

The Nanny Doctor®



Nanny Doctor - Client Service Agreement

Welcome to The Nanny Doctor consulting practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail, and my practice is in general accordance with HIPAA policies. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred.

Cancellation Policy

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, it is required that you provide more than 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hours notice, you must pay the full fee for the missed session.

_____ (initial)

Confidentiality

The confidentiality of all communications between a client and a psychologist is generally protected by law and I, as your consultant, I cannot and will not tell anyone else what you have discussed or even that you are consulting with me without your written permission. In most situations, I can only release information about our relationship to others if you sign a written Authorization Form that meets certain legal requirements imposed by HIPAA. With the exception of certain specific situations described below, you have the right to confidentiality of your consulting services. You, on the other hand, may request that information is shared with whomever you choose and you may revoke that permission in writing at any time.

There are, however, several exceptions in which I am legally bound to take action even though that requires revealing some information about a client's treatment. If at all possible, I will make every attempt to inform you when these will have to be put into effect. The legal exceptions to confidentiality include, but are not limited, to the following:

1. If there is good reason to believe you are threatening serious bodily harm to yourself or others. If I believe a client is threatening serious bodily harm to another, I may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to him/herself or another, I may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.
2. If there is good reason to suspect, or evidence of, abuse and/or neglect toward children, the elderly or disabled persons. In such a situation, I am required by law to file a report with the appropriate state agency.
3. In response to a court order or where otherwise required by law.
4. To the extent necessary, to make a claim on a delinquent account via a collection agency.
5. To the extent necessary for emergency medical care to be rendered.

Finally, there are times when I find it beneficial to consult with colleagues as part of my practice for mutual professional consultation. Your name and unique identifying characteristics will not be disclosed. The consultant is also legally bound to keep the information confidential.

_____ (initial)

Fees, Billing and Payment

Consultation sessions are billed at an hourly rate. Fees for consultation services are payable at time of service unless alternative arrangements have been arranged. Fees will be re-evaluated periodically. Should a balance accrue and no payment is received, Heller Psychological Services, P.C. reserves the right to seek remuneration by any means legally possible including, but not limited to, the retention of a collection agency.

_____ (initial)

OTHER RIGHTS

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of Nanny Doctor services and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

Consent for Services

Your signature below indicates that you have read this Agreement agree to its terms. It also serves as an acknowledgement that you have received the HIPAA notice form described above.

Client/Legal Guardian Signature Date

Client Name (Print)