

**HARRIET ENTIN, MSW, LCSW, LLC**  
**7501 Milan Avenue**  
**St. Louis, MO. 63130**  
**314-993-4745**  
[www.harrietentin.com](http://www.harrietentin.com)

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**PRACTICE INFORMATION AND AGREEMENT FOR SERVICES**

Welcome to my practice. I look forward to being of assistance to you. Please carefully read through the information below and initial to the right of each paragraph. Then sign and date this agreement . Please keep a copy of this for your records. If you have any questions, let me know and we will discuss your questions further. Your initials and signature mean you have read this information, understand it, and agree to each term identified herein.

**During the COVID 19 pandemic and until further notice, all services are offered through tele-health counseling.**

**Appointments**

Sessions are by appointment only and run 50 minutes unless otherwise scheduled. **Due to the COVID 19 pandemic, all services are offered online. I cannot guarantee online tele-health services as 100% confidential but every precaution to protect your confidentiality is made. Please initial to indicate you accept this.** \_\_\_\_\_

**Canceling or Rescheduling Appointments**

If you need to cancel or reschedule an appointment, please leave a VM at my office # and give me 48 hours' notice or you will be charged my full fee of \$190/hour for the time held for you. In situations of illness, you will not be charged.

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**Contacting Me**

You may reach me at 314-993-4745. Please leave your name, message and phone number, and I will return your call as soon as I am available. Non-emergency calls over the weekend will be returned on Monday morning. \_\_\_\_\_

**Texts**

**I do not receive or send texts. My office number is a landline.** \_\_\_\_\_

**Email communication**

My email address is [harriet@harrietentin.com](mailto:harriet@harrietentin.com) . Since there is a lot of room for misunderstanding in email, all content related to your therapy needs to be communicated by phone or tele-health. My licensing board does not allow me to give advice or comment on therapeutic situations via email. I check emails twice daily Monday- Friday from 9am to 5pm. Emails sent to me during evenings, holidays or weekends will be answered on the next business day.

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**Emergencies**

If you have an urgent situation and need to speak with me after hours or on a weekend or holiday, please call my office #314-993-4745 and leave your name and phone number. Then hang up and call my cell #314-750-8305. Please note that I do charge for after hour emergency calls at the same rate as office visits. If you have a dangerous or life-threatening situation, call 911. \_\_\_\_\_

## **Fees**

Fees are collected at the start of each session. This clears the clinical space for our work together. My fee for a 50-minute session is \$190. During the COVID 19 pandemic, all fees are collected using debit or credit cards. This fee applies to sessions, as well as time that I spend working on your behalf outside of sessions, such as consultations and phone calls of over 15 minutes. If you are in therapy with me or have terminated therapy with me, and I am legally ordered to become involved in calls with attorneys, guardian ad litem, police, or any court appointed representatives, to submit records, provide testimony, or appear in court, my fee for these services is \$275 per hour for all of my time (including travel) in these matters. This fee applies whether you are the one initiating the legal proceeding or not. \_\_\_\_\_

## **Insurance**

I am not part of any insurance networks and only accept private pay clients. This allows your therapy to be responsive to you needs rather than what an insurance company feels is adequate. All clients automatically receive a monthly insurance-ready statement to submit to your insurance company that will have all the information they need to process your out of network claim. If your insurance company requests further information from me to process your claim, you must sign a written release allowing me to speak with them about your therapy. I will also inform you what I share with them. Please note that I cannot control what information your insurance company may share and with whom. \_\_\_\_\_

## **Confidentiality**

All information that you share with me in session on tele-health, by phone or in writing (including emails) is strictly confidential and cannot be shared by me with anyone without your written permission, except as follows:

1. **Child abuse** – If I have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if I observe a child being subjected to conditions which could reasonably result in abuse or neglect, I am legally mandated to report such information to the Missouri Division of Family Services. I must also report suspected sexual abuse or molestation of a child less than 18 years of age to Family Services. I may also report child abuse or neglect to a law enforcement agency or juvenile officer. \_\_\_\_\_
2. **Adult and domestic abuse** – If I have reasonable cause to suspect that an eligible adult presents a likelihood of suffering from physical harm or is in need of protective services, I am legally mandated to report this to the MO Department of Social Services. “Eligible adult” means any person 60 years of age or older, or an adult with a handicap (substantially limited mental or physical impairment) between the ages of 18 and 59 years old who is unable to protect his/her own interests or adequately perform or obtain services necessary to meet his/her essential human needs. \_\_\_\_\_
3. **Judicial and administrative proceedings** – If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under law, and I will not release this information without written authorization from you or your personal or legally-appointed representative, or a court order. This privilege does not apply when records are subpoenaed. My fees for any and all work that is legally related and/or court ordered is \$275 an hour for all my time (including writing reports, providing testimony, phone consultations, appearing in court, and any travel time or expenses). These fees apply regardless of who initiates the legal actions. \_\_\_\_\_

For actual depositions, hearings and/or trial testimony, I require a retainer of \$1500. \_\_\_\_\_ and bill at a fee of \$350 per hour. \_\_\_\_\_

4. **Serious threat to health or safety-** When I judge that disclosure is necessary to protect against a clear risk of imminent serious harm being inflicted on you by yourself or someone

else inflicting harm on you, or by yourself inflicting harm on another person, I must disclose your relevant confidential information to the appropriate professional workers, police, public authorities, the potential victim, his or her family, or your family.

5. **When I judge it appropriate therapeutically**, I reserve the right to consult with professional colleagues. In these consultations, your name will not be used.

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I look forward to being helpful to you and thank you for giving me this opportunity to be of service. Your signature below indicates that you have read this agreement, understand it, and agree to its terms.

\_\_\_\_\_

\_\_\_\_\_  
Client(s) signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
(Date)

**Harriet Entin, MSW**

Witness, Harriet Entin, MSW

\_\_\_\_\_  
(Date)