

Suzanne C. Klenck, Ph.D., LLC
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AGREEMENT FOR SERVICES

Welcome to Suzanne C. Klenck, Ph.D., LLC. This document contains important information concerning psychological services and business policies. When you sign this document, it will represent a contract between you and Suzanne C., Klenck, Ph.D., LLC.

Scheduled Sessions: An initial evaluation is performed over the first couple of sessions in order to determine your goals of therapy. During this time, it is also determined if Dr. Klenck is the best person to provide the services you need in order to meet your goals. If Dr. Klenck feels there is a more appropriate mental health professional to work with you, she will provide referrals for alternative treatment. You are responsible for coming to your session on time. Please arrive on time. Sessions end at the originally scheduled time regardless of the time you arrive as not to run into the next client's session. Sessions last 50 minutes. If you do not come to three sessions in a row and/or do not respond to an attempt to reschedule, Dr. Klenck will assume that you have terminated Dr. Klenck's services and you will be discharged from Dr. Klenck's care at that time.

Confidentiality: With the exception of certain specific exceptions described below, all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission.

The following are legal exceptions of your right to confidentiality:

Court Ordered Therapy or Custody Disputes: There is no confidentiality in custody disputes or court-ordered therapy.

When Disclosure is Required by Law: If Dr. Klenck has reasonable suspicion of child, dependent, or elder abuse, neglect whether sexually, emotionally or otherwise; where Dr. Klenck has reasonable belief that a client presents a danger to him or herself, to another specifically identifiable person, to property, or is gravely disabled; or when a client's family member communicates to Dr. Klenck that the client presents a danger to other specifically identified person(s).

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding by or against you. This may include disclosure to comply with worker's compensation or other similar programs. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony of Dr. Klenck. If you file a complaint or lawsuit against Dr. Klenck, Dr. Klenck may disclose information as relevant for her defense. If a government agency requests information for health oversight activities, Dr. Klenck is required to provide it to such agencies.

Emergencies: If there is an emergency during your sessions with Dr. Klenck she may also contact the person(s) whose name(s) you have provided on the biographical sheet.

Health Insurance and Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier in order to process your claims, should you elect to submit a claim. If you do not have a BCBS PPO plan and you instruct Dr. Klenck to provide information, only the minimum necessary information will be communicated in a letter to you for you to submit to your carrier. Dr. Klenck has no control or knowledge over what insurance companies do with the information she provides or who has access to this information.

Consultation: Dr. Klenck consults periodically with other professionals regarding her clients; however, a client's identity remains completely anonymous, and confidentiality is fully maintained.

Communication and Emergency Procedures: If you need to contact Dr. Klenck between sessions, please leave a message at 504.507.1007 and your call will be returned as soon as possible. Dr. Klenck checks her messages a few times during the daytime only.

If an emergency situation arises, indicate it clearly in your message **and if you need to talk to someone right away call 911 or go to the nearest Emergency Room. Please do not use email or faxes for emergencies.**

E-Mails, Mobile Phones, Computers, Faxes, and Social Media: The confidentiality of your communication with Dr. Klenck may be compromised when using e-mail, faxes, mobile phones, and computers. If you need to contact Dr. Klenck between sessions, the best way to do so is by phone. Direct email at drsklenck@drsklenck.com may be used for quick, administrative issues such as changing appointment times only and with a minimum of 24 hours' notice. Substantive issues concerning your sessions and/or treatment should not be discussed in electronic form. Further, do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact Dr. Klenck. These sites are not secure and Dr. Klenck may not read these messages in a timely fashion. Do not use Facebook Wall postings, @replies, or other electronic social network means of engaging with Dr. Klenck in any public forum if you have an established client/therapist relationship as engaging with Dr. Klenck in this manner could compromise your patient confidentiality.

Payments, Insurance, and Insurance Reimbursement: Clients are expected to pay the following standard fees at the time of service:
\$ 205 - initial session/consultation
\$ 160 - 50 minute therapy session
\$ 40 - telephone conversations that last 15 minutes, each additional 15 minute increment will also be charged
\$ 175 - per hour for report writing, record review, communication with attorneys and production of any records in response to any subpoena, law enforcement, administrative agency or legal request

If you are covered by a BCBS PPO plan or United Behavioral Health plan through Tulane Student Services, your claims will be processed by Lakeshore Billing, LLC. Payment of all fees, deductibles and/or copays is required at the time of the office visit unless other arrangements have been made prior to the scheduled appointment.

For all other insurance plans utilized for treatment purposes, Dr. Klenck will provide the written communication needed by request to submit to your carrier in order to request reimbursement for out-of-network costs.

CANCELLATION: The scheduling of an appointment involves the reservation of time specifically for you, so a minimum of 24 hours' notice is required for re-scheduling or canceling an appointment. The full fee will be charged for sessions missed without such notification.

Dr. Klenck may change this agreement at any time. When changes are made, a new Agreement for Services will be provided to you. You may also request a copy of her Agreement for Services at any time.

This document represents your consent to make payment for services rendered. Your treatment is conditional on our signing this Agreement without modification. By signing this Agreement, you acknowledge that you have read the above Agreement for Services, you understand its contents and comply with them:

Client Name (print): _____ Date of Birth: _____

Current Physical Address: _____

Permanent Address (if different) _____

Client Phone Numbers (c): _____ (h): _____ (w): _____

Client Email Address (preferred): _____ (secondary): _____

Required - Client Emergency Contact Name: _____ Relation: _____

Required - Client Emergency Contact Phone number(s): _____

Client Signature

Date