



Service Agreement and Informed Consent

Beth Glisczinski, MA LPCC

Services Offered

As an independent clinician and part of the WOW team, I provide behavioral health services specifically designed to help you and your child be happier and healthier. I can also provide you with referrals to other professionals who can effectively meet the needs of your family. At WOW, our current behavioral health services offer evaluation and treatment which may include but are not limited to: individual and family counseling, parent training, in-home and in-school observation, assessment, consultation, training, meeting attendance and support. I may provide long-term support regarding your child's behaviors and the impact of those behaviors on your family, and/or short-term consultations with individuals, parents, educators and other related professionals about a variety of behavioral health issues. In addition to behavioral work, social skills and supportive group services are available. Some services are provided in our offices in San Mateo, but for the most part, WOW works with children and families in their homes and schools.

Collaboration with other providers is an integral part of successful treatment. At times it may be necessary for me to consult with other professionals involved in your child's treatment. A release of information form will be completed and signed by you prior to any consultation or discussion about your child.

Approach

My approach to treatment is based upon training in counseling psychology. I particularly believe in the value of Cognitive-Behavioral approaches to treatment. This means that I will help you and your family to understand the relationship between problematic behaviors and the thoughts and feelings that go along with them. We'll work to break the cycle of those behaviors and replace them with those that support a healthy and functioning family. While I will serve as a consultant and coach, much of the change that your child and your family will make will happen outside of our sessions as you work on the plans that we set in place.

I particularly value:

- Recognizing your child's and family's strengths and building upon them
- Meeting your child and your family where they are, and moving forward from there
- Staying focused on what will be helpful and will help your family be successful

I don't worry about:

- The cleanliness of your home. Unless housekeeping and chores are part of your specific treatment goals, I understand that families are busy and that we have more important business to think about. I will always be respectful of your home.



- Your child's misbehavior. That's why I'm here! I understand that part of my work sometimes involves anger and aggression. When it happens, we'll work to make it better.
- If you're feeling emotional. Making changes can be difficult and can bring up difficult emotions. Again, that's why I'm here!

Consent for the Treatment of Minor Children

Therapeutic services generally require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of a guardian to give consent for services, I will require supporting legal documentation prior to the commencement of services.

Safety

We will all work to the best of our ability to assure that children are kept safe during treatment. Due to the nature of behavioral therapy and social skill facilitation, children may be physically prompted (picked up, safely escorted, etc.) in a safe and non-punitive manner or you may be directed to physically prompt your child. As part of a behavioral intervention protocol, physical prompting and time-outs may also be required. **I will not utilize any physical restraint nor assist you with physically restraining your child outside of the use of body or structural proximity control.** If at any time you have questions surrounding an intervention utilized, please ask.

During the course of evaluation or treatment, young children oftentimes will seek physical contact in the form of hugs, high fives, playing out activities and scenarios with toys or sensory integration. All physical contact of this kind will be positive and safe.

Appointments

I see clients Monday-Friday and in special and rare circumstances may choose to see clients on weekends. Because of the nature of my work, business hours will vary, but evening hours are available.

Please note that due to the mobile nature of my practice and Bay Area traffic, I cannot be responsible for being a few minutes late. I will make an attempt to email, text or call you to notify you if I am going to be late.

Clients are billed the hourly rate for any drive time over 30 minutes from the office location. The office is located at: 13 Lodato Avenue San Mateo, CA 94403

Cancellations

Treatment sessions require a 48-hour notice for cancellation. There is no charge for sudden illness, but ample notification should be provided in the event a child is ill. Cancellations can be made via email. If services are scheduled to take place in your home and other members of your home are ill, please notify us ASAP. You will be responsible for charges for sessions not cancelled within 48 hours.



Communication between session

Between sessions, I can be reached by telephone or by email. Confidential voicemails may be left for clinical matters. To ensure that I give all families my full attention, I do not interrupt sessions to respond to phone calls. In general, I will return phone calls and emails within one business day, generally much sooner. I am not comfortable addressing clinical matters via text message and will generally respond to those sorts of issues with a phone call or email. Please note lengthy calls or email exchanges beyond 10 minutes will be billed at the hourly rate.

Confidentiality, Records and Release of Information

All written records and information disclosed during sessions is kept confidential. I will not share any information provided without your written permission and will request your permission when I believe I need to release or exchange information with anyone else.

There are several exceptions to patient confidentiality. Under California State Law, some of the circumstances include court orders for information; suspicion of child, dependent or elder abuse and/or neglect and where a client poses a threat to the safety of self-and/or property or others. If it is necessary to release information due to such circumstances, every effort will be made to first discuss the situation with you prior to the release of the information.

Evaluation Process

As part of evaluating your child, I will select evaluation tools and methods (direct observation, questionnaires, interviews with your child and other family members, play assessment, standardized tests or assessments) based on your referral questions. I will inform you of the nature and purpose of the assessment tools that I use. Following evaluation, I will meet with you to share the general results of the evaluation and my recommendations about your child's needs for further services. Please note that a written summary of the evaluation is billable at the hourly rate.

Treatment Services

A 90-minute **intake session** will precede any treatment services. Intake sessions typically will include both an initial meeting with caregivers and an observation of you and your child in your home.

