

melissa mclain coffin, ph.d.

Licensed Psychologist

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CONSENT TO TREATMENT

Please take the time to carefully read this contract in its entirety. This document sets forth information about my services as well as the office policies of McLain Coffin Counseling, LLC. Please ask me if you have any questions. I take your care very seriously, and I want to make sure you are informed of, understand, and agree to this information before we begin our work together.

Training and Degrees

I received my Bachelor of Science in Psychology & Communication Studies from Northwestern University. I attended graduate school at the University of Southern California where I received both my masters and doctoral degrees in Counseling Psychology. My pre-doctoral internship and post-doctoral fellowship were completed at the University of California-Davis with a specialization in eating disorders. Currently, in addition to my private practice, I am the Senior Director of East Coast Clinical Programming for Monte Nido & Affiliates.

Approach to Therapy

My early training was in psychodynamic theory, which means I believe in the importance of exploring your early relationships and how they may contribute to ongoing patterns in your life. However, my experience has taught me that my approach should be individualized to your needs. As such, I integrate interpersonal, cognitive behavioral (CBT), dialectical behavioral (DBT) and solution focused techniques into my work. I use Cognitive Processing Therapy (CPT) for the treatment of trauma and PTSD. I may also integrate more directive or behavioral techniques as needed to help you get the best result. Together we will build a collaborative relationship through which you will gain enhanced awareness of your experience, your thoughts, your emotions and their impact on you.

Client Rights

You have the right to ask questions about anything that is happening in therapy. You have the right to choose a therapist who best suits your needs and may terminate therapy at any time. If I cannot be of help to you, I will provide you with referrals to other health care providers and/or programs. I will keep you fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of your right to freedom of choice regarding services provided.

Risks & Benefits

When engaging in therapy, there can be benefits to our working together such as improved health, communication, relationships, insight and/or methods of coping. However, benefits and/or particular outcomes cannot be guaranteed. Risks to engaging in therapy may include emotional strain, at times feeling worse during treatment and/or making life changes that may be distressing. I do not take on clients that I do not think I can help. Therefore, I will enter our relationship with optimism about our potential progress.

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Notice of Privacy Statement

As required by law and professional ethics, all client personal information is kept in strict confidence, except as defined within this document.

Legal Limits to Confidentiality

Communication between a client and a therapist is considered confidential. However, there are limits to confidentiality as required by law. Confidentiality cannot be maintained when:

- *A patient is in imminent danger of hurting themselves or someone else.*
- *There is suspicion of child or elderly abuse, neglect, or sexual molestation.*

If I am required to release information through subpoena, court order, mandated treatment or other action of law, then I will abide by the law and release the required information as directed.

Release of Personal Information that You Authorize

Upon your request, and completion of an authorization form, McLain Coffin Counseling, LLC will release to/obtain from third parties your personal information. This can be useful for treatment coordination with family members, schools, and/or other professionals.

Release of Personal Information Due to Emergencies

In the event of an emergency, I may use my professional judgment to release your personal information, as is appropriate, to respond to the emergency. In addition to your emergency contact, the authorities may be notified if I become concerned about your personal safety or the safety of someone else.

Other Limits to Confidentiality

While we are in session, confidentiality does not apply to participants in the session. If you are not comfortable releasing your personal information to an appointment participant, then you must require that the participant leave the session. I accept no liability whatsoever for release of personal information to appointment participants.

The competent and ethical practice of psychotherapy dictates that I participate in regular case consultation with other licensed professionals about my work. Should I obtain consultation regarding aspects of your treatment, I will omit identifying information (including your name, place of employment, etc.) so that your confidentiality will be preserved to the best of my ability. Your signature on this policy statement serves as consent so that I may obtain consultation regarding your treatment (on an anonymous basis) without a specific release to do so.

If a third party contacts me with the expressed intent of asking or sharing information about you while you are my active client, I cannot confirm or deny that you are my client. However, I am able to listen to whatever it is that they would like to share with me. I will strive to share as much of that information with you as possible except in cases when I am not legally able to do so, and/or when sharing with you would pose a risk of harm to others.

Lastly, if you are involved in litigation and I am subpoenaed, or you file a lawsuit against me, I may have to disclose relevant information as required.

