

# Carrera Counseling P.L.L.C

---

9 Colonial Way, Barrington, NH 03825

## **Office Policies and Procedure and Information**

The following is information regarding the policies and procedures for Laurie Carrera MSW, LICSW. I encourage you to read the information carefully and discuss any questions you have before signing below.

1. **CODE OF ETHICS:** As a licensed clinical social worker, I, Laurie Carrera, MSW, LICSW, am governed by the *Code of Ethics* of the National Association of Social Workers. A copy of the Code of Ethics is available at all times.
2. **QUALIFICATIONS AND SCOPE OF PRACTICE:** I received my Master of Social Work in the year 2005 from the University of New Hampshire. The board of mental health practice of the state of New Hampshire granted me a license as an independent clinical social worker in 2012. The scope of services that I provide is outpatient individual, family and group therapy.
3. **CONFIDENTIALITY:** Under New Hampshire law, communications between a client and a therapist are privileged (confidential) and may not be disclosed without the specific authorization of the client except under specific, limited circumstances. For example, the privilege does not apply in a civil commitment proceeding in which the issue is whether the individual is a danger to self or others or when a client is seeking treatment relating to a workers' compensation claim. Records may also be subject to audit by regulatory authorities. Also, many reporting laws create exceptions. See *reporting requirements*. Within the course of treatment, a client's case may need to be reviewed by a colleague, who is legally bound to confidentiality. By signing this document you are acknowledging that you understand that I may discuss your case in consultation and you do not object to my doing so in an effort to ensure that you and your family are receiving the best treatment possible.
4. **REPORTING REQUIREMENTS:** Among the exceptions to confidentiality are New Hampshire reporting laws, which require social workers to report to the appropriate authorities certain types of conduct. For example, any person who suspects a child or incapacitated adult has been abused, neglected or exploited must report to state authorities. Social workers are required to warn police or likely victims of a client's "serious threat of physical violence" to a person or property. Social workers will often get a specific consent and agreement to notify family members or others in the event of a client's suicidality.
5. **MINORS:** The treatment of a minor must be authorized by a parent or guardian (with limited exceptions). I prefer to undertake treatment only with consent of both parents, if possible. Although communications with adult clients are confidential as described above, in the treatment of minors, parents (even non-custodial parents) have a right to access and authorize release of information.
6. If I determine that it is appropriate or necessary to proceed with therapy with only one parent providing consent, the non-signing parent still has the legal right to a copy of the minor's records if requested, unless his/her parental rights have been terminated or a Court Order

# Carrera Counseling P.L.L.C

---

9 Colonial Way, Barrington, NH 03825

prohibits the sharing of this information. This, however, does not apply to substance abuse cases when a minor is age 12 and older. In these cases, the minor must authorize release of the information. When a child turns 18, control of treatment, information and records reverts to the child.

7. **CONFLICTS OF INTEREST:** New Hampshire is a small state. From time to time, actual or potential conflicts of interest may arise. In the event that I become aware of a conflict of interest in providing treatment to you, I may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, you can be assured that any information will remain confidential.
8. **COURT ORDERED TREATMENT:** If you are seeking me due to a Court order requiring you to seek treatment, it is my policy that I will not proceed with treatment until I have received a copy of the court order and have had an opportunity to review it. Because you have been ordered by the court to obtain treatment, there are limits on confidentiality in addition to the ones described in paragraph 3 entitled Confidentiality. For example, I may be obligated to file a report with the court that ordered you to seek treatment or with someone else.
9. **GROUP THERAPY:** Unlike individual treatment, confidentiality of group therapy is not privileged, and therefore is not protected by law. Group members must sign and abide by a written confidentiality agreement prior to participating in the group. Clients with concerns about confidentiality should discuss them prior to beginning treatment.
10. **PROFESSIONAL BOUNDARIES:** Licensed social workers are obligated to establish and maintain appropriate professional boundaries (relationships) with present and past clients (and, in some cases, client's family members). For instance, a social worker should never become friends with clients and should never become sexually involved with a client. Please note that in order to respect your privacy, I will not acknowledge you in any public setting unless you initiate the interaction.
11. **CONCERNS OR COMPLAINTS:** If you have any complaint about the treatment you have received or about any billing procedure, you should not hesitate to raise them with me. Reports of misconduct or complaints can be directed to the New Hampshire Board of Mental Health Practice at 49 Donovan Street, Concord, NH 03301.
12. **LIMITS OF AVAILABILITY**

I can be reached at 603-988-551. If I am unavailable you may leave a message and I will return your call at my earliest convenience. I do not check my voicemail when I am not in the office. In the case of a psychiatric emergency for which I am unavailable you should consult with your other medical providers such as your primary care physician or go to your nearest emergency room. I do not provide after hours support for crisis situations. I am not able to provide medication evaluations or medication management. If it is decided that your child is in need of

# Carrera Counseling P.L.L.C

---

9 Colonial Way, Barrington, NH 03825

a medication evaluation, you will need to arrange for this service through a psychiatrist, private doctor or ARNP.

## 13. RECOMMENDED TREATMENT

After your child's initial assessment and throughout our time working together I will discuss diagnosis and recommended treatment with you. If during the time we work together you feel that for some reason there is not a good client/therapist fit I encourage you to discuss this with me and we may remedy the situation with a referral to a new provider. There is no guarantee that psychotherapy will be effective but with active participation from you and your child it may support your desired treatment goals.

