Serenity Coaching and Counseling, LLC

www.SerenityMA.com Support@SerenityMA.com
Phone: (508) 868-8070 42 Lake Ave. Worcester, MA 01604 Fax: (508) 519-6539

Welcome! This form provides information about our services. Please review and feel free to ask questions.

Overview of Services: This form is called a Consent for Services (the "Consent"). Your therapist, counselor, psychologist, doctor, or other health professional ("Provider") has asked you to read and sign acknowledgement of this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

Confidentiality/Personal Health Information: Your provider makes it a priority to keep all communications and records held in strict confidence. Please see information below on our HIPPA, privacy rules, client rights, confidentially of communication, and telehealth services.

Work Agreement, Scheduling, and Cancellations: It is agreed that the client shall engage in the counseling/couching process as an important priority in their life. Scheduling an appointment is a commitment that both counselors and clients honor. Appointments can be cancelled or rescheduled if 24 hour notice is provided. If sessions are canceled or rescheduled with less than 24hrs notice, the client agrees to pay a $25 dollar fee. (Insurance will not pay for missed appointments). Please note that exceptions to this policy can be made in the instance of a serious medical or family emergency. Clients who consistently cancel or no-show appointments will have their cases closed.

All fees will be expected at the time of service: If you are planning to use your insurance for coverage, please make sure you are aware of your mental health benefits and allowable co-pay, as you will be responsible for payment if the insurance company does not cover. The co-pay will be collected each session. If you provide credit card authorization, your card will be charge one day after completion of your appointment. Self-Pay clients- please refer to our our self-pay/no secrets policy. Connect with your individual provider about self-pay rates, sliding fee scales, and costs of services.

Session Length: Most sessions last around 50 minutes. If you arrive late for a scheduled appointment, you may not be able to complete the entire 50 minute session. Please make every effort to be punctual.

Emergency/After Hours: Serenity Coaching and Counseling (Serenity) makes it a priority to be available for our clients and will make reasonable efforts to help. We maintain a 24/7 call service and on call provider. If your call is urgent or life threatening, please call 911 or connect with the Emergency Services unit that is available 24/7 for on-site or mobile assessment and screening at 1-800-977-5555.

Emotional Support Animal: Please be aware that we are animal friendly and sometimes have an Emotional Support Animal at Serenity. Please let us know if you have concerns or an allergy.

Services with non-licensed Providers: License eligible providers are post-graduates in process to be licensed, have experience in the field, and are working toward a specialty under the tutelage of an experienced licensed provider contracted with Serenity signing off on records and intent-to-billing. License Eligible Providers are required to inform you that they are working toward obtaining their license to practice independently in the State of Massachusetts. They are bound by the ethical guidelines of the profession and state they will be licensed in and are followed closely by a Licensed Supervisor who will be involved in treatment planning and support.

We agree to make reasonable efforts to ensure proper continuation of care: If you decide that the services that Serenity offers are not the right fit for you, we will make reasonable efforts to provide you with alternative counseling sources and referrals. (In the event of termination or after two weeks without contact or an understanding about continuation of care, we will close your file. Should you decide to re-enter into counseling/coaching, the file can always be re-opened. We make efforts to coordinate with resources in the area and strive to create a dynamic therapeutic relationship.)

Serenity Coaching & Counseling LLC – Consent for Services

THE THERAPY PROCESS: Therapy is a collaborative process where you and your Provider work as equals toward goals you define. It follows a structured, evidence-based approach with clear roles and responsibilities. Positive outcomes are more likely when there's a strong client-Provider relationship. Understanding the process beforehand can help build that relationship and support your success.

Therapy starts with an intake process where you'll review your Provider's policies, fees, insurance options, and emergency contacts. You'll also discuss what to expect in therapy—such as the approach, duration, and potential risks and benefits. If your Provider is supervised, they'll share that information. Together, you'll create a treatment plan outlining your goals, therapy type, and schedule. This plan may evolve over time. After intake, you'll attend regular in-person or telehealth sessions. Participation is voluntary, and you can stop at any time. When your goals are met, you'll review your progress, plan for maintaining it, and discuss how to return if needed.

TELEHEALTH SERVICES: Telehealth sessions are protected by the same confidentiality laws as in-person therapy. You'll need a device with a camera and internet access. Your Provider will guide you through using the platform. While telehealth can be effective, it may not always match in-person care. If needed, your Provider may recommend switching to in-person services or refer you to another therapist. Recommendations: Ensure privacy during sessions, don't record without permission, and always tell your Provider if you're joining from a different location. Technology: Your Provider uses secure platforms to protect your information. Tech issues can happen, so you'll agree on a backup plan beforehand. Crisis Management: Telehealth may limit your Provider's ability to respond in emergencies. You'll work together to create a crisis plan, including local contacts and support services. In an emergency, call 911, go to the nearest ER, or contact mobile crisis support at 1-800-977-5555.