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Telephone and video sessions

In rare instances, we may agree in advance to have a telephone or video session if one or both of us are unable to come into the office (ie. during vacations or inclement weather). Please note that using such interfaces may present a risk to the protection of your private health information. Agreeing to such a session constitutes an acknowledgement and acceptance that information transmitted during these sessions may not be protected by confidentiality and that you expressly hold Dr. Coffin and McLain Coffin Counseling, LLC harmless in the event that any such transmissions are intercepted and/or used by a third party.

Communication

The most effective way to communicate with me is in-person, during our regular session time. Due to my work schedule I am oftentimes not immediately available- I am unable to respond when in sessions with other clients and/or after business hours. Within normal business hours, I will make every effort to return your email, text or phone call on the same day, aside from weekends and holidays. If after hours or on the weekends/holidays I will get back to you on the next business day.

- Phone- Any phone consultations should be mutually agreed upon in advance. Phone consultations are free for the first 10 minutes and then billed at \$20 every 5 minutes thereafter.
- Email & Text Messages- Emails and text messages are to be used for scheduling purposes only. I will not respond to the clinical context of email or text messages to protect your confidentiality. Your decision to use email/text constitutes an acknowledgement and acceptance that transmitted information may not be protected by confidentiality and that you expressly hold Dr. Coffin/McLain Coffin Counseling, LLC harmless in the event that any such transmissions are intercepted and/or used by a third party.
- Social Media- Please note that I do not request or accept invitations to be linked / friended / followed, etc. with clients on any social media platforms.

Emergency or Urgent Situations

Because of the nature of my work I am not able to provide emergency services outside of session time. In the event of an emergency or urgent situation, you must:

1. Call 911
2. Go to the nearest psychiatric emergency room
3. And/or Call the National Suicide Prevention Hotline at 1-800-273-TALK.

Please do contact me after you have received proper emergency assistance so that I can be aware of the situation.

Appointment Cancellation Policy

Appointment times are reserved just for you. The full appointment fee will be charged for appointments that are missed without at least 24 hours advanced notice. I encourage you to carefully consider your schedule before committing to an appointment time. My services are provided by appointment only, and walk-ins are not accepted.

Late Arrival

If you arrive a few minutes late to your appointment, I will see you for the remainder of your appointment time but your session cannot be extended due to consideration for other clients. However, if you are more than 30 minutes late there is insufficient time to

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provide appropriate care for you and I will request that you reschedule your appointment. You will be billed for the appointment at the full rate, as if it were missed.

Fees and Payments: Individual therapy sessions are either 45 or 60 minutes, to be agreed upon in advance. Fees are due at each session. If you become involved in legal proceedings that require my participation you will be expected to pay for any professional time I spend on the matter at the rate below. **You are responsible for paying for your session at the time of service unless we have made other arrangements in advance.** My fees are as follows:

Service	Time	Fee
Initial Phone Consultation	15 min	No Charge
Initial Assessment for Individuals	60 min	\$325
Individual/Parent Session 45 minutes	45 min	\$250
Individual/Parent Session 60 minutes	60 min	\$300
Initial Couples/Family Assessment	75 min	\$350
Couples or Family Session	60 min	\$300
Clinical Phone Consultation	10 min*	\$20*
Supervision Professional Consultation	45 mins	\$200
Missed Appointments (No Notification)		Full Fee
Cancelled Appointments without 24- hour Notification		Full Fee
Returned Check Fee		\$30
Legal/Administrative Fees	Per hour	\$350

**Clinical phone calls are free for the first 10 minutes and billed at \$20 every 5 minutes thereafter.*

Health Insurance Coverage/Reimbursement

Please note that I do not: accept health insurance as payment for services, submit health insurance claims or assist with claims processing. However, you still may be able to submit insurance claims for your appointments with me. I will provide a superbill for you to do so. It is your sole responsibility to seek reimbursement, verify coverage, and submit claims. If you have questions about your mental health insurance coverage please call your plan administrator or the number on the back of your insurance card. McLain Coffin Counseling, LLC accepts no responsibility for your insurance coverage and no responsibility for the payment or lack of payment from health insurance companies.

