

Kids In The Middle

Divorce Hurts. Kids In The Middle Helps.®

AGENCY HOURS OF OPERATION

Monday - Thursday: 8:30 a.m. to 8:00 p.m.

Friday: 8:30 a.m. to 5:00 p.m.

Agency closings: Kids In The Middle (KITM) is closed for some major holidays and during the last week of December. The agency reopens in the first week of January. Please call KITM to find out if the Agency is closed due to inclement weather. Agency closings are also listed on local news stations, as well as their websites. Office closing are also updated on Kids In The Middle social media pages and organization phone systems.

EQUAL OPPORTUNITY

KITM services are offered without regard to race, color, sex, religion, national origin, age, disability, or sexual orientation.

DROP OFF & PICK-UP PROCEDURES

Before attending a session, please sign in at the reception desk. Parents must sign in children and stay in the lobby with them until their session begins. Parents must be present in the lobby to pick up their child when their counseling session is finished. For safety precautions, parents are required to stay on Kids In The Middle property while their child is in session.

PARENTAL PARTICIPATION IN CHILDREN'S SERVICES

- Our services are most successful when both parents are involved. Parents may be asked to be involved in their child's treatment together or separately.
- After the therapist has gotten to know your child, you and your children will be asked to attend a Treatment Review (usually after 6 to 8 weeks in Group or 4 to 6 Individual sessions). The Treatment Review is an opportunity to review progress, raise any issues of concern, and address any issues your child would like to talk about with you.
- Children benefit from counseling most when they attend regularly. Please do not skip sessions or arrive late. Children will not be admitted into Group sessions if they arrive more than 15 minutes late.
- It is important not to remove your child abruptly from services. Doing so brings back feelings of powerlessness and intensifies the disruption created by the separation/divorce. Children feel it as another loss. If they are in Group, it is upsetting for the other children, as well. If you need to remove your child from Group for scheduling or other reasons, please give at least one week's notice, so they can say good-bye to their therapist and Group members.
- Parents are not allowed to attend children's therapy sessions, both Individual and Group.



SAFETY & BEHAVIOR ISSUES

If your child engages in unsafe or inappropriate behavior in a Group:

1. The therapist will attempt to redirect your child's behavior in the Individual or Group Session.
2. If #1 is unsuccessful and your child is in Group, your child may be separated from the group to speak with the therapist who will again try to redirect their behavior. If your child is in Individual Counseling, you may be asked to join the session.
3. If #2 is unsuccessful, your child will be returned to the lobby and the session will end. The therapist will discuss the situation with you and a decision will be made regarding when your child may return to Group prior to the next session. If your child is injured while in a session, the therapist will discuss the incident with you and your co-parent (if you have joint legal custody).

Parents are expected to supervise their children in the lobby. The Lobby is set up with a number of areas your children can play if they need to be separated from another child. Children should not climb on the windowsills, play on the steps leading into the lobby, or in the restrooms to avoid the risk of an injury. First Aid supplies are available at the Front Desk, if a child is injured.

PARENT CONTACT

Email is KITM's preferred means of communication with clients regarding scheduling and logistical issues, with parental consent. If you would like this information communicated by telephone, please tell the Clinical Coordinator or the Front Desk Staff. Since email is not secure, therapists do not send therapeutic information via email, with the exception of the initial recommendation for services. If there is important information you need to share with your therapist before a session, please leave the therapist a voicemail.

If your address, email, or phone number changes, please make sure to notify your child's Therapist or Front Desk Staff.

SCHEDULING APPOINTMENTS

If you have a regularly scheduled weekly appointment, your therapist will verify your next appointment with you. If you need to schedule a Treatment Review or other session that does not have a regular time, you must do so with your child's therapist. If you need to schedule or cancel an appointment, please notify the Front Desk Staff, or call the main number. You may also email them at info@kitm.org. You will receive a reminder prior to your appointment. If you do not wish to receive a call, you may notify the Client Services Coordinator of your preference.

FEES

We want to make sure that our services are available to all families based on their ability to pay. If there is a change in your financial circumstances, please contact a Clinical Coordinator so that we may assist by making the fees more affordable for you. We expect payment for services when they are delivered. If you have a balance due on your account, services may be denied. KITM expects the parent who signed the Fee Agreement for the children to be responsible for payment of Group and Child Individual Counseling fees regardless of who brings the children for sessions and regardless of any Court Order. We expect co-parents to handle their Court ordered fee reimbursement issues outside of the Agency.

If you are enrolled in Individual, Family, or Joint Co-parenting Counseling, you will not be charged for a scheduled appointment if you notify the Agency 24 hours before your scheduled appointment. If you are an adult enrolled in a Group, you may receive a fee credit once per quarter, if you notify the Agency of your absence. If you have children enrolled in Group, you will be charged if they are absent. You may receive a fee credit once per quarter.





Consent and Agreement

Safe Environment

I understand the importance of keeping Kids In The Middle a safe, healthy, and clean environment for children and families. I agree that, while on agency premises, I will support the following policies:

- No Food
- No Smoking
- No Firearms or other weapons
- No aggressive behavior (including foul language)
- No alcohol or drug use.

I understand that any parent believed to be under the influence of alcohol or drugs will be asked to leave Kids In The Middle property and, for safety reasons, will be obliged to make alternative transportation arrangements for any related children. Failure to cooperate with these requests by staff will result in immediate police involvement.

Use of Artwork

I consent for artwork created by my child while at Kids In The Middle to be used for diagnostic, treatment, educational, public relations, marketing, and/or fundraising purposes. I understand that such artwork may be duplicated, photographed, made into slides, videotaped, put on electronic media, put on public display, and/or put in the media – including websites, print media, television, or published case material. I also understand that no identifying information will accompany any such artwork used for these purposes.

