The Center for Family
EMPOWERMENT

Welcome to Brave Boys!

Group Contract

Program Details

Your son's group day and time will be confirmed by Kellie. Since this group is designed to be ongoing, there is no planned end date. If there is a change in the schedule, at least one week's notice will be given. This group will meet weekly.

Investment

The cost of group is $40 weekly or $155/month, and can be paid by cash, credit, or check (made payable to Center for Family Empowerment).

If you have insurance, a portion of your payment may be reimbursable. You are responsible for checking with your insurance company for out of network benefits and what may be covered. All payments for group are due at the time of service and are non-refundable.

Length of Commitment

Brave Boys is designed to be ongoing as a way to offer continuous support for any length of time that feels right for both your son and your family. While someone may leave group at any time, we stress the importance of attending group for at least eight weeks in order to get a true feel for group topics and dynamics. When your son feels that he is ready to leave group, we request at least one week notice in order to process ending with both your son and the group.

Confidentiality

All information shared in group will be kept confidential, including the fact that your son is a member of this group. We are happy to provide continuity of care with your son's therapist, psychiatrist, school counselor, or doctor upon request and with written consent. Exceptions to confidentiality include issues related to safety: if your son discloses that he has intent to harm himself or someone else, or if he reports that he is being abused in any way which I am mandated to report. If there are any concerns about safety, a parent will be notified immediately.

HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information used for the purpose of treatment, payment, and health care operations. Further information can be found here:
http://www.hhs.gov/ocr/privacy/hipaa/npp_fullpage_hc_provider.pdf.

Parent Communication

We feel strongly that parent communication is an integral part of a child's therapeutic process. For this reason, included in the cost of group is a weekly 15-minute parent consult to discuss any questions or concerns. If you would like to utilize this consult, please contact me to schedule. For any consults that exceed the weekly 15-minutes, there will be a $25 charge per additional 15-minute increments. You can also expect a weekly email with a brief update regarding topics discussed in group and tips for how to continue these conversations at home. I will also periodically send a questionnaire to the parent email on file as a way of best supporting your child.

Email and Text Communication

Please note that email and text messages are not guaranteed to be confidential. If you choose to use these forms of communication, please limit the content to scheduling needs. Please also note that your therapist may not be immediately available by email or text, and therefore should never be contacted in that form in a crisis situation.

Social Media

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

We keep a Facebook Page for our professional practice to allow people to share blog posts and practice updates with other Facebook users. You are welcome to view my Facebook Page and read or share articles posted there, but know that actively participating on this page could compromise confidentiality. Please note that you should be able to subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to my Page. You are more than welcome to do this. Please also note that I will never ask for you to "like" or rate any of my pages or content, either directly or indirectly.

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at kellie@centerforfamilyempowerment is second best for quick, administrative issues such as changing appointment times.

Missed Groups

One of the best benefits of group work is the group dynamics that are formed and supported. For this reason, **Brave Boys** is designed to be attended regularly as inconsistent attendance disrupts the group dynamics and is not beneficial for your son. It is our expectation that your son attends group weekly until it has been discussed that your son is ready to leave.

We require at least 24 hours notice if your son will be missing group. Please see CFE's Payment Policies form enclosed with this packet for information on late cancellation fees.

Scope of Practice

Brave Boys is a support group and does not involve the diagnosis of or treatment of mental disorders as defined by the American Psychological Association. By enrolling your daughter, you indicate an understanding that this group is not a substitute for counseling, psychotherapy, mental health care, or substance abuse treatment and that you will not use it in place of any form of diagnosis or therapy for your child.

Expectations for Group Behavior

It is expected that group members actively participate in group in a healthy and appropriate manner. Group rules will be discussed further during the first group session, with input from the group members. If a group member chooses to be disruptive or inappropriate, the following procedures will be followed:

- Non-threatening behavioral concerns will be addressed in group with the facilitating therapist. While the group member will not be allowed to leave the room unsupervised, they may take a break from the current discussion or activity while staying in the room.
- If there are recurrent behavioral concerns, a parent will be contacted in order to attempt implementing a behavioral plan with the hope that the teen will be able to appropriately resume group participation.
- Any threatening or aggressive behavioral concerns will be immediately addressed with the child and a parent. If the behavioral plan is not effective, the child's participation in group will be terminated.
- Confidentiality is something that will be continually reviewed with your son and we require that confidentiality is maintained in order to create a safe space for group members. If confidentiality is broken by a group member and names and/or group information is shared, a meeting with child and parents will be required.