Professional Records

The laws and standards of my profession require that I keep Protected Health information about you in your Clinical Record. I will not disclose your record to others unless you direct me to do by signing an authorization to release information or unless the law authorizes or compels me to do so. You may review or receive a copy or summary of this Clinical Record within 10 days by providing a written request and paying an administrative fee of \$20 and \$.50 copying fee per page. In an unusual circumstance, I can deny you access to your Clinical Record if I believe disclosing it could reasonably be expected to cause danger to your life or safety, or that disclosing your record would compromise the identification of any person who provided me information under the expectation of confidentiality. In this circumstance, we can discuss your right of appeal if you disagree

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with my decision. I will always recommend that you review the record with me during a session.

Additional HIPAA Patient Rights: The Health Insurance Portability and Accountability act (HIPAA) provides new and expanded rights regarding Protected Health Information (PHI). You can provide a written request to 1) amend your Clinical Record; 2) request restrictions on what information in your Clinical Record is disclosed to others; 3) request an accounting of most disclosures of PHI and where they were sent; 4) request that any complaints you make about my policies and procedures be recorded in your record, and 5) receive an additional written copy of this agreement.

Termination of Care

Throughout your treatment we will be discussing the progress that you are making and the time we feel like we need to continue to accomplish your goals. While you have the right to stop treatment at any time, we will continue to meet until your goals are achieved, there is a mutual decision to end, you decide that you wish to stop, or I decide, in my professional opinion, that I can no longer be of benefit to you. If that's the case I will discuss it with you, provide you with one or more referrals for continuation of treatment, and we will terminate our therapeutic relationship.

Client Discharge

Discharge is the formal release of a professional from their obligation and care to a client. Discharge can occur for many different reasons, some which are as simple as you moving out of the area or improving to the degree that regular therapy is no longer required. Ideally discharge occurs after we have mutually agreed to terminate. However, discharge also occurs if I am unable to communicate with you or unable schedule an appointment with you for a 6 month period of time.

Returning to My Practice

If you were once an active client with McLain Coffin Counseling, LLC you can contact me at any time if you would like to return treatment after termination and discharge. I will briefly review your previous experience to determine if I feel I can still be of benefit. If I feels that I am not the best fit for your needs, or if I feel that I am unable to help, then I will do my best to provide referrals to other specialists/facilities. If you have been gone from my practice for over 3 months, I require that a new initial evaluation be conducted.

Information specific to Minors & Parents

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody. If you are separated, or divorced, please notify me immediately and know that I will need a copy of the most recent custody decree. It is my policy to notify both parents that I am meeting with your child, unless there are exceptional circumstances that prevent me from doing so. In the course of working with your child I may also meet with all parents/guardians either separately or together.

Therapy is most effective when a trusting relationship can be established between the therapist and the child. To this end, I ask that your child have some privacy in the course of their treatment. This is particularly important for older adolescents who are developing a greater sense of independence and autonomy. You will be updated on general information regarding your child's treatment, diagnoses and progress, as well as any significant health or safety concerns, either as needed or when requested.

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SIGNATURE PAGE FOR DISCLOSURES AND AGREEMENT FOR PSYCHOLOGICAL SERVICES

Client Consent to Psychotherapy

If you have questions, please discuss them with me prior to signing this form. Please also understand that you may decide to end therapy at any time and that you can refuse any requests or suggestions made by Dr. Coffin.

Payment of Charges

The undersigned hereby agrees to be personally responsible for the payment of all fees for services rendered by Dr. Coffin at McLain Coffin Counseling, LLC as set forth in this contract. I take no responsibility for the reimbursement or the non-reimbursement of any health insurance claims. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay the actual attorney's fees and collection expenses. It is understood and authorized that after 90 days of delinquency, your account may be assigned to a collection agency.

Remaining Provisions in Full Force

If any provision of this contract is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

The undersigned willingly agrees to enter into a contract with McLain Coffin Counseling, LLC, to become a client of Dr. Coffin and to receive services in exchange for monetary consideration and adherence to contract provisions.

By signing you certify that you have read, understand, and agree to all of the provisions in this contract without exception.

Client Signature: _____ Date: _____

Printed Name: _____

*For Minors

Legal Guardian Signature: _____ Date: _____

Printed Name: _____

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