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LITTLEFIELD WELLNESS, LLC THERAPEUTIC CONTRACT

This document explains the policies and procedures for treatment with Littlefield Wellness, LLC. Please review it thoroughly, as it contains important information. This document is updated effective October 1st, 2024 and supersedes any prior therapeutic contract from Littlefield Wellness, LLC.

PROVIDER/CLIENT PRIVILEGE AND LIMITS OF CONFIDENTIALITY

All information you disclose to your provider at Littlefield Wellness, LLC within sessions is confidential and will not be revealed to anyone without your written permission (or your parent/guardian's permission if you are under 18). However, there are some situations when Littlefield Wellness, LLC is required by law or ethical guidelines to release confidential information to third parties without your permission to protect yourself or someone else. Some of these situations include the following:

1. If you express a plan to cause serious harm or death to yourself. Your provider at Littlefield Wellness, LLC is a mandated reporter and will take the necessary steps to inform family members and/or the proper authorities of what has been disclosed to respond to emergencies to protect you from self-harm.
2. If you express a plan to cause serious harm or death to someone else, your provider at Littlefield Wellness, LLC is a mandated reporter and will take the steps necessary to inform family members and the proper authorities to respond to such emergencies, as well as the person(s) you threatened to harm.
3. If you disclose or there is suspicion that a child, elder, or incapacitated adult is the victim of physical, emotional, or sexual abuse, a victim of neglect, financial exploitation, etc., your provider at Littlefield Wellness, LLC is a mandated reporter and will report the information to the appropriate authority.
4. If you are performing activities that could cause serious harm or death to you or someone else, even if there is no intention to harm yourself or someone else, your provider at Littlefield Wellness, LLC will use their professional judgment to decide who should be informed.
5. If your provider at Littlefield Wellness, LLC receives an order from a court of competent jurisdiction to disclose your confidential information, your provider at Littlefield Wellness, LLC is required to provide information to the court. You will be notified of any such occurrence.
6. If you are taking part in counseling/therapy for court-mandated treatment.



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7. If your insurance company or other third-party payer or auditor requests information including, but not limited to, diagnoses, reports, recommendations, and/or chart notes, Littlefield Wellness, LLC will provide said information.

8. If you fail to meet the financial obligations outlined in this document, Littlefield Wellness, LLC reserves the right to pursue collections through a contracted entity. This course of action will require disclosure of your personal information such as name, address, telephone number, email address, social security number, date of birth, dates and location of service, clinician's name, the amount of the outstanding balance, and information about the guarantor of your account including name, address, telephone number, email address, date of birth, and social security number. Additionally, if a credit card dispute is placed upon any charges, Littlefield Wellness, LLC reserves the right to defend itself if any credit card disputes are placed with disclosure of any necessary personal information.

9. Your Provider at Littlefield Wellness, LLC may speak to emergency personnel if it involves you or your care.

It is permissible to release all or portions of your records to any person or entity you specify in writing. In instances of urgency, verbal permission from the patient to the provider may be permissible. Your provider at Littlefield Wellness, LLC will inform you as to whether releasing that information to that agency or person might be harmful to you.

If any of the above situations arise and confidentiality must be broken, your provider at Littlefield Wellness, LLC will discuss this with you in advance, when possible, unless there is a reason not to do so. Additionally, only situation-specific information will be released.

I understand and agree to the "Provider/Client Privilege and Limits of Confidentiality" _____
(initial here)

OVERVIEW OF TREATMENT LENGTHS AND TERMINATION PROCEDURES

Although some clients elect to pursue long-term, in-depth treatment, many issues can be resolved within 12-24 sessions. Treatment is entirely voluntary, and you can terminate treatment at any time. This office has the right to terminate therapy with you under the following conditions:

1. If your provider at Littlefield Wellness, LLC believes therapy is no longer beneficial to you.
2. If your provider at Littlefield Wellness, LLC believes that another professional will better serve you.
3. If you have not provided payment for at least two sessions (unless special arrangements have been made).
4. If you have failed to show up for two therapy sessions without 24-hour notice.



