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CLIENT RIGHTS AND RESPONSIBILITIES

MY COMMITMENT TO YOU

To be an effective consumer of social work services, it is important that you know about your rights and responsibilities and about my obligations to you. Please read this statement carefully and discuss with me any questions you may have.

As a Licensed Clinical Social Worker, I am dedicated to quality therapy and consulting services. You may be assured that each patient receives competent, considerate, prompt, and respectful service, regardless of race, ethnic background, religion, sex, age, or affectional preference, or disability. When necessary, I consult with specialists, and may refer you to additional resources.

I always answer telephone calls. If you call during a weekday and do not hear from me by that evening, call again because I may not have received your original message.

I welcome you, your questions, and your concerns. Administrative policies are set up to allow me to work smoothly and efficiently. Your feedback is welcome as to how these policies work for you. It is customary to acknowledge in a brief note a referral made by another professional. If you object to this procedure, please inform me.

YOUR RIGHTS

When you become a client, you have the right to:

1. Confidentiality. It is my policy to respect your privacy and to protect the confidentiality of your relationship with me. It is also my policy to inform you of the limits I have in protecting this right to confidential care. Some limitations are imposed by state statute and others come from the ethical standards for psychologists. They are:
 - a. Ethical standards encourage therapists to confer with other professionals when helpful and appropriate, provided you have signed a written release form.
 - b. According to the Florida Psychological Services Act (490.047, 1987), we are obligated by law to inform relevant parties when there is a clear and imminent danger to the patient, to other individuals or to society. In addition, Florida Statute (415.504, 1987) requires mandatory reporting of suspected child abuse or neglect, and statute (415.103) requires mandatory reporting of suspected abuse, neglect, or exploitation of aged or disabled adults.
 - c. When the person licensed under the Florida Psychological Services Act (490.017, 1987) is a party defendant to a civil, criminal, or disciplinary action arising from a

complaint filed by the patient, in which case the waiver is limited to that action. In the event of receiving a subpoena, the patient will be contacted and either a written waiver of objection is expected, or the patient will arrange for his/her attorney to file a protective order, should there be an objection to honoring the subpoena. A copy of the motion and the protective order will need to be forwarded to your therapist. A fee will be charged for copying your records and for any time required by the legal process.

- d. If you are asking this office to file insurance claims, you need to understand that we have no control over who at the insurance company will see the paperwork. Therefore, confidentiality may be limited in this regard.
- e. Patients (including non-custodial parents) do have the legal right to information concerning a minor child. From a therapeutic standpoint, however, it is important for the child or adolescent to develop a trusting relationship with the therapist. Therefore, I request that the parents grant the child's confidentiality subject to the above limitations. I will, of course, consult with parents regarding involvement in the treatment process.

Except in the circumstances outlined in a., b., c., d., and e. above, I will not release to others any information regarding you and my services to you unless you request and authorize its release with your signature. I encourage you to discuss any questions you may have about confidentiality and release of information with me.

2. Cost of Services Information. You have the right to be informed of professional services before receiving the services.
3. Informed Consent. As a patient, you have the right to know the nature of the services you are receiving. In the first sessions, we will discuss goals and design a treatment plan to meet your needs. I encourage you to be active in those discussions.

YOUR RESPONSIBILITIES

1. You are responsible for supplying accurate and complete information about yourself—your past illness', previous therapy, medication, and family and work history, when appropriate, and to provide information updates.
2. You are responsible for honoring your financial agreement. Payment for psychological services is due at the time services are rendered. Fees for groups, workshops, and organizational consultation are negotiated on a situation-by-situation basis.

Psychological services are covered under many health insurance plans. I advise that you check your insurance policy or the benefits department at your place of employment to confirm that you do, indeed, have such coverage. Insurance is considered a method of reimbursing you for fees paid to the doctor, not a substitute for payment.

3. You are responsible for keeping appointments. Missed appointments, except in emergencies or incapacitation will be billed. No show appointments and cancellations less than **24 hours** are billed at \$135.00. Insurance coverage cannot be billed for this charge. Patient is personally responsible for the charge.

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4. If we must be involved in litigation because of professional services provided to you; 1) I must be paid a forensic fee, which is different from regular in-office fees; 2) a retainer must be paid in advance based on an estimate of minimum time required for forensic services; 3) out of office services are charged on a portal to portal basis. This forensic fee will be applied to all services connected to the litigation, including but not limited to telephone conference, depositions, and court appearances.

5. You are responsible for following treatment recommendations, completing therapeutic assignments, and communicating your treatment process.

Signature of client

Date

When applicable, Signature of Parent /
Legal Guardian

Date