

# Linsey Adams-Aharony/Strides To Solutions DBA Emuna Builders

49 Hagefen Street Sitriyya, Israel 7689400  
+972 58 606 7557 [info@stridestosolutions.com](mailto:info@stridestosolutions.com)

To New Clients,

I am looking forward to meeting with you soon. I am asking you to complete this paperwork prior to our meeting so that we will not have to take time in our session to address these administrative details. Please complete the following forms that are relevant to you and mail or fax them to me with payment for the initial consultation.

The following two forms are in this file:

1. The ***Client Registration Form*** provides me with basic identifying and contact information about you.
2. The ***Psychotherapist-Client Services Agreement for Pennsylvania/Welcome to My Practice*** outlines my practice policies regarding appointments, financial matters, confidentiality of information, telehealth, issues related to COVID-19, Medicare, and other administrative issues. Please review this form completely then sign in the space provided at the end of the agreement so that I know that you have read it. If you have questions, please ask me what you need to know.

The following forms can be found in the section under “Scheduling and Fees.” Please sign the ***Informed Consent Form, Payment Preference Form, Covid Waiver, and Hold Harmless Agreement form*** and return it. Return the ***Release of Information Form*** if they are forms relevant to you.

1. The ***Payment Preference Form*** designates your payment preference. At this time, you may elect to pay by check, cash or PayBox each session. We can also discuss other payment schedules.
2. Please complete the ***Release of Information Form*** entering the name of the clinician/s in the spaces provided. Please make sure to enter contact information including fax number for any psychotherapist, psychiatrist or physician (if needed) you are currently seeing. We will discuss the possibility of my having contact with that clinician as part of an initial evaluation. I will not contact anyone without your knowledge and agreement.

Thank you again for taking care of these administrative tasks prior to our initial meeting. We will be able now to focus all of our time on the personal concerns you wish to consult me about.

Linsey Adams-Aharony/Strides To Solutions DBA Emuna Builders

## REGISTRATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Referred By: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Family Status: \_\_\_\_\_

Current Spouse/Partner's Name, Age & Occupation: \_\_\_\_\_

\_\_\_\_\_

Children's Name/s, Age/s: \_\_\_\_\_

\_\_\_\_\_

Name, address, phone of person/s to be contacted in an emergency: \_\_\_\_\_

\_\_\_\_\_

Name, address, phone of treating psychiatrist/psychotherapist/physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What days of the week and blocks of time would you be available? \_\_\_\_\_

\_\_\_\_\_

How do you prefer to be contacted? Voicemail Email Text Mail

Emergency Information: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

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## PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT ISRAEL

### WELCOME TO MY PRACTICE

This document reflects the policies of Linsey Adams-Aharony/Strides To Solutions DBA Emuna Builders, regarding fees, privacy of records and confidentiality of information, and other administrative issues related to the provision of professional services to the client.

**Psychological Services:** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and Client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

**Our first few sessions will involve an evaluation of your needs.** By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Meetings:** I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that some insurance companies do not provide reimbursement for cancelled sessions. If it is possible, I will try to find another time to reschedule the appointment.

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**Professional Fee:** My session fee for traditional psychotherapy is \$130/50 minutes and 250/30 mins for Animal Assisted Therapy. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Except in situations where the Clinician assesses the Client to be at risk of self-harm or harm to others, phone contacts with family or friends will not be made by the Clinician unless approved by the Client in advance with a signed release of information form. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$500 per hour for preparation and attendance at any legal proceeding.

**Missed Appointments:** The Client agrees that if s/he is unable to keep an appointment, s/he will provide a minimum of 24 hours prior notice to the Clinician by leaving a message on the Clinician's voice mail or by speaking to the Clinician directly. Email is not adequate notice. **If an appointment is canceled or missed without 24 hours' notice, the Client understands that s/he will be billed for the session.** In this event, the bill will reflect a late cancellation and not a clinical session.

**Payment Method:** Appointments are to be paid for at the time with check or cash, unless we agree otherwise. As a fee for service provider, I will give you a receipt for services that you may submit on your own to your insurance company. (Note: I am licensed social worker of the State of Israel). Payment schedules for other professional services will be agreed to when they are requested. If, for whatever reason, the Client's account remains unpaid after 30 days following the monthly billing, the Clinician reserves the right to suspend or discontinue treatment until the charges are paid in full or a suitable payment arrangement is agreed to in writing by both the Client and the Clinician. If payment is not made in accordance with this arrangement, there will be a brief time period devoted to terminating treatment during which the Clinician will offer referral assistance to the Client. If legal means are required to secure payment, the Clinician's reasonable legal costs will be charged and payable by the Client. I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

**Insurance and Third-Party Payments:** The Clinician does not accept direct insurance assignments. At the Client's request, a monthly statement will be provided to the Client that can be submitted to the insurance company for reimbursement. Also, at the Client's request, the Clinician will provide relevant clinical information to the insurance company for reimbursement purposes. The Client should be aware that most insurance companies require a clinical diagnosis, and some require additional clinical information that becomes part of their record. The Clinician assumes no

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responsibility for the continuing confidentiality of the information once it is released to the insurance company.

