

**LAUREL HELPING HANDS**  
**422 Montgomery Street, Laurel, Maryland 20707**  
**Phone: (240) 294-1304 Fax: (301) 617-2869**  
**Email: [LHH@laurel.md.us](mailto:LHH@laurel.md.us) Website: <http://www.cityoflaurel.org>**

**SERVICE AGREEMENT**

Laurel Helping Hands (LHH) provides Individual/Family/Group Counseling, Screening/Assessment, Crisis Intervention and Psycho-education services. Licensed staff members and graduate student interns offer these services.

You are requesting one or more of these services for yourself, your family or your child/ward. If you are not satisfied with the service at any point, you can discuss these concerns with your counselor(s). If the issue(s) remain(s) unresolved you can contact the Clinical Director who will speak with you within 10 business days of contact and, if necessary, develop a plan to address your concerns. If you have to pay for service your fee will be based on income, family size and type of service. Your counselor(s) will discuss that with you when you sign the Fee Agreement.

LHH holds all records and information about services in confidence. Your confidentiality outside sessions is your responsibility. Confidential information will only be released to an outside agency with your written consent. However, we are legally obliged to disclose confidential information when

- There is evidence or suspicion of child or adult abuse or neglect.
- Disclosures by adult clients of sexual abuse that occurred in childhood.
- Clients threaten to physically harm themselves or others.
- There is a court order requesting information about sessions.

**For parents/guardians of students who will receive service(s) in a school, after-school or youth program:** You give permission for LHH to communicate with your child's/ward's school, after-school or youth program staff. The communication will be limited to information relevant to the services your child/ward is receiving e.g. reasons why staff are making a referral, data to help LHH assess improvement in your child/ward etc. Counselor(s) may have to make decisions about service with only your child/ward if you are unavailable to meet with counselor(s) when necessary.

**For AODs only:** It is understood that in order to obtain a letter the school verifying that you attended sessions at Laurel Helping Hands, you must attend \_\_\_\_\_ sessions as agreed.

Sessions may be observed or taped for supervision purposes. Your counselor(s) will always notify you before an observation or taping. Tapes are stored in a locked file and are erased or destroyed after review.

Laurel Helping Hands uses data obtained from services for statistical and research purposes. Identifying information are kept confidential. We also use the services of outside vendors and agencies to facilitate provision of services e.g. records management, payment processing, quality monitoring. More information is found in our Privacy Notice which has been provided to you.

Each year Department of Juvenile Services reviews the agency's records to see if former clients have had any contact with the juvenile justice system. This is to aid the Department in determining the success of our services. Information about the content of counseling sessions and case consultation are kept confidential.

***I have read or had explained to me and fully understand all the above terms and conditions and I am in agreement.***

***I have received a copy of Laurel Helping Hands Privacy Notice.***

\_\_\_\_\_ (Initial)

***Signature of client(s)*** \_\_\_\_\_  
(parent(s)/guardian(s) if client is a minor)

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

***Witness*** \_\_\_\_\_  
***Witness*** \_\_\_\_\_

***Date*** \_\_\_\_\_