COMMUNICATION: You can choose how to communicate with your Provider between sessions. Text and email are not secure, so avoid sharing personal information through them. These methods should be used only for scheduling. You may opt to receive appointment reminders this way, but consider who else might access your messages. Emails will receive brief replies, and texts unrelated to scheduling won't be answered. Secure Communication: Your Provider will review options for secure communication through the HIPAA-compliant TherapyNotes portal. Serenity Coaching and Counseling also uses secure email and fax systems, but cannot guarantee the security of your personal email provider. Social Media & Reviews: Your Provider will not respond to any messages or interactions via social media or review sites to protect your privacy and maintain professional boundaries. You may see content posted by your Provider online, but there's no expectation to follow or engage. If you do follow them, they won't follow back. Review sites may list your Provider without their involvement. If you choose to leave a review, they won't respond. Please consider how this might affect your confidentiality, as reviews are often permanent and shared across platforms. To leave a review directly with Serenity, visit: https://www.serenitycoachingcounseling.com/clients

CONFIDENTIALITY: Your health record includes personal information, known as Protected Health Information (PHI), related to your physical or mental health and care. This Notice of Privacy Practices explains how we may use or share your PHI under HIPAA, professional ethics codes, and Massachusetts law. It also outlines your rights regarding access and control of your PHI. We are legally required to protect your PHI and follow the practices in this notice. We may update this notice at any time, and will share revised versions via our website, by mail upon request, or at your next appointment.

USES/DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT: We will only use or share your Protected Health Information (PHI) as allowed by law or with your written permission, which you can revoke at any time (except when already acted upon). With your consent, we may use or disclose your PHI for the following purposes: Treatment: To coordinate your care with providers or supervisors involved in your treatment. We will only consult outside providers with your authorization. Payment: To receive payment for services, such as verifying insurance, submitting claims, or billing. Only necessary information will be shared, and limited PHI may be used for collections if needed. Health Care Operations: To support business functions like quality reviews, licensing, or administrative tasks. Third-party service providers must protect your privacy. PHI used for training will require your authorization.

USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION: Certain situations require us to disclose your Protected Health Information (PHI) without your consent or authorization, as required by law. These include: Child Abuse: We must report suspected physical, emotional, or sexual abuse, neglect, or malnutrition of a minor to the Massachusetts

Department of Children and Families. **Elder Abuse:** We must report suspected abuse or neglect of anyone age 60 or older to the Department of Elder Affairs. **Abuse of a Disabled Person:** Suspected abuse of adults (ages 18–59) with physical or mental disabilities must be reported to the Disabled Persons Protection Commission. **Health Oversight:** We may be required to provide records to licensing boards during investigations. **Legal Proceedings:** We will not release your records in court or administrative proceedings without your written consent or a court order, unless the court orders an evaluation or you are being assessed for a third party. You will be informed if this applies. **Serious Threat to Health or Safety:** If you threaten serious harm to yourself or another person and appear able to act on that threat, we may take necessary steps, such as warning the potential victim, contacting law enforcement, or arranging hospitalization. **Worker's Compensation:** If you file a claim, relevant records may be shared with your employer, insurer, or the Division of Worker's Compensation. **Special Government Functions:** We may release information for military, national security, or medical suitability evaluations, as allowed by law. **Public Health:** We may report information to public health authorities for the prevention or control of disease, injury, or disability. **Other Required Disclosures:** We may consult with other Serenity providers involved in your care or speak with emergency personnel if needed. If you report misconduct by another provider, we may be required to notify the appropriate licensing board, and will discuss this with you first. **Minimum Necessary Disclosure:** In all cases, we will only share the minimum information needed to meet legal or safety requirements, and will protect your privacy to the fullest extent possible.

RECORD KEEPING: Your Provider keeps treatment records to ensure quality care and meet professional standards. These are stored securely in TherapyNotes, an electronic health system with safeguards like encryption, firewalls, and activity monitoring to protect your information.

CONSENT TO USE AI: Some providers use AI. By agreeing to use AI tools as part of your therapy, you acknowledge that AI may be used to support your treatment through data analysis, progress tracking, or communication assistance. While AI helps enhance care, it does not replace your Provider's professional judgment. Your privacy will be protected according to applicable laws. You may opt out of AI-supported services at any time without affecting your access to therapy.