## 14. LIMITS OF SERVICE

Please be advised that my role is to provide therapy services. I will not assess fitness for custody, serve as an advocate or act as an expert witness. You should be aware that if I were subpoenaed to court, you would be charged a fee of \$100 per hour for any time spent in court or travel.

## 15. PROFESSIONAL RECORDS

I maintain a file for each client. Each file contains such information as intake, diagnosis, treatment plan, billing, consents and treatment notes. Treatment notes contain date and time of each session and a brief summary of key facts and issues discussed as well as treatment recommendations. The client (or parent/guardian) is entitled to a copy of the records for a fee that covers copying and administrative costs. If you wish to see a copy of your treatment records I recommend you review them with me so that we may discuss the contents.

The Board of Mental Health requires that I make available to you a plan for your continued treatment and/or your records in the event of my death or disability at the time of your active client status. In this event you may contact my voicemail 603-988-5511 with specific details regarding a provider who will contact you.

## 16. INSURANCE/REIMBURSEMENT OF SERVICES

Clients will authorize payment of medical benefits to, and certify that all sums assigned be sent directly to, Laurie Carrera MSW, LICSW. In the event the client's insurance company does not honor this request, the client will take responsibility for payment of the bill in full. As a courtesy, Laurie Carrera MSW, LICSW assists with insurance benefit verification, however **the quoted benefit information of coverage is not a guarantee of payment by an insurance carrier**. Insurance carriers routinely review claims and change payment and medical necessity determination. In addition, the client should be aware that coverage may be reduced by services received at another provider. The client is ultimately responsible for his or her benefit information as it relates to his or her condition.

# Carrera Counseling P.L.L.C

---

9 Colonial Way, Barrington, NH 03825

There is an option for self-pay with the rate being \$110 per session with payment expected at the time of service. In this case, I will not bill these services to insurance carriers.

Some insurance companies limit the number of sessions, which will be fully or partially reimbursed. Clients are encouraged to communicate directly with their insurance provider regarding policies and benefits prior to beginning treatment. Any concerns about the confidentiality of records should be directed to the insurance company. Some companies conduct random periodic file audits for quality assurance purposes. Should you choose to access your insurance benefit, it is important that you know that your insurance company may review your record.

In order to process client claims, disclosure of confidential information may be required by your health insurance company (i.e. Diagnosis, symptoms). I cannot guarantee the confidentiality of information after it has been shared with your insurance company. Managed Care Plans are often based on the notion of medical necessity and are oriented towards short term treatment designed to resolve specific problems that are interfering with a person's normal functioning. **You are ultimately responsible for paying for all services rendered even if your insurance company or other identified payment parties do not cover them.**

During the course of treatment please notify me of any changes or updates in your insurance coverage or personal demographic such as name, address, or phone number.

## 17. ELECTRONIC COMMUNICATIONS

Some vendors require electronic billing and information gathering (by fax or email). I cannot guarantee the confidentiality of such communications. If you do not consent to electronic communications, please inform me immediately, before beginning treatment, so that I may determine whether and how to proceed. I do not always accept or respond to electronic mail communications about treatment issues.

## Client Rights and Responsibilities

As a client you have rights that will be respected at all times. Your most important right is the right to know what your rights are and the right to complain when you believe your rights have been violated.

### Client Rights:

- Clients are entitled to be treated with dignity and respect and be free from abuse, neglect or exploitation.
- Clients have a right to confidentiality. Client information will not be released to anyone without the written consent of the client, parent or guardian, unless otherwise required by law. Photographs and audio or visual recordings will not be made without the client's written permission.
- Clients are entitled to appropriate, professional treatment and services regardless of sex, race, color, religion, national origin, age or disability.
- Clients have a right to a mutually agreed upon treatment plan that promotes wellness and independence.
- Clients are entitled to an explanation of any treatment provided, the reasons and the expected effects. Clients also have a right to information about all aspects of treatment they receive.
- Clients have the right to decline treatment offered to them unless they are endangering themselves or others.
- Clients have the right to understand the information contained on the papers they sign, have their questions answered in a readily understandable language and review their records.
- Clients and/or their families have the right to complain if they feel their rights have been violated or that they are being treated unfairly. Clients are entitled to information regarding the types of services available and their cost.
- Clients have the right to a second opinion by another professional.
- Clients have the right to discontinue services and to receive notice before the provider discontinues their services.

# **Carrera Counseling P.L.L.C**

---

9 Colonial Way, Barrington, NH 03825

## **Client Responsibilities**

- Clients are responsible for participating actively and honestly in their treatment.
- Clients are responsible for asking questions about any policy, procedure or treatment with which they do not understand or with which they do not agree.
- Clients are responsible for carefully reading and understanding any papers that they may be asked to sign in relation to their treatment.
- Clients are responsible for contacting Laurie Carrera, LICSW with any concerns.
- Clients are responsible for payment of missed appointments unless provider is notified more than 24 hours in advance.
- Clients are responsible for payment of the services they receive and the agreed upon times.

If any concerns arise during services and cannot be resolved with the above named provider you have a right to appeal to the:

**Board of Examiners of Psychology and Mental Health Practice  
49 Donovan Street Concord, NH 03031  
603-271-6762**