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5. If you fail to communicate with your therapist regarding, but not limited to appointments, documentation, phone calls, etc. for thirty (30) days.

If, for any reason, services are terminated, Littlefield Wellness, LLC will provide you with the names of three other qualified professionals.

I understand and agree to the “Overview of Treatment Lengths and Termination Procedures”
_____ (initial here)

PROCESS & TYPES OF TREATMENT

INDIVIDUAL PSYCHOTHERAPY – The client and Littlefield Wellness, LLC will work as a team. If the client is a minor, the provider will also work with the parent or guardian. Sessions may be conducted with the client, with the client’s parent or guardian, or with the client in conjunction with the parent or guardian. If the client is 18 years or older, parents may only be involved in the treatment process with the client's written consent. The written consent requirement also applies to the client’s spouse, relatives, significant other, or life partner. The treatment process begins with an initial interview with the client and/or the parent or guardian, if applicable. This initial discussion will include developing a treatment plan, goals, and an estimated length of treatment. Subsequently, the treatment plan will be reviewed and discussed with the client to determine whether objectives are being met and if treatment benefits the client.

CONSULTATION - At times, it is beneficial for your provider at Littlefield Wellness, LLC to consult with other individuals, providers, agencies, or schools on behalf of a client. There is no guarantee that the individuals or agencies with whom Littlefield Wellness, LLC consults, as directed by the client, will maintain confidentiality about the client’s information.

If telehealth services are rendered, the client must be physically present in Massachusetts at the time of service. An address is required at the start of the appointment.

I understand and agree to “Processes and Types of Treatment” _____ (initial here)

CONTACTING YOUR THERAPIST

It is important to understand that your provider at Littlefield Wellness, LLC ***is not a crisis provider, is not available 24 hours per day, and will not always be immediately reachable.*** When unavailable, you may leave a message on the confidential voice mail. Your call will be returned as soon as possible, which may take up to two (2) business days. If, for any reason, your therapist does not get back to you or cannot get a hold of you, and you feel as if you cannot wait any longer or feel like you are unable to keep yourself safe:



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- Go to your local hospital emergency room
- Call 911
- Call the National Crisis Hotline at **800-273-8255** or **988** and ask to speak with the mental health professional on call
- Call Mobile Crisis Intervention at **877-382-1609**

Your provider at Littlefield Wellness, LLC will make every effort to inform you in advance of planned absences and provide you with another point of contact with a mental health professional who will be available for any extended time away.

TEXTING - Appointment reminders are sent via email and/or text message; after your initial visit, appointment scheduling is primarily handled via text message. Text messages contain only necessary information, including the time of your appointment and the clinician you are meeting with. We suggest that you do not send sensitive insurance or personal information that HIPAA prohibits from being sent through text messages. You may opt-in or out of communicating by text message by informing your provider. Littlefield Wellness, LLC cannot accept pictures of insurance cards, personal identification cards, or other confidential materials via text message; any such images you wish to send must be sent by fax or to our encrypted email to ensure the proper protection of your privacy.

EMAIL - We use client email addresses to deliver new client forms and benefit or fee information to new clients. We suggest that you do not send sensitive insurance or personal information that HIPAA prohibits from being sent through email. You may opt-in or out of communicating by email at any time.

Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your provider at Littlefield Wellness, LLC will discuss options available to you. If you decide to be contacted via non-secure methods, your provider will document this in your record.

You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.

