

Jennifer Eckel, LCSW

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Professional Service Agreement, Consent for Treatment and Limits of Liability

I am a Licensed Clinical Social Worker and practice individual psychotherapy with adolescents, adults, and couples. It is important to understand that therapy carries both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements cannot be guaranteed; experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Sessions, Fees and Billing, Use of Technology, Cancellation Policy, Consultation

Sessions

Therapy sessions are typically 50 minutes. Frequency of sessions and length of treatment depend upon the treatment goals we establish together and may be modified during the course of treatment. Therapy may be conducted in person in my office in Prague or using Doxy.me, a HIPAA-compliant telehealth platform.

Fees & Billing

I charge a fee of €120 per session for individuals and €150 per session for couples. Full payment is due at the time services are rendered. If you are attending in-person sessions I accept cash, either in euro or Czech crowns (using the conversion rate at time of services). Payment may also be processed using PayPal in US dollars. In all cases, the patient is responsible for all payments to the therapist. If you are filing a claim for reimbursement from your insurance company I will provide you with a statement containing all necessary information. Occasionally there are services you may require that are billed separately and are ineligible for reimbursement:

- | | |
|--|------|
| 1. Preparation of reports or letters | €100 |
| 2. Emergency telephone consultation (10 min. increments) | €20 |

Technology Risks

It is very important to be aware that technology (computers and mobile phones used for audio, visual, and written communications) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. I use a VPN to mitigate the risk when I use Doxy and PayPal.

Cancellation Policy

If you are unable to attend an appointment, I request that you provide me with at least 24 hours advanced notice via SMS or email. For cancellations made with less than 24 hours notice (unless due to illness or an emergency) or for a scheduled appointment that is missed without notification, you will be billed the entire amount of the appointment. Please note: no show fees are not eligible for third party reimbursement.

Consultation

Consultation is a standard, ethical, and accepted part of high quality mental health practice. Because I intend to provide you with the highest quality of care, I may periodically consult with other experienced licensed mental health professionals regarding treatment. During a consultation, I share limited information and avoid revealing the identity of my patient. The consultant is also bound to keep the information confidential.

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Privacy and Limits of Confidentiality

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate agency and/or legal authorities.

Billing

If you are seeking third party reimbursement for mental health services, the third party payer has the right to request information for determination eligibility for payment. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

While I/we/my child expect(s) benefits from this treatment I fully understand and accept that because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed.

- I understand that regular attendance is expected, but I am free to discontinue treatment at any time.
- I understand that I am financially responsible for the fees incurred while treatment is on-going.
- I have been informed of and understand the limits of client confidentiality.
- I have been informed of and understand the risks associated with technology, within the therapy session, payment processing and/or communications.
- I am not aware of any reason why I/we/my child should not proceed with therapy and agree(s) to participate fully and voluntarily.

I have had the opportunity to consider all the aspects of treatment fully and have my questions answered. Therefore I agree to comply with treatment and authorize Jennifer Eckel, LCSW to administer the treatment(s) to me/us/my child. By signing below, I agree to all of the above, including assumption of risks and limits of confidentiality, understanding meanings and ramifications.

Client Signature

Date

Client's Parent/Guardian if under 18

Date