

# **JJWOLFF COUNSELING SERVICES COLUMBIA, SC 29201**

**Jennifer J. Wolff, LISW-CP(S) CTS Owner**  
**Crisis Response, Clinical Supervisor, Trainer, Expert Witness**

## **CLIENT SERVICES AGREEMENT/INFORMED CONSENT**

You have the right to ask questions about anything related to your therapy at any time. I invite your questions and look forward to our work together.

### **INDIVIDUAL, COUPLE, OR FAMILY SESSIONS**

Your therapy sessions will typically last about one hour. During your initial session, we can both decide if I am the appropriate therapist to provide the services you need in order to meet your treatment goals. If therapy is begun, we will schedule additional sessions at a time we both agree upon. **Please remember that the hour of your appointment is reserved just for you. If you are unable to keep an appointment, please give 24 hours notice or a \$20.00 fee will be charged for the missed session.**

### **PROFESSIONAL FEES**

JJWOLFF COUNSELING SERVICES is a sole proprietor self pay business and is unable to receive health insurance for payment. The fee schedule for JJWOLFF COUNSELING SERVICES is posted on the website ([www.jjwolffcounselingservices.com](http://www.jjwolffcounselingservices.com)) The fee for your initial assessment session with myself a clinical social worker (LISW-CP) is \$125.00. All additional sessions are \$100.00. A sliding scale is offered as needed on a limited basis.

### **BILLING AND PAYMENTS**

You are expected to pay for each session at the time it is held. If you have health insurance, I will be glad to file the claims for payment on your behalf. However, you are ultimately responsible for the payment of all professional fees incurred. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means (a collection agency or small claims court) to secure payment. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. Methods of payment can be cash, check, Venmo, Zelle or PayPal

### **MINORS**

If you are under 18 years of age, the law may provide your parents the right to examine your treatment records. If you request, we will ask that your parents verbally agree to not access your records. If they agree to this arrangement, we will provide them with only general updates about your therapy. However, if at any time we feel there is a high risk that you will seriously harm yourself or someone else, we will notify your parents of our concern. Before giving your parents any information about your treatment, we will review that information with you and do our best to handle any objections you may have about its content.

### **YOUR RIGHTS UNDER HIPAA (Health Insurance Portability & Accountability Act):**

1. As a client, you have the right to see and/or receive a copy of your therapy file. Therapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right. If copies of your file are requested, you will be required to pay a copying fee of twenty cents per page.
2. As a client, you have the right to request amendments to your therapy file.
3. As a client, you have the right to receive a history of all disclosures of protected health information.
4. As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed.
5. **As a client, if you feel your rights, herein explained, have been violated, you have the right to register a complaint with: SCDLLR - SC Board of Examiners in Social Work/Psychology - 110 Centerview Drive, Suite 306, Columbia, SC 29210**

**PROHIBITION OF REDISCLOSURE:** Any information disclosed to JJ WOLFF COUNSELING SERVICES from records whose confidentiality is protected under HIPAA may not be re-disclosed unless the client provides specific written consent for the subsequent disclosure. Any violation of the client's privacy is a violation of federal law.  
200 Outlet Pointe Blvd.

## JJWOLFF COUNSELING SERVICES

### CONFIDENTIALITY

In general, the privacy of all communication between a client and therapist is protected by law, and we will only release information to other parties with your written permission. However, there are exceptions to this rule of confidentiality. If a client threatens to harm himself/herself, we are obligated to take steps to insure his/her safety. These steps may include contacting family members or others who can help provide protection, or in some cases, the necessary steps may include seeking hospitalization for the client. If we believe that a client is threatening serious bodily harm to another person, we are also required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client. We will make every effort to fully discuss with the client any protective actions before they are taken. Additionally, if we suspect that a child or vulnerable adult (i.e. an elderly or disabled person) is being abused or neglected, we are legally obligated to file a report with the appropriate state agency. In most legal proceedings, you have the right to prevent us from providing any information about your treatment. However, in proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

Additional disclosures of protected health information not requiring your consent or authorization include:

1. uses and disclosures for health and oversight activities (for example, correcting records or correcting records already disclosed)
2. uses and disclosures for judicial and administrative proceedings (for example, a case where you are claiming malpractice or breach of ethics)
3. uses and disclosures for law enforcement purposes (for example, when you claim mental health issues as a defense in a civil or criminal case)
4. uses and disclosures for research purposes (for example, using client information in research; always maintaining confidentiality)
5. uses and disclosures for Worker's Compensation (for example, the basic information obtained in therapy as a result of your Worker's Compensation claim)

If you have any questions or concerns about the issue of confidentiality, please do not hesitate to discuss them. However, laws governing confidentiality are complex and if you have specific questions that we are unable to address, I may recommend that you seek the advice of an attorney. Your signature below indicates that you have read all of the information on both pages of this Client Services Agreement/Informed Consent and will abide by its terms during our professional relationship.

Client Date

\_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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