



Breathe Easy Therapy Services LLC
57 South Main St. Suite 202 Yardley, PA 19067
CLIENT CONTRACT AGREEMENT FOR SERVICES PROVIDED BY BREATHE
EASY THERAPY SERVICES LLC

Please review below information as it contains pertinent information regarding your rights as a client.

CLIENT CONFIDENTIALITY AGREEMENT

1. **This agreement provides that everything discussed in therapy is confidential.** This document contains information about HIPPA (Health Insurance Portability and Accountability Act) re: your rights as a client as well as policies for therapeutic services provided by Breathe Easy Therapy Services LLC
Name of Therapist: Cynthia A Piccini MS LMFT.
2. When this document is signed it will represent a legal agreement between Breathe Easy Therapy Services LLC and parties signed regarding consent to treat.
3. If necessary to request records, signatures of all persons involved in therapy are required. **(Please note confidentiality agreement for minors and those under the age of 14 years on next section.)**
4. Couple/Family therapy can be done individually and/or together depending on the circumstances involved. Please note all parties are signing to keep things confidential, but this document does not guarantee this between the couple/family. In addition, you are giving permission to the therapist to reveal certain information in individual couple/family sessions to other part of couple or family member involved that will benefit the relationship.
5. **There are a few reasons in which confidentiality can be broken. Please review below:** (This is an ethical and legal code of conduct for mental health professionals).
 - a. If you are in danger of harming yourself, risk of suicide or any self-mutilating behaviors.

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- b. If you are in danger of hurting another person. Authorities and individual must be notified.
- c. If there is any concern of abuse to elderly, disabled, or child by law this must be reported by therapist. This includes sexual relationships where one person is not of legal age of consent in PA. For example: 15 y.o. And 19 y.o. (pcar.org for further details) Please review definition of **mandated reporter on page 6.**
- d. If records are subpoenaed by a judge by law the therapist must turn these over to court.
- e. From time to time therapist may ask assistance from another therapist or professional in the field in order to give you the best treatment. The requested professional will be held to the same oaths and confidentiality as therapist. Therapist makes every attempt not to reveal identifying information.
- f. If your therapy is mandated by the court, your records may be requested and legally applicable to do so.
- g. A licensed professional will be instructed to take calls and oversee any sessions upon therapist's absence for any reason. Information may be transferred to them to best assist you in your needs upon my absence.

Minors-

In regards to minors although your sessions are still remaining in confidence parents/legal guardians will be able to request records if necessary. It is recommended as a Marriage and Family therapist to include parents and guardians in sessions periodically to help bridge and mend gaps or obstacles in communication.

In cases of separation or divorce where there is joint custody it is imperative before seeing minor that both parties are in agreement and sign the document.

This document can be found on page 8 of this packet.

Therapeutic Process

Therapy does take time and it is important that you feel comfortable and heard in sessions. Initial session will consist of review of contract, any questions you have regarding this agreement, and what issues or situations that you would like to address. A treatment plan will be put into place after the first session, regarding regular meeting times. Therapy can be terminated by you at anytime, although having a final session is suggested. Breathe Easy Therapy Services LLC is willing to provide referrals for other therapists in the area if for any reason that would be necessary.

Online Therapy

Online Services are offered via video conferencing. This can be determined by the therapist and client together. This option although convenient is not best suited for everyone and does require a common understanding to what is being missed from an in person session. Online therapy regulations and protocol documentation can be found on bottom of website under document section. Please review if interested.

Collaborative Care

Breathe Easy Therapy Services LLC is willing to work with any clinician, family doctor, psychiatrist, school counselor, or health professional you would deem necessary to help with care. Please understand that before any collaborative care can begin there must be a Release of Information form signed off by the client. In case of 14 y.o.-17 y.o it is suggested both parent and teenager signatures are on document. You will find Release of Information sheet listed in document section of bottom website.

Communication

In an event where you need to speak outside of session, the confidential voicemail will be available. We make every attempt to return calls within 24-48 hours. In cases of true emergency please dial 911. An emergency is defined as a serious, unexpected, and often dangerous situation requiring immediate action. Please be understanding we are not available 24/7. If an emergency transpires and you contact the confidential voicemail, there is no guarantee you will get an immediate response. Emergency services is your suggested route.

Unfortunately, there is no way that we can guarantee confidentiality on the internet. E-mail will be used only for scheduling and cancellations as this is not a confidential way of communicating. Texting will also be limited to scheduling and cancellations as well, and is not a guaranteed form of confidential communication. By engaging in these forms of communication you are stating you are aware and are bypassing these concerns.

Payment/Additional Fees

The initial fee following the 15 minute complimentary phone consultation for service is \$150.00. **(This fee does not apply to group therapy participants)**. Any following appointments and the costs will be discussed at initial appointment. The cost will be dependant on frequency of sessions and amount of people included in session. Payment is due at time of service by cash, check, or card made payable to Breathe Easy Therapy Services LLC unless otherwise discussed beforehand.

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Services provided outside of regularly scheduled appointments such as letter writing, preparation of records or treatment summaries, extended phone consultations, and legal involvements will require separate fees. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity, difficulty of legal involvement, and inability to service other clients during that time Breathe Easy Therapy Services LLC charges a separate legal fee.

Scheduling/Cancellations/Re-scheduling

Sessions will be scheduled at time of service as far in advance that works for both client and therapist. Cancellations need to be at least 48 hours in advance or a \$75.00 no show fee will be charged. Not showing for any reason is subject to 75.00 fee unless otherwise specified by therapist. The following session will not be scheduled until account is up to date. This is to keep slots available for any emergency clients as well as consideration for therapist's time. In the event of an emergency or sickness please contact us as soon as possible by phone/email to avoid the \$75.00 fee, open up the appointment slot to another client, and reschedule. During non-business hours i.e. Friday-Sunday email is suffice.

Signature of Client/s

Date

Client Information Sheet

Client Name/s Date of Birth

Address

Phone: Home/Mobile - Email Address

Emergency Contact Name/ Phone number-Relationship to Client

List of Current Medications and Uses

1.

2.

3.

Known Physical or Mental Health Conditions in Family

1.

2.

3.

Date:

Printed Name of Client/ Signature of Client

Signature of person filling out form if different than client

By signing this document you are confirming all information is correct to the best of your knowledge.

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Definitions Page

Mandated Reporter:

A mandated reporter is a person who, because of his or her profession, is legally required to report any suspicion of child abuse or neglect to the relevant authorities.

These laws are in place to prevent children from being abused and to end any possible abuse or neglect at the earliest possible stage.