SOCIAL MEDIA AND PROFESSIONAL BOUNDARIES – To maintain the integrity of the therapeutic relationship and to ensure the privacy and confidentiality of all clients, providers at Littlefield Wellness, LLC will not accept friend requests or connect with clients via social media platforms (Facebook, Instagram, Twitter, LinkedIn, etc.). Engaging with clients on social media may compromise the therapeutic boundaries and professional relationships necessary for effective therapy. For this reason, providers at Littlefield Wellness, LLC will not follow or interact with clients on social media accounts. All professional communication will be conducted through appropriate channels such as phone, email, text, or in-person sessions. If you have any questions concerning this policy, please feel free to discuss them with your provider



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I understand and agree to the “Contacting your Therapist” section _____ (initial here

RECORD-KEEPING

Your clinical file will consist of the following:

- Legal forms such as this document
- Records of visits and payments
- Clinical progress notes for each session (Note: These progress notes will contain enough information about your treatment to justify it, should such justification ever become warranted)

Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

You have the right to request your records at any time. Your provider at Littlefield Wellness, LLC has the right to provide you with the complete record or a summary of its content.

I understand and agree to the “Record Keeping” section _____ (initial here)

INSURANCE

Littlefield Wellness, LLC will bill your insurance company, but ultimately, you will be held liable for any costs the insurance company does not pay. Please call your insurance company ahead of time (before your scheduled appointment) to see how your policy pays for Behavioral Health, In-Network, and Out-of-Network therapy. Also, be aware of your co-pay for Behavioral Health sessions and if you have a deductible. You must familiarize yourself with the authorization procedures, reimbursement rates, limitations, and specific provisions of your health policy. However, we will be happy to help if there are questions. Remember that even if you have insurance, **you** are ultimately responsible for payment. This is true even if the insurance company withdraws authorization for services after the services have been performed. Verification of insurance benefits is not a guarantee of coverage or payment on the part of the insurance company. We cannot take responsibility for negotiating settlements of any disputes with your insurance company. If your insurance coverage changes, you must notify Littlefield Wellness, LLC before your next appointment so your benefits can be verified.



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If Littlefield Wellness, LLC is an in-network provider with your insurance company, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. At the time of the visit, you must pay the co-pay/co-insurance/deductible amount determined by your insurance company. Our billing service will file claims with your insurance company for the services provided. If the explanation of benefits (EOB) received reflects client responsibility that differs from the information obtained during the verification of benefits process, any overpayment made by you will be applied to future services, or under special circumstances, the overpayment will be refunded to you.

If Littlefield Wellness, LLC is out-of-network with your insurance company, they do not have a contract with your insurance company. You can still choose to see providers at Littlefield Wellness, LLC; however, you will be asked to pay for all services in full when services are rendered. You may be eligible to file for reimbursement from your insurance company, however, if your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

Please know that if you are using your insurance to pay for sessions, they assume the right to know your diagnosis, determine how many sessions you can have, and request additional information from the therapist to justify continued payment for your treatment. This information is given in a summary form as your confidentiality is important to Littlefield Wellness, LLC.

I understand and agree to the “Insurance” section _____ (initial here)

24-HOUR CLEAN AND SOBER POLICY

Clients are required to be sober during sessions. Littlefield Wellness, LLC will terminate any session if a client is under the influence or has used substances in the last 24 hours that impair their ability to participate in treatment. Determination of whether the client is impaired will be based solely on the provider’s judgment. The client will be responsible for any session fees resulting in termination due to intoxication. The billing method on file will be charged immediately upon termination of the session.

I understand and agree to the “24-Hour Clean and Sober Policy” _____ (initial here)

NOTICE OF CANCELLATION REQUIREMENTS AND ASSOCIATED FEES

Littlefield Wellness, LLC has a strict 24-hour cancellation policy. Since your appointment reserves time specifically for you, it is required to give 24 hours’ notice if you need to cancel an appointment. Should you cancel an appointment in less than 24 hours, the billing method on file will be charged a **\$85.00** cancellation fee to be paid in full before the next scheduled appointment. Insurance



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companies *do not reimburse* for missed sessions. You will be personally responsible for the fee. This fee is non-refundable.

