advance authorization for mental health benefits. You should be aware that if you use your health insurance to pay for therapy, your insurance company will have access to information about your mental health, as most insurance agreements require that you authorize your therapist to provide a clinical diagnosis and sometimes, additional clinical information such as a treatment plan or summary.

If you would like to use your insurance benefits and Between Us Associates is not a contracted provider for your insurance plan, it is best to speak with a service representative at your insurance company to learn their policy on out-of-network behavioral health coverage. If you choose to use out-of-network benefits, you will need to pay for services at the time of your session and seek reimbursement from the insurance company. If your insurance company requires a preauthorization for sessions, it is important to obtain one prior to our first session, as you will be responsible for the full payment of any outstanding balance.

I understand and agree to these policies. I agree to pay the above client fees. I understand that my signature acknowledges that any questions I may have had about these rights and policies have been answered to my satisfaction and that I give my consent to my, and/or my child's, treatment. I accept and agree to all of the above terms.

Family/Client Signatures:

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Therapist Signature: _____

Date: _____