

Live Free Therapy, LLC  
433 Meadow Street  
Fairfield, CT 06824



### **Notice of Privacy Policies**

Psychotherapy consists of face-to-face contact between therapist and client, focusing on the presenting issues and discussing associated feelings and possible problems and solutions. Maximum benefit will occur with regular attendance. Regular appointments are 45-55 minutes, once a week. Clients are generally seen back to back and therefore usually cannot make up time for late arrivals to therapy sessions. If, for any reason, the therapist is running late for your scheduled appointment, you will receive your entire session.

All calls are generally returned within 48 hours. Your call is important, and your call will be returned as soon as possible. If there is an emergency and you need immediate assistance, please call your psychiatrist, primary care doctor, other supports or go to the nearest emergency room. Otherwise, your call will be returned as promptly as possible.

The treatment modality used between client and therapist will be discussed and mutually agreed upon prior to the start of the treatment phase (examples of modalities include: support talk therapy, EMDR, solution focused therapy, Cognitive Behavioral Therapy, etc.).

#### **Cancellation Policy:**

Unlike professionals in other medical specialties, Live Free Therapy does not have other clients in the waiting room when a session is cancelled. As a result, it is difficult to fill a time slot when an appointment is missed, especially when it is a last minute cancellation. In order to operate in a fashion that is fair and reasonable, the following cancellation policy has been developed for those times that an unexpected event or emergency occurs.

If an appointment is cancelled with less than 24-hour notice, you will always be charged your full fee (the contract rate with insurance or your self-pay fee). This policy holds true regardless of the reason for the cancellation. However, if you need to cancel and we can reschedule your appointment sometime in the same week, you may make-up the missed appointment that you have already been charged.

If a client continues to be inconsistent with sessions and/or treatment recommendations, the therapist may refer client to another therapist in order to best serve the client's needs and best interest. If you have a planned vacation, please let us know before we schedule an appointment for that particular date.

Of course, if the therapist is not in the office for any reason, you will be notified and there will be no charge.

**Fees/Payments:** Provided your insurance company is in network with Live Free Therapy, we will bill your insurance company for all of the sessions. If your insurance changes, we must be notified

immediately. You are responsible for payment if there is a failure to notify Live Free Therapy of any insurance change.

**Phone Calls/Emails/Texts:** We hope you understand our time is limited as is yours. Therefore, a bill of \$25.00 per 15 minutes will be sent to you. Please note, phone sessions are not necessarily confidential and phone sessions may not be covered under your insurance.

**Court/Legal:** Written documents for court will also include a pro-rated charge. Please speak to your therapist about this.

**Probable Consequences of Treatment:** Clients may feel worse before feeling better. During the therapeutic process, there could be an elevation of symptoms as core issues are discussed and unresolved issues are being processed.

## HIPPA:

All information discussed in therapy is confidential, with the following exceptions:

- 1) As a mandated reporter, we are required to report any suspicion of abuse or neglect of a minor child, dependent adult or elder.
- 2) We are required by law to report any serious threat of bodily harm made by a client towards another individual.
- 3) As therapists, we work with you to maintain your safety; however, if you are unable or unwilling to cooperate we may take necessary steps to assist you in maintaining your safety.

Consents to release and obtain information are required to be signed by a client (or client's legal guardian or representative) prior to any information being shared in any way (verbally, written and electronically.) You have the right to refuse to sign releases and/or to revoke releases at any time by written request.

Federal and state law mandates healthcare professionals to report violence, threat of homicidally, suicidality, child abuse/neglect or reckless behavior linked to possible endangerment, without exception. This mandate applied to the belief, suspicion, intuition, or evidence of emergent conditions or danger; therefore, regardless of whether information is/has been confirmed, a legitimate reports may be based on professional opinion that any of the above conditions presently exist or appear to be imminent.

As a healthcare provider, Live Free Therapy, LLC has a duty to may warn law enforcement and emergency medical services- as well as any third party- of any possible danger to client, self, or other. Live Free Therapy staff are mandated reporters.

The following is a brief summary of your rights and responsibilities:

**Uses and Disclosures of Your Health Information:** Live Free Therapy, LLC may disclose your information yet we will always communicate with the client regarding their treatment at Live Free Therapy LLC. Live Free Therapy, LLC may disclose information to your emergency contact about your location or general condition. If you are available and able, we will ask your consent first. Your medical information may be disclosed without your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings, appointment reminders and those who are involved with your care or payment of your care. In addition, your information may be disclosed for workers' compensation.

**Other Uses and Disclosures:** Except as described in the notice above, Live Free Therapy LLC will not use or disclose your medical information without your verbal or written authorization. You can revoke an authorization at any time except to the extent that we have already taken action in reliance on the authorization.

## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

This document contains important information about Live Free Therapy, LLC's (LFT) decision to continue in-person services. Please read this carefully and let us know if you have any questions. When you sign the Consent form, it will be an official agreement between you and Live Free Therapy, LLC.

### **Decision to Meet In Person**

Live Free Therapy staff has agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, LFT, LLC may require that sessions are via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if LFT staff believes it is necessary, the therapist may determine to return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, Live Free Therapy, LLC will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue that may also need to discuss.

### **Risks of Opting for In-Person Services**

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, Uber, or any other ridesharing service.

### **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions, which will help keep everyone safer from exposure, sickness, and possible death. If you have a fever, Live Free Therapy asks you to stay home and possibly do a telehealth session.

Live Free Therapy, LLC may change some precautions if additional local, state or federal orders or guidelines are published. If that happens, necessary changes will be discussed.

### **Live Free Therapy's Commitment to Minimize Exposure**

Live Free Therapy has taken steps to reduce the risk of spreading the coronavirus within the office and has posted our efforts on our website. Please let us know if you have questions about these efforts.

### **If You or Therapist Are Sick**

You understand that Live Free Therapy is committed to keeping you, LFT staff, and all of our families safe from the spread of this virus. If you show up for an appointment and the therapist believes that you have a fever or other symptoms, or believe you have been exposed, you will need to leave the office immediately. You can follow up with services by telehealth as appropriate.

If Live Free Therapy staff test positive for the coronavirus, you will be notified so that you can take appropriate precautions.

### **Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, the therapist may be required to notify local health authorities that you have been in the office. If this is reported, the Live Free Therapy therapist will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for the visits. By signing this form, you are agreeing that the LFT therapist may do so without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together. Again, your signature on the Consent Form shows that you agree to these terms and conditions.

**Your Health Information Rights:** We will ask you to sign a consent form that allows us to use and disclose your protected health information for treatment, payment and health care operations. Protected health information is information about you created and received by our therapists. This can include demographic information, and any information that relates to your past, present or future mental and physical health. In addition, this can also include payment for the provision of your health care.

You have a number of rights under state and/or federal law, which are subject to the terms and conditions specified in the Notice:

- You may request restriction on certain uses and disclosures of your information.

- You may request that you receive your information in a certain way.

- You may inspect and copy your records.

- You may request an amendment to any record you believe is inaccurate.

- You may request an accounting of disclosures made of your records.

I understand that this Summary is for convenience only and is not a substitute for reading the entire HIPAA and does not modify the terms of the Notice.

By signing, printing, and dating the Demographic and Consent Form, you acknowledge that you have read, understand, and agree to these terms and policies.