If a school and/or community **observation** is requested as part of an evaluation, this will be scheduled prior to our intake appointment. Scheduling this observation



prior to the intake appointment will usually give me an accurate observation of your child. I will work with you and the appropriate parties to determine the day, time, length and frequency of these observations. Observations are done in the least intrusive manner possible. A discussion about the results of the observation will not be shared with anyone on the date of the observation but rather will occur at a follow-up meeting or phone call.

During the treatment period, I will work together with you to develop goals and a **Service Plan** to meet the needs of your child and family. I may work together or meet separately with parents, caregivers, siblings and/or the child at any time during the course of treatment. Parents and/or caregivers will be active participants in all interventions as behavioral intervention typically is done as a whole family.

Due to the nature of Behavioral and Social Consultation Services, **services** may take place in the family home, school or community and involve travel time. The treatment rate for a session outside of the office includes up to 30 minutes of travel time to our session, a 50-minute session and time for session documentation. Because treatment is an active process between myself and the family, time is available during the session for short discussion, questions or updates. If additional time is needed for lengthier discussion, a separate session or phone consultation can be scheduled.

Due to the nature of behavioral interventions and the importance of consistency and follow-through, situations may arise where I will be in the middle of implementing a strategy at the end of the session. Typically, I will stay on site to finish the intervention to ensure consistency and follow-through; this time will be billed at the hourly rate. If I am going to be late to my next session, I will temporarily excuse myself to notify the next client

Clinic treatment includes meetings or other sessions where there is no clinical indication that the sessions must take place in the home or other environment. A one-hour session involves 50 minutes of direct service in the clinic, a short discussion and time to document the session. Additional questions or discussion will be set up at another time and will be billable at the full hourly rate.

Please note that all written **reports**, materials developed for the purpose of treatment, attendance at meetings and collaboration with other providers is considered billable time at the hourly rate.



Treatment will be completed once we decide together that your child has made satisfactory progress. If you decide to end treatment, we will work to ensure an appropriate plan is in place. Check-in and follow-up sessions will be available ongoing as needed.

Rates

My rates are as follows

Service	Rate	Unit
Intake Appointment	\$350	Each 1 ½ hour occurrence
Clinic session	\$225	Per hour
Non-clinic session/observation/meeting	\$275	Per Hour
Report writing	\$225	Per hour
Travel more than 30 minutes from the office location	\$275	Per hour

Payment

Payment can be made via check or cash on the date of service or paid via credit card on your confidential patient portal. Via the portal, you may also pay for services in advance. I do not accept any other form of third party payment. A billing statement/invoice will be mailed by the first of each month for the prior month's services.

All outstanding payments are due by the **7th day of the following month**. **Late payments are subject to a \$100-dollar late fee. Checks should be made payable to: Elizabeth Glisczinski. Please note that a \$25 dollar returned check fee with will be charged for all returned checks.**

Insurance Reimbursement

If you plan to request reimbursement from your insurance, please check your coverage carefully and contact your plan administrator with questions. I do not contract directly with any insurance company and I do not accept payment from insurance companies. Most families choose to submit their service invoice for reimbursement from their insurance company. Please note I cannot advise or answer specific questions related to reimbursement or insurance coverage for services. I also can't phone insurance companies for authorization nor consult with insurance companies on single case agreements.



Client Bill of Rights

You have the right to:

- Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- Have written information about fees, method of payment, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.
- Receive respectful treatment that will be helpful to you.
- A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Request that the therapist inform you of your progress.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Refuse a particular type of treatment or end treatment without obligation or harassment.
- Refuse electronic recording (but you may request it if you wish).
- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and type of treatment
- Report unethical and illegal behavior by a therapist
- Receive a second opinion at any time about your therapy or therapist's methods.
- Request the transfer of a copy of your file to any therapist or agency you choose.



Consent

Your signature(s) below indicates that you have read the information in this document and agree to be bound by its terms.

By signing this contract, I agree to the terms and conditions outlined above and authorize Beth Glisczinski, MA LPCC to provide assessment and/or treatment services to my child and/or family. Furthermore, I agree to the financial responsibility for all services rendered per the terms described above. Additionally, I agree to the terms of the Independent Contractor agreement outlined in this service agreement.

Client or Child's name

Client or Child's Date of Birth

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Signature

ALTERNATE MEANS OF COMMUNICATION CONSENT

Please check the appropriate box and initial to indicate that you have read and understand the following:

I _____ authorize Beth Glisczinski to **email, text or voicemail me** regarding appointment times and/or to exchange clinical information, as needed. By initialing this section, you are aware of and authorize me to send information that may inadvertently be read or listened to by unauthorized persons, groups, companies or government agencies that Beth Glisczinski does not control or may not know. Please note: by not authorizing these methods of communication we are left with traditional US mail to communicate information.

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

I _____ authorize Beth Glisczinski to photograph or video my child for the purpose of creating materials that support our treatment, such as visual icons, etc. WOW clinicians will only utilize photographs or videos for the purpose of our benefiting your treatment and photographs and videos will be deleted after being utilized for the purpose discussed and intended.