



Monarch Therapeutic Services, LLC
Consent for Services / Professional Services Agreement

PLEASE READ CAREFULLY

WELCOME

Welcome to Monarch Therapeutic Services, LLC. This document contains important information about Monarch Therapeutic Service’s professional services and business policies. The signature of the client/client representative on this Consent for Services/Professional Services Agreement, represents an agreement between the client(s) & client representative, the assigned therapist, and Monarch Therapeutic Services, LLC.

MENTAL HEALTH/BEHAVIORAL HEALTH THERAPY SERVICES

Mental health/behavioral health therapy can have benefits as well as risks. Since therapy may involve discussing unpleasant aspects of their and their family’s life experiences, the client may experience uncomfortable feelings like vulnerability, sadness, guilt, anger, fear, frustration, loneliness, and helplessness. On the other hand, therapy has been shown to have significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. There are no guarantees of what the client will experience.

There are several different methods therapists use to help clients deal with the problems that they hope to address. The therapeutic process requires a very active effort on the client’s part. In order for therapy to be most effective, clients will have to work on changing their patterns of thoughts and behaviors both during therapy sessions and outside of therapy sessions.

Types of Services and Rates (subject to change without notice at any time)

The Client/Client representative is responsible for any services denied payment by insurance carrier. Services marked with * might not be covered by insurance and are the responsibility of the client.

Family/Couples/Relationship Counseling	\$250/Therapeutic Hour
Individual Counseling	\$200/Therapeutic Hour

Forms and Reports for Psychotherapy Services Rates *

Documentation Completion	\$150/Hour
Reports	\$150/Hour

Meetings, Depositions & Court Appearances* \$200/Hour

Case Management Services Rates

Clinical Case Management	\$150/Therapeutic Hour
Social Services Case Management*	\$50/Therapeutic Hour

Coaching Services* \$40/Hour & Up

Miscellaneous Fees*

Copies of Chart	\$1/Page
Late Cancellation Fee	\$50/session
No Show Fee	\$50/session
Return Payment Fee	\$35
Review of Chart	\$150/Hour

SESSIONS

Most therapy sessions last between 30 to 60 minutes, depending on the needs of the client and the mutual schedule availability of client and therapist.

- Clients are expected to attend all scheduled sessions; and If they are unable to attend a session, 24 hours advance notice of cancellation is required whenever possible (**failure to provide 24 hours advance notice of cancellation may result in a \$50 fee**).
- A pattern of repeated no-shows and/or cancellations may void this agreement. Failure to attend three consecutive scheduled sessions, without any contact, may void this agreement.



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PROFESSIONAL RECORDS

Therapists are required to keep records of the professional services they provide. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is the general policy of Monarch Therapeutic Services to, upon client request, to provide a summary of treatment to 3rd parties, unless the therapist believes that to do so would not be in the client's best interest or may be emotionally damaging to the client. If the client wishes to obtain a treatment summary for themselves, Monarch Therapeutic Services recommends that the client reviews the report with their assigned therapist (or have it sent to another mental health professional the client is working with) to discuss the contents. Such a review meeting will be treated in the same manner as any other clinical session and the client will be billed accordingly.

REQUEST FOR RECORDS

- Requests for client records must be made in writing using the REQUEST FOR MEDICAL RECORDS FORM which may be obtained from the Monarch Therapeutic Services website (monarch-therapy.us) or by contacting the Monarch Therapeutic Services office at 203-587-8650.
- Records will be provided within 30 days from date request is received, as specified under HIPAA. If Monarch Therapeutic Services is unable to honor the request for medical records cannot within 30 days, the client will be inform of this by letter which will include a date of when records may be expected.
- Client will be charged a fee of \$1.00 per page for copying the records, but will not be charged for time spent locating the records. A shipping and handling fee of \$3.00 will be charged for mailing records. Expedited mailing will be charged an extra fee. If the client elects to have records faxed, shipping and handling fees will not be charged.

MINORS

It is the policy of Monarch Therapeutic Services to provide parents/caregivers only with general information and/or a treatment summary about the therapist's work with their minor child(ren), unless the therapist feels there is a high risk for harm to self or others, significant dysfunction that requires additional clinical attention, or other concerns that need immediate attention by the parents/caregivers.

CONFIDENTIALITY

In general, the privacy of all communication between a client and a therapist is protected by law, and information about a client's therapeutic work can only be released to others with the client's/client representative's written permission. However, there are a few exceptions:

- In some legal proceedings the client/client representative has the right to prevent Monarch Therapeutic Services from providing any information about their treatment. In some proceedings involving child custody and those which the client's emotional condition is an important issue, a court may order the therapist's testimony if the judge determines that the issues demand it.
- All therapists are legally mandated to report to Protective Services any disclosures, observations or suspicions of abuse or neglect of minor children, the elderly, and disabled persons.
- All therapists are required to take protective actions if they believe that a client is threatening serious bodily harm to themselves or another person.

In cases where confidentiality cannot be maintained, every effort to fully discuss the situation with the client/client representative before taking action, will be made (if appropriate).