Any patient who fails to appear for an appointment without contacting Littlefield Wellness, LLC in advance will be considered a “**NO-SHOW**”. Should you “no-show” an appointment, the payment method on file will be charged at the **full insurance reimbursement rate of the appointment scheduled**. This will be paid in full before the next appointment. Insurance companies *do not reimburse* for missed sessions. You will be personally responsible for the fee. This fee is non-refundable.

I understand and agree that I will be billed \$85.00 for any cancelled appointments within a 24-hour notice, and full insurance reimbursement rate for no shows. Insurance companies will not reimburse for missed sessions. Further, you understand that payment for missed appointments must be rendered prior to the next scheduled appointment. _____ (initial here)

PAYMENT FOR SERVICES

You must pay for services (full-fee or insurance co-pay) at the time they are rendered unless other arrangements have been made. Please notify your provider if any problems arise regarding your ability to make timely payments.

Littlefield Wellness, LLC requires all clients to keep a credit card on file. All session fees, co-payments, cancellation fees, consultation fees, etc. will be charged to the credit card entered below unless special arrangements have been made. We ask that you please discuss any questions or issues regarding charges with us first to make any attempt at understanding and/or resolving any questions or disputes.

As of January 1, 2025, costs for the most common services are the following:

Description	CPT Code	Cost
Psychiatric Diagnostic Evaluation	90791	\$225.00
60 Minute Psychotherapy Individual Therapy Session	90837	\$175.00
45 Minute Psychotherapy Individual Therapy Session	90834	\$155.00
50 Minute Family Psychotherapy w/ Patient	90847	\$175.00
50 Minute Family Psychotherapy w/o Patient	90846	\$175.00

At times, other psychotherapy services, such as shorter sessions or emergency sessions, may be billed. Please ask if you would like a copy of the rates billed for these services.



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Littlefield Wellness, LLC reserves the right to charge for consultation and services outside the scope of counseling sessions. Should you require any letter-writing, report reading, phone calls to be made on your behalf, or any other non-clinical services outside of regular therapy sessions, a service fee will be charged and must be paid in full before the next scheduled appointment. In most cases, Littlefield Wellness, LLC cannot complete forms or write letters the same day as requested. Please expect a turnaround period of seven (7) business days for completing forms or letters. Be aware that most insurance companies will not cover these services, and you will be personally responsible for these fees, which will be charged to the payment method on file.

Service fees are charged at **\$75.00** per 30 minutes of work with a *minimum charge of \$75.00*.

Littlefield Wellness, LLC makes every effort to maintain client confidentiality and, therefore, does not perform court-related services, including, but not limited to, testifying in court regarding custody, divorce action, or other legal matters. If court services are required, fees are charged for travel time, record review, telephone calls, and time away from the office related to court proceedings. The hourly rate for court-related services is **\$500.00**, with a minimum charge of 4 hours per day for time required out of the office (***minimum fee of \$2,000.00 per day***). Insurance does not cover court-related services, so payment is required in advance.

If you plan on moving, changing insurance companies, have changed your name, or need to change the payment method on file, you must **notify Littlefield Wellness, LLC**. This will ensure timely payment of services with no disruption in clinical treatment.

I understand and agree to the "Payment for Services" section _____ (initial here)

PRIVACY ACT STATEMENT

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully, as you will sign it at the bottom of this form acknowledging.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, to be appropriately kept confidential. HIPAA gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. Each time you meet with your therapist, a record is made, which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. This notice applies to all the records of your care generated by Littlefield Wellness, LLC.

Littlefield Wellness, LLC is required by law to maintain the privacy of your health information and to



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provide you with a description of legal duties and privacy practices regarding your health information. Littlefield Wellness, LLC is required to abide by the terms of this notice and notify you if changes are made to this notice. Clients will be required to complete a "HIPAA Authorization for Use or Disclosure of Health Information Annual Release" every year.

HOW MAY WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

TREATMENT - Your provider at Littlefield Wellness, LLC may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. Your provider may disclose medical information about you to doctors, other therapists, or others involved in your treatment only with your written authorization. Your provider may provide oral information and written information, including, but not limited to, copies of treatment notes, reports, and other communications that your provider, in their professional judgment, believes will be reasonably necessary to assist another authorized health care provider in treating you.