**Contacting Me:** Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office between 8 AM and 7 PM, Sunday through Thursday, I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. **I will make every effort to return your call promptly, with my checking messages at least once a day on weekends and holidays. If your call is very important, please let me know that in your message.** If you are difficult to reach, please inform me of some times when you will be available. **If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or go to your nearest emergency room where trained professionals will be able to assist you.** If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary and will leave this colleague's name and phone contact on my outgoing message tape. If I have traveled a distance relying on public transportation, I may be unexpectedly delayed; if this happens, I will do my best to leave a new message on my answering machine tape to notify you (and my practice) of this occurrence.

**Emails and texts:** Often, clients prefer to email or text. It is important to know that these means of communication are not secured. **Please make sure to leave any message that needs privacy on my office line (more secure) 972 58 606 7557.**

**Intake Process; Clinical Consultation:** During the intake process, the Clinician will explore with the Client the nature of the Client's concerns and will determine whether the Clinician can treat the problem as presented, or whether a referral to another Clinician would be more appropriate. The fee will be charged for the consultative services provided by the Clinician during the intake process. The Client understands that until a plan of treatment has been developed and agreed upon by both Clinician and Client, all services provided are consultative in nature and the Clinician shall assume no obligation to provide continuing services to the Client. In the event the Clinician recommends services elsewhere, the Client will be offered referral assistance.

**Confidentiality:** All communications between Client and Clinician are confidential. Information will only be released to a third party under the following conditions: a) the Client authorizes the Clinician to release information with the Client's written permission; b) the Client is threatening serious bodily harm to self or another; c) the Clinician learns that a child, an elderly person or a disabled person has been or is being abused; d) pursuant to a court order in a judicial proceeding; e) or as requested in a professional board investigation. The Client understands and agrees that the Clinician's working notes are not considered part of the clinical record and will not be released to the Client or to any other persons, agencies or organizations under any circumstances. The Client understands and agrees that any records obtained from other clinicians, agencies, or institutions also will not be released by the Clinician under any circumstances. The clinical record shall include dates of contact, diagnosis, any evaluation forms completed by the Client and any treatment plan forms prepared for review by the Client's health insurance carrier. In clinical situations where more

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than one person is the 'Client', such as in couples or family consultation, evaluation, therapy or counseling, no information will be released without the written consent of all adults who participate. The Clinician will respond to any court order for records by providing only the dates of contacts and a general summary of psychotherapy/ counseling activity. The Clinician will have broad discretion to release any information she deems relevant in situations (b) and (c) above where she believes the Client or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect. The Clinician may contact the parent or guardian of a minor-age Client if deemed clinically necessary. There are some situations where I am permitted or required to disclose information without either your consent or Authorization: a) if you are involved in a court proceeding and a request is made for information concerning the professional services I provided to you, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information; b) if a government agency is requesting the information for health oversight activities, I may be required to provide it for them; c) if a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself; d) if I am treating a patient who files a worker's compensation claim, I may, upon appropriate request, be required to provide otherwise confidential information to your employer. Clinical records of inactive cases will be destroyed after seven years.

**Confidentiality and COVID-19:** If the Client has the virus as confirmed by a laboratory test, the Client gives the Clinician permission to disclose this information to public health authorities for the purpose of contact tracing.

**Telehealth:** Although the Clinician will do her best to support confidentiality of our work together, there are limits of confidentiality on the internet and a guarantee of confidentiality is not 100% possible. However, this Clinician will use doxy.me -a HIPAA-compliant telehealth platform to meet worldwide security requirements. Telephone and FaceTime and WhatsApp are also possible.

**Termination of Treatment:** The Client may terminate treatment at any time without moral, legal or financial obligation beyond payment for services already rendered. It is expected that the Clinician and the Client will discuss the prospect of termination so that both parties will be clear about any details that might need attention as part of the termination process. If the Client fails to schedule a future appointment, cancels a scheduled appointment, or fails to keep a scheduled appointment, and does not contact the Clinician within 30 days of the date of last recorded contact, it will be understood that the Client has terminated treatment. The Clinician shall have no further obligation to the Client once treatment has been terminated. Should the Client make contact with the Clinician at a later date requesting additional services, the Clinician may choose to see the Client on a consultative basis, or may recommend that the Client seek services elsewhere. The Clinician also may terminate the treatment if she determines the therapy process to be unproductive and/or if he determines that the Client would be better served by other health or mental health practitioners. The Clinician will provide 30-days notice of intent to terminate to allow the Client to make other treatment arrangements.

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The Client(s), by signing below, states that s/he fully understands and agrees to the policies stated on the pages above. Copies of this form are available on the Clinician's website. This also serves as an acknowledgement that you have received the Notice Form that follows in this packet and read it.

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Client Signature

Date

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Client Printed Name

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Parent's Signature if Client is a Minor

Date