HIPAA Notice of Privacy Practices

This notice describes how medical information about clients may be used and disclosed, and how clients can gain access to this information. Please review it carefully. Protected Health Information (PHI), about clients, is maintained as a written and/or electronic record of client's contacts or visits for mental health/behavioral health and wellness services at Monarch Therapeutic Services, LLC. Specifically, PHI is information about clients, including demographic information (i.e., name, address, phone, etc.), that may identify the client and relates to the client's past, present or future physical or mental health condition and related healthcare services. Monarch Therapeutic Services, LLC is required to follow specific rules on maintaining the confidentiality of client's PHI, using client information, and disclosing or sharing this information with other healthcare professionals involved in the client's care and treatment. This Notice describes client rights to access and control their PHI. It also describes how Monarch Therapeutic Services follows applicable rules and use and disclose client PHI to provide client treatment, obtain payment for services client receives, manage healthcare operations and for other purposes that are permitted or required by law.

Client's Health Information Rights

- **Inspect and Copy:** A client has the right to inspect and copy the protected health information that Monarch Therapeutic Services maintain about them in a designated record set for as long as that information is maintained. This designated record set includes the client's medical and billing records, as well as any other records used for making any decision about the client's care.
- Any psychotherapy notes that may have been included in records received about the client are not available for client inspection or copying by law.



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- Monarch Therapeutic Services may charge clients a fee for the costs of copying, mailing, or other supplies used in fulfilling the request for medical records. If a client wishes to inspect or copy their mental health/behavioral health information, they must submit their request in writing to the Monarch Therapeutic Services Office (visit monarch-therapy.us or contact the office directly). Monarch Therapeutic Services will have 30 days to respond to client's request for information that is maintained at Monarch Therapeutic Services' practice site. If the information is stored off-site, Monarch Therapeutic Services is allowed up to 60 days to respond but must inform the client of this delay.
- Request Amendment: The client has the right to request that Monarch Therapeutic Services amends the client's medical information if the client feels that it is incomplete or inaccurate. The must make this request in writing to the Monarch Therapeutic Service office, stating exactly what information is incomplete or inaccurate and the reasoning that supports the client's request. Monarch Therapeutic Services will respond in writing within 60 days of the client's request. Monarch Therapeutic Services is permitted to deny the client's request if it is not in writing or does not include a reason to support the request. Monarch Therapeutic Services may also deny the client's request if:
 - The information was not created by Monarch Therapeutic Services, or the person who created it is no longer available to make the amendment;
 - The information is not part of the record which the client is permitted to inspect and copy: The information is not part of the designated record set kept by this practice; or if it is the opinion of the health care provider that the information is accurate and complete. Monarch Therapeutic Services will respond within 60 days, in writing, explaining of the request was accepted or denied.
 - Request an alternative means of confidential communication: The client has the right to ask Monarch Therapeutic Services to contact them about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by the client. The must inform Monarch Therapeutic Services in writing, {using the Client Demographic Update form which may be obtained at monarch-therapy.us or by contacting the Monarch Therapeutic Services office}, how the client wishes to be contacted if other than the address/phone number that Monarch Therapeutic Services has on file. Monarch Therapeutic Services will follow all reasonable requests.
 - Request a restriction of PHI: This means the client has the right to ask Monarch Therapeutic Services, in writing, not to use or disclose any part of the client's Protected Health Information for the purposes of treatment, payment or healthcare operations. If the requested restriction is agreed to, Monarch Therapeutic Services will abide by it, except in emergency circumstances when the information is needed for the client's treatment. In certain cases, Monarch Therapeutic Services may deny the client's request for a restriction. The client will have the right to request, in writing, that Monarch Therapeutic Services restricts communication to the client's health plan regarding a specific treatment or service that the client, or someone on the client's behalf, has paid for in full, out-of-pocket. Monarch Therapeutic Services is not permitted to deny this specific type of requested restriction.
 - An accounting of Disclosure: The client has the right to request a list of the disclosures of the client's health information Monarch Therapeutic Services has made outside of the practice that were not for treatment, payment, or health care operations. The client's request must be made in writing and must state the time period for the requested information. The client may not request information for any dates greater than six years (our legal obligation to retain information). The client's first request for a list of disclosures within a 12-month period will be free. If the client requests an additional list within 12- months of the first request, Monarch Therapeutic Services may charge the client a fee for the costs of providing the subsequent list. Monarch Therapeutic Services will accommodate all reasonable requests. •
 - File a Complaint: If a client believe that Monarch Therapeutic Services has violated the client's medical information privacy rights, the client has the right to file a complaint with Monarch Therapeutic Services, or directly to the Secretary of Health and Human services. U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 1-877-696-6775 www.hhs.gov/ocr/privacy/hipaa/complaints/
 - Authorize other use and disclosure: The client has the right to authorize any use or disclosure of PHI that is not specified within this notice. The client may revoke an authorization, at any time, in writing, except to the extent that the client's assigned therapist, or Monarch Therapeutic Services, has taken an action in reliance on the use or disclosure indicated in the authorization.
 - Monarch Therapeutic Services may contact the client to provide information about health related benefits and services offered by Monarch Therapeutic Services. The client will have the right to opt out of such special notices, and each such notice will include instructions for opting out.



