
Licensed Clinical Social Worker
AASECT Certified Sex Therapist & Sex Educator

Agreement of Services

Kristen Lilla LCSW, CST, CSE provides psychotherapy services to you in her office. Therapy can involve a significant amount of time, money, and emotional investment. If you ever feel uncomfortable or have questions about your therapy, please discuss them with your therapist as soon as they arise.

Privacy and confidentiality are important to Kristen Lilla and your success in therapy. The information you provide and discuss during sessions is legally confidential and cannot be released without your consent. However, there are legal limitations as a mandated reporter, and those noted in Federal Law, around confidentiality in which a licensed mental health professional is required to make a report. Some of these limitations include, but are not limited to, child abuse, homicidal and suicidal intent. Please review Nebraska Statute § 27-504 for detailed information about your rights as a client.

Record Storage: Kristen Lilla stores most information, such as clinical records, using electronic medical records. Administrative paper documents may also be stored for the appropriate length of time per clinical regulations.

Disclosing Record Information: Release of information (such as a partner who is not in treatment with you, doctors, psychiatrists, other therapists) will require a signed authorization from you or your guardian. This request must be dated, show who the information will be released to or requested from, and the specific information to be released or acquired. These authorizations will have an end date. Additional requests beyond the end date will require a new authorization. A record of all disclosures will be kept in your file. If you wish to have a copy of your own records, you will need to sign a formal release and may be charged a fee, as this is considered a non-routine service.

Acknowledgement: I acknowledge that I have reviewed this privacy notice.

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Print Client Name

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Client/Responsible Party signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Therapist Signature Date