By signing this form, you are saying that you understand and agree with the information on the preceding pages. Please ask for clarification on anything that seems unclear.

_____ _____

Signature of Child (if over age 13) Date

_____ _____

Signature of Parent Date

_____

Emergency Contact Name/Phone/Address

Parent Email Address _____

*Your email address will be used by CFE and Kellie Cathey, LSW only, to keep you informed of updates on your child's progress, office practices, events, and news. We will never sell or otherwise share your information.

THE CENTER FOR FAMILY EMPOWERMENT PAYMENT POLICIES

The Center for Family Empowerment requires a credit card on file for each client. Your credit card will be charged unless you opt out at the time of session by paying with cash or a check made payable to **The Center for Family Empowerment**.

If you have questions or concerns regarding any part of this fee structure or billing/payment policies, please discuss these with your therapist as soon as possible. This form will be securely stored in the client's clinical file and updated upon request at any time.

- Telephone contact in excess of 15 minutes will be charged $25 per 15 minute increment, with prior notice given before any charges are incurred.
- A missed group session fee of $20 if the client has not cancelled with 24 hours notice, or the full group fee if the client does not show for a group and has not confirmed a cancellation.
- Checks that are returned will incur the check amount and an additional $15 bank fee
- Balances not paid within 7 days will be charged to your credit card.

PAYMENT FOR STRONG GIRLS GROUPS:

If you are paying weekly, the $40 fee will be charged at the end of group. If you are paying monthly, the group fee of $155/month will be charged on the first of every month. Refunds will not be given and we require at least one week's notice to stop payment.

Credit Card Type (circle one): Visa / MasterCard / Discover / American Express

Is this an HRA/HSA type cc? _____ Yes _____ No

Number: _____

Expiration Date: _____ CVV code (3 digit code on back of card):_____

Name as printed on card:_____ ZIP CODE: _____

I will not dispute legitimate charges for sessions I have received, collateral contacts made on my behalf, forms completed per my request, appointments missed or without confirmation of 24 hours notice, or charges due to a returned check.

By signing this agreement, I am authorizing The Center for Family Empowerment and Jessica Paist, MA to charge my credit card for professional services rendered to the "Client" that are not paid at the time of service, or for situations which fall under the late cancellation policy.

Signature: _____

Authorization for Release of Information and Records

I have been informed that under Pennsylvania state law and federal HIPPA requirements communications between a client and his or her therapist are privileged and may not be disclosed by the mental health provider unless the client consents. I also have been informed that client records required by a mental health provider may not be disclosed to third parties except with the client's consent or through legal process. I hereby authorize CFE and Jessica Paist, MA to disclose, release, and/or obtain records to or from the following parties. Please include **name and phone numbers** for any contacts listed.

[ ] My primary care physician, Dr._____

[ ] My family members as listed_____

[ ] My family members as listed_____

[ ] My school counselor_____

[ ] My caseworker_____

[ ] My therapist (for group members)_____

[ ] My psychiatrist_____

[ ] Other_____

This authorization is only for the limited purpose of releasing information to and discussing my case with these individuals for the purposes of evaluation and treatment. It shall not be deemed a waiver of any privileged communications or confidential information. This authorization shall remain in effect until revoked by me in writing.

Parent Signature_____Date_____

Client Signature_____Date_____

In an effort to complete your file, please complete this form.

Client Name_____ DOB_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Ok to leave message? Yes_____ No_____

Work_____ Ok to leave message? Yes_____ No_____

Cell_____ Ok to leave message? Yes_____ No_____

Email_____

Preferred method of communication:_____

Referred By: _____

For Minors:

Parent/Guardian Name_____ DOB_____

Relationship to Client_____

Are parents divorced/separated?_____ *if yes, both parents must consent if child is under age 14*

Address_____

City_____ State_____ Zip_____

Home Phone_____ Ok to leave message? Yes_____ No_____

Work_____ Ok to leave message? Yes_____ No_____

Cell_____ Ok to leave message? Yes_____ No_____

Email_____

Would you like to receive: Text communication from therapist: Yes_____ No_____

Email communication from therapist: Yes___ No____

Emails on general practice information: Yes_____ No_____

Preferred method of communication:_____

Family Dr./Pediatrician_____