

Confidentiality Agreement

This agreement is to protect the confidentiality of client information. Client information is defined as all types of information, including oral and written, regarding past clients, current clients, or clients who will be receiving services from Jodi Siberski, PLLC.

The agreement further includes oral and written records of clients whose records are received by this agency but have not or do not receive(d) services. All client records, as stated in the above paragraph, are to remain confidential and not to be used for purposes other than for health care and administration of health care.

I understand that violating confidentiality of client records may result in a civil legal action to the fullest extent of the law, termination of employment, and reporting the action to my licensure board, if applicable. I will be responsible for all legal costs if this agreement is violated.

I agree not to disclose any client information without the proper authorization set forth by HIPAA standards.

<u>Jodi Siberski, MA, LPC</u>	_____
Name	Signature
<u>10 W. Square Lake Rd., Ste. 214</u>	<u>Bloomfield Hills, MI 48302</u>
Address	City/State/Zip
Title <u>therapist/owner</u>	_____

Payment Contract

Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless payment is provided at time of service.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at the rate noted below.

Payment methods include check or cash.

Fees for Services

I (we) agree to pay Jodi Siberski, PLLC, hereafter referred to as the clinic, a rate of \$ _____ per clinical unit (defined as 45–50 minutes for individual, family and couple counseling). This is the fee charged for missed appointments or cancellations with less than 24 hours' notice.

A fee of \$ 30 is charged for group counseling (defined as 2-hour session).

A fee of \$ 70 per hour is charged for services not covered by insurance, such as court appearances, extra report writing time, and any other services not covered by insurance.

I (we) have read, understand, and agree with the provisions of the Payment Contract.

Person responsible for account: _____ Date: ____/____/____

Co-responsible party: _____ Date: ____/____/____