PAYMENT—Littlefield Wellness, LLC may use and disclose medical information about you to obtain reimbursement for services, confirm insurance coverage, perform billing or collection activities, and review utilization. An example would be sending a bill for your sessions to your insurance company.

HEALTH CARE OPERATIONS: Littlefield Wellness, LLC may use and disclose, as needed, your health information to run the business, improve your care, contact you, for licensing, legal advice, and customer service. For example, you may be called by name in the waiting area. Additionally, other business professionals may use the offices, and you may encounter them upon arrival and departure from our sessions.

OTHER USES AND DISCLOSURES

Littlefield Wellness, LLC may use and disclose your health information in an emergency to prevent harm to yourself or others and when required by law. An example would be mandated reporting of abuse to children, the elderly, a disabled person, or when a court of competent jurisdiction orders the release of information. Only the minimum amount of information relevant to your health care will be disclosed.

Littlefield Wellness, LLC may be required to help with public health and safety issues.

- To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.



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- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Littlefield Wellness, LLC is required to comply with law, law enforcement, or other government requests.

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

YOUR RIGHTS

You have the following rights concerning your protected health information (PHI), which you can exercise by presenting a written request:

1. The right to request restrictions on specific uses and disclosures of PHI, including those related to disclosures to family members, close personal friends, or any other person identified by you.
 - Littlefield Wellness, LLC is not required to agree if it would affect your care.
 - You can ask Littlefield Wellness, LLC not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask Littlefield Wellness, LLC not to share PHI with your health insurer.
 - You can ask for Littlefield Wellness, LLC not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.
2. The right to inspect and copy your PHI.
 - Littlefield Wellness, LLC may charge you a reasonable fee.
 - Littlefield Wellness, LLC may deny your request if it believes the disclosure will cause harm to you or another party.
3. The right to amend your PHI.



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- You can ask to correct PHI you believe is incorrect or incomplete. Littlefield Wellness, LLC may require you to make your request in writing and provide a reason for the request.
 - Littlefield Wellness, LLC may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.
4. The right to receive an accounting (list of whom your health information has been shared with) of disclosures of PHI.
- You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.
5. The right to obtain a paper copy of this notice from Littlefield Wellness, LLC upon request.
- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.
6. To choose someone to act for you.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.
7. To request confidential communications.
- You can ask Littlefield Wellness, LLC to contact you in a specific way. You can opt out of text and email communication. The Practice will say “yes” to all reasonable requests.

OUR RESPONSIBILITIES

- Littlefield Wellness, LLC is required by law to maintain the privacy and security of PHI.
- Littlefield Wellness, LLC is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the practice will abide by the more stringent law.
- Littlefield Wellness, LLC reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by Littlefield Wellness, LLC. Should the practice make changes, you may obtain a revised Notice by requesting a copy from the practice, using the information above, or by viewing a copy on the website <https://www.littlefield-wellness.com/>
- Littlefield Wellness, LLC will inform you if PHI is compromised in a breach.

You may revoke your authorization, at any time, by contacting Littlefield Wellness, LLC in writing, using the information above. Littlefield Wellness, LLC will not use or share PHI other than as described in the Privacy Act Statement unless you give your permission in writing. I understand and agree to the “Privacy Act Statement” _____ (initial here)

By signing below, I acknowledge that I have thoroughly read and subsequently agree to all of the terms and conditions outlined in this Therapeutic Contract, including Provider/client privilege and limits of confidentiality, overview of treatment, process & types of treatment, contacting your therapist, record-keeping, insurance, 24-hour clean and sober policy, notice of cancellation requirements and associated fees, payment for services, and privacy act statement.



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Client Name

Date of Birth

Patient/Guardian Signature & Date

Printed Name & Relationship to Patient