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Ways in Which Monarch Therapeutic Services May use and Disclose Clients Protected Health Information

The following paragraphs describe different ways that Monarch Therapeutic Services use and disclose clients' protected health information. An example for each category has been provided, but these examples are not meant to be exhaustive. All of the ways Monarch Therapeutic Services is permitted to use and disclose clients' health information fall within one of these categories:

- **Treatment:** Monarch Therapeutic Services will use and disclose client's protected health information to provide, coordinate, or manage client's care and any related services. Monarch Therapeutic Services will also disclose client's health information to other providers who may be treating the client. Additionally Monarch Therapeutic Services may from time to time disclose client's health information to another provider who has been requested to be involved in the client's care. For example – Monarch Therapeutic Services should disclose client's health information to a specialist to whom the client has been referred to help in the client's treatment.
- **Health care operations:** Client's protected health information will be used and disclosed to support the business activities of Monarch Therapeutic Services. For example – Monarch Therapeutic Services may use client medical information to review and evaluate treatment and services or to evaluate staff's performance while caring for the client. In addition, client health information may be disclosed to third-party business associates who perform billing, consulting, or transcription services for Monarch Therapeutic Services.
- **Payment:** Client protected health information will be used to obtain payment for the health care services Monarch Therapeutic Services provide the client. For example – Monarch Therapeutic Services we may include information with a bill to a third- party payer that identifies the client, client's diagnosis, procedures performed, and supplies used in rendering the service.

Other Ways Protected Health Information May Used and Disclosed

- **Public health:** Client protected health information may be used and disclosed in certain situations to help with public health and safety issues. Some of the situations include: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
- **Research:** Client protected health information may be used and disclosed to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the client's health information.
- **As Required by Law:** Client protected health information will be used and disclosed when required to by federal, state, or local law. Client will be notified of any such disclosures.
- ***Other Permitted and Required Uses and Disclosures***

Monarch Therapeutic Services is also permitted to use or disclose client PHI without client's written authorization for the following purposes:

- To comply with Food and Drug Administration requirements
- Legal proceedings
- Criminal activity
- Military activity
- National security
- Worker's compensation
- When an inmate is in a correctional facility
- If requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Our Responsibilities

Monarch Therapeutic Services is required by law to maintain the privacy and security of clients protected health information. Monarch Therapeutic Services will let clients know promptly if a breach occurs that may have compromised the privacy or security of their information. Monarch Therapeutic Services must follow the duties and privacy practices described in this notice and give clients a copy of it. Monarch Therapeutic Services will not use or share client information other than as described here unless client provides written permission, which may be revoked at any time by providing written notification. By signing the Monarch Therapeutic Services, LLC Consent for Services/Professional Services Agreement, the client/client representative acknowledges being advised of the HIPAA Notice of Privacy Practices.



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CONTACTING YOUR THERAPIST / COACH

Beverly Chevalier, LCSW

To contact therapists and coaches during business hours, please call the Monarch Therapeutic Services office at: **203-587-8650**. Assigned therapists and coaches may also be reached via email at:

Beverly Chevalier, LCSW Clinical Therapist & Coach Email: beverlyc.monarchtherapy@gmail.com

Reba Outlaw Family Coach & Social Services Case Manager Email: rebao.monarchtherapy@gmail.com

_____ _____ Email: _____

Staff may not be immediately available to respond to telephone calls (when they are in session with a client, they will probably not answer the telephone), please leave voice mail or send an email. With the exception of weekends and holidays staff will make every effort to respond to client calls on the day they are received. Most calls are returned within 24 - 48 hours. Clients who are difficult to reach between 9a and 5p Eastern time, should inform assigned staff of the best times to be contact them.

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Print Name of Client

Client's Date of Birth

Print Name of Custodial Parent/Legal Guardian for minor or dependent client

Relationship to client

Consents to receive psychotherapy services from Monarch Therapeutic Services, LLC. and agrees to comply with therapeutic treatment (regularly and consistently attend sessions; provide accurate, complete, and relevant information) and actively work toward accomplishing the above goal(s) by engaging in the therapeutic process during sessions, completing assigned therapeutic tasks and activities, and complying with other relevant interventions).

The signature of Client/client representative below serves as a release of authorization for Monarch Therapeutic Services, LLC to exchange relevant information with client's health care insurer for the purposes of billing, case management, and coordination of services. At any time before the expiration of this agreement, client/client representative may revoke authorization to exchange relevant information with client's insurer by submitting written notification to Monarch Therapeutic Services, LLC, PO Box 8101, Manchester CT 06040.

Client/client representative signature below indicates that client/client representative has read the information in this Consent for Services/Professional Services Agreement and agree to abide by terms, policies and practices contained within. This Consent for Services/Professional Services Agreement is effective for six (6) months from the signature date.

Parent/Guardian Signature: _____ Date: _____
If client is under 18 years old

Print Parent/Guardian Name: _____ Relationship: _____