FEES AND PAYMENT FOR SERVICES: You'll be informed of all fees before starting therapy. Check with your insurance provider to see what may be covered. **No-Show & Late Cancellation:** You must give at least 24 hours' notice to cancel. Otherwise, you may be charged a fee not covered by insurance. **Payment & Balances:** Payment is due at each session. If you can't pay, discuss options with your Provider—such as a payment plan or referral to lower-cost services. Unpaid balances may be sent to collections. **Insurance Coverage:** Before starting, confirm: If your plan covers therapy and telehealth. If your Provider is in-network. What portion you'll owe (copay, deductible, etc.) **Insurance & Privacy:** Using insurance requires sharing some personal information with your insurer. They keep this information private unless disclosure is required by law. **Payment Methods:** A valid credit/debit card on file is recommended. It will be charged for session fees and other charges unless other arrangements are made. You're responsible for keeping this info current.

YOUR RIGHTS AND OUR OBLIGATIONS **Your Rights Regarding Your Protected Health Information (PHI): Access:** You can inspect or get copies of your PHI and psychotherapy notes. Access may be denied in some cases, but you can request a review. Fees may apply for copies. Electronic copies can also be requested and sent to another person if you choose. **Amendment:** You can ask to correct or add to your PHI. We may deny this, but you can submit a statement of disagreement, which we may respond to in writing. **Accounting of Disclosures:** You can request a list of disclosures of your PHI made without your permission. Fees may apply if requested frequently. **Restrictions:** You can ask to limit how we use or share your PHI. We must honor requests to restrict sharing with insurance if you paid out-of-pocket in full. **Confidential Communications:** You can request we contact you in a specific way or at a different location. We will accommodate reasonable requests without asking why, but may need payment or address details. **Breach Notification:** If your unsecured PHI is breached, we will notify you with details and protective steps. **Paper Copy:** You can request a paper copy of this notice anytime, even if you agreed to receive it electronically.

Our Obligations. We are legally required to protect your PHI and inform you of our privacy practices. We may update these practices but will continue following the current terms until you are notified. If changes occur, we will inform you by mail, email, fax, or at your next session—whichever is easiest for you.

COMPLAINTS If you believe your Provider acted improperly or unethically, you can discuss it with them or contact their licensing board, your insurance company, or the U.S. Department of Health and Human Services. For privacy concerns or record access issues, contact Nicole Daigle, LMHC, at Serenity Coaching and Counseling, LLC (508-556-0745, fax 508-519-6539). You may also file a complaint with the Secretary of Health and Human Services. We do not retaliate for complaints.
(Consent for Services con't)

CLIENT RIGHTS You have the right to safe, effective care within our mission and legal guidelines, and to be referred to other providers if needed—without discrimination based on race, creed, age, gender, origin, disability, economic status, or sexual orientation. You deserve respectful, dignified treatment at all times, with consideration for your personal values, beliefs, privacy, and safety. Our services are offered without discrimination, and we ensure clear communication to meet your needs.

CLIENT RESPONSIBILITIES Answer Questions Fully. Provide accurate health history and authorize release of past records. Participate actively, ask questions, and seek clarification about your care. Respect the rights and privacy of others, and notify your provider promptly if you're late or need to cancel. Fulfill your financial obligations and follow your insurance's referral rules.

Further Acknowledgements: By signing, you consent to the Release of Information and Authorization of Benefits to your insurance provider. Serenity Coaching and Counseling, LLC will collect a copy of your insurance card at intake. You authorize the release of necessary information for claim payment, quality review, and continuity of care, which may include medical, mental health, substance abuse, or domestic violence records. You also authorize direct payment to Serenity. You are responsible for deductibles, co-insurance, non-covered charges, and any costs due to not following your insurer's referral rules. You may revoke this authorization at any time by notifying Serenity in writing.

We require signed acknowledgement that upon intake, you received and agree to the following information:

* **Privacy Notice (HIPAA)**
* **Notification of clients' rights**
* **Agency policies and procedures**
* **Grievance Procedure**
* **Use of AI.**
* **Copy of the Orientation to Treatment and Client Policies Pamphlet**
* **Telehealth Consent**
* **Licensed Eligible Support**
* **Payment and Insurance Policies**

*** You understand that it is your responsibility to attend all scheduled appointments. If you need to reschedule an appointment, you will call with at least (24) hour notice. You understand that there will be a $25.00 fee for any appointments that I do not attend and do not cancel (no shows). I understand that I am responsible for this fee. You understand that if you "no show" two appointments, if you cancel two appointments within a 30 day period, or we have no contact with you for a two week period, that your case will be closed.***

_____ _____

Client Name (Please Print) **Date of Birth**

_____ _____

Client Signature **Date**

4/12/2016 – Effective Date of Privacy Notices. Updated 10/2025. ND