



RENNICKE & ASSOCIATES FAMILY INTENSIVE TREATMENT AGREEMENT

I. FEE

The standard fee for the Family Intensive is \$7500 for 5 days of treatment. There will be an itemized bill at the end of the intensive with primarily 3 types of billing/CPT codes for insurance submission:

- 90891** Assessment and Diagnostic Interview
- 90846** Family Therapy without Patient Present
- 90847** Family Therapy with Patient Present

There will also be one code **99080** for review of prior reports and clinical materials prior to the start of the family intensive.

Additional Fees

Sometimes due to the number of outside consultations with prior therapists, psychiatrists, pediatricians, and other treatment providers, conducted with your permission, or due to emergency situations, there will be services that exceed the normal time of a family intensive. These additional consultations and clinical activities will be prorated at a rate of \$250/hour.

Payment

I understand that payment is due in full at the start of the first day of the intensive. I will pay by check or credit card (*Discover, MasterCard, or Visa*).

Cancellation

Due to the significant time commitment of our staff as well as for your family, there is a cancellation policy that will take effect when you sign this agreement. Cancellation charges are based on the total amount of your intensive rate and assessed from the first day of your treatment intensive at Rennicke & Associates. The intensive cancellation charges are as follows:

- >4 weeks: 15% of total intensive fee
- 2-4 weeks: 25% of total intensive fee
- <2 weeks: 50% of total intensive fee

II. TREATMENT COMPONENTS

There will be a variety of techniques used during the family intensive week. They may include: narrative work to construct your child's adoptive story, review of each parent(s) own attachment history, nurturing holding and touch by parents and therapists (*as needed and consented by parent(s) and child*), psychoeducation, cognitive behavioral therapy, trauma-focused therapy, dyadic developmental psychotherapy, and use of pre-adoptive historical information. **Parents are always included** in treatment as the parent-child relationships are critical to the process of treating attachment difficulties.

III. VIDEO

It is essential during family intensive training that we have use of live video so that there is a way for parents to see any work done in the room with their child when they are not present. It is also essential during a family intensive to have video recordings of sessions to use as feedback for both parents and children. All video recordings are kept in secure locations on the Rennie & Associates premises.

Consent is Voluntary

I understand that my consent to videotape my child's treatment session is voluntary and that I can **revoke** my consent, refuse further recordings, or request that any videotapes be destroyed **at any point in time** with **no negative impact** on the continuity of my child's treatment or quality of his/her care.

Scope of Recordings Usage

I understand that Rennie & Associates cannot release the recordings of my child's treatment sessions without my authorization outside of the parameters described and endorsed below. When Rennie & Associates presents these recordings for educational, research, supervisory and/or treatment purposes every *effort will be made to conceal* my own and my child's identifying personal and health information in accordance with professional codes of ethics and confidentiality.

IV. CONSENT

I have read and reviewed Rennie & Associates family intensive treatment contract. By signing this agreement I agree to abide by the fee & cancellation policies and provide my consent for treatment and use of videotaping of these sessions.

I _____ and (if applicable)
(Parent 1)

_____ agree to abide by the fee &
(Parent 2)

cancellation policies for family intensives, provide my consent to treatment and grant my therapists at **Rennie & Associates** permission to videotape **me and my child** _____
(Child's Name)

during our family intensive treatment sessions for the following purposes (*Please check*):

- ALL:** Rennie & Associates has my permission to use video recordings of my child's sessions in educational, research/academic, supervisory, and treatment formats.

If you did not check ALL above, please check all options you are consenting to below:

- Treatment & Supervision** (e.g. review by my therapist, myself, or my child for the purposes of enhancing my child's clinical care, review by another clinician for consultation, submission for the purposes of enhanced professional certification)

- Research/Academic** (e.g. use of transcripts without identifying information from session in professional publications, to study treatment effectiveness)

- Educational** (e.g. presentations in seminars or workshops for professionals, use in coursework for graduate-level clinical psychology students/psychiatry residents)

Signature of Parent 1 / Authorized Patient Representative

____/____/_____
Date

Relationship to Patient

Signature of Parent 2 / Authorized Patient Representative

____/____/_____
Date

Relationship to Patient