Quality Standards And Monitoring

I understand that, from time-to-time, for the purpose of monitoring Kids In The Middle’s Services to ensure quality and compliance, a program auditor from the St. Louis County Children’s Service Fund (for St. Louis County residents) or the Council on Accreditation may visit Kids In The Middle to review client case records. I understand that KITM uses questionnaires completed by me and/or my child to evaluate the effectiveness of programs. KITM may use an external researcher to analyze this data. The data will not include any information that can be used to identify me or my child.

Grievance Policy

Should the need arise, as a client of the Agency, you have the right to file a grievance. Please refer to the “Clients Rights Grievance Procedure” form in your informational packet.

Email Policy

Kids In The Middle uses all possible safeguards when sending emails to clients, however there can still be limitations to privacy. I acknowledge my understanding of these limitations.

Professional Supervision

I understand that, from time-to-time, for the purpose of professional training or supervision, the clinical staff and interns of Kids In The Middle may videotape or observe clients from an adjacent room. I understand that such information is used exclusively for diagnosis, treatment, or educational purposes. I authorize the use of these clinical tools with me and/or members of my family with the understanding that any information acquired will be kept strictly confidential.

- I have read and been offered a copy of this agreement.
- I received a copy of the Kids In The Middle Parent Handbook.
- I have reviewed a copy of the Agency’s Notice of Privacy Practices.
- I have read and been offered a copy of the Client Rights and Responsibilities.
- By signing below, I agree to receive services from Kids In The Middle and agree to the aforementioned conditions for receiving services from Kids In The Middle for myself and/or my children.

Client / Guardian’s Signature

Date

Witness Signature

Date

Client / Guardian’s Signature

Date

Witness Signature

Date



Confidentiality Agreement

General Policy

Personal information shared with Kids In The Middle (KITM) is held in strict confidence. Files (or copies of files) are secured and not permitted to leave the building. There are however, some limitations to confidentiality that may require the disclosure of information:

1. **Abuse or Neglect** – Missouri state law requires all therapists to report suspected physical or sexual abuse or neglect of children.
2. **Threats** – We report serious threats of physical harm to self or others.
3. **Professional Supervision** – For the purpose of professional supervision, cases at KITM are reviewed and discussed by supervisors and by professional peers within the Agency.
4. **Medical Insurance** – Should you decide to use medical insurance, KITM will provide you with documentation upon your request of relevant information, i.e. date and type of service provided; diagnosis (if applicable) for you to submit to your insurance company. Please note: KITM does not bill insurance directly and cannot guarantee coverage.
5. **Court order** – A judge in a court of law may require the disclosure of specific information pertinent to a case before the court. We will not testify in a court case; however, we will communicate with the Court appointed Guardian ad Litem after we receive appropriate releases from the parents or are required to do so by the Court.

Please be aware that our policy is not to testify in custody disputes. We do not allow treatment records to be read or reviewed by any person other than Kids In The Middle staff.

Child / Parent Confidentiality

KITM strongly encourages parent participation in all phases of child treatment. When parents cannot participate, we attempt to keep them as fully informed as possible. At the same time, specific details of the information provided by children is not shared with parents so as to encourage children to be as honest and forthcoming as possible, and to maintain an emotionally safe environment for them. Note that we do not discourage children from sharing information with their parents and, to the contrary, usually encourage them to do so as part of the therapeutic process.

Parent / Parent Confidentiality

Information shared with KITM by one parent is not under any circumstances shared with the other parent.

Agreement

- I understand and agree to the confidentiality policies outlined above.
- I hereby agree not to subpoena or ask for copies of my own, my child’s or my family’s records, or testimony / evaluations from any Kids In The Middle staff.
- I will not request access to any Kids In The Middle documents or records pertaining to myself, my child or my family.
- I understand and agree not to use any electronic device to video or audio record any contact, in person or by telephone, with Kids In The Middle staff.

Client / Guardian’s Signature	Date	Witness Signature	Date
Client / Guardian’s Signature	Date	Witness Signature	Date



Telemedicine Informed Consent Form

I (name) _____ hereby consent to myself or my child (print client's name) _____ to engage in telemedicine via Doxy.me, telephone, video, or any other electronic means with _____ (therapist) as part of my treatment.

I understand that "telemedicine" includes health care delivery, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

I understand that I have the following rights with respect to telemedicine:

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. Should I do so, I will not risk the loss or withdrawal of treatment benefits to which I would otherwise be entitled.

The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to any other entities shall not occur without my written consent.

- I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.

I understand and agree not to use any electronic device, computer program, or other electronic means to video or audio record any contact between myself and/or my child and any Kids In The Middle staff while using Doxy.me, telephone, video, or other electronic device.

I also understand that there are inherent risks and other potential consequences from the use of telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my medical information or treatment could be disrupted or distorted by technical failures; the transmission of my medical information or treatment could be interrupted or accessed by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

I understand that telemedicine-based services, treatment, and care may not be as complete as in-office services in some instances. I understand that if my therapist believes I would be better served by another form of therapeutic services (e.g. in-office services), I will be referred to in-office services when or as needed. If such services are not possible, due to distance or hardship, a therapist who can provide such services will be referred.

Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy treatment, and that despite my efforts and the efforts of my therapist, my condition may not immediately improve, and in some cases may even decline.

I have read and understand the information provided above. I have discussed any and all of my current questions with _____ my therapist and have been answered to my satisfaction.

Signature of client/parent/guardian/conservator

Date

If signed by other than client indicate relationship

Date



Kids In The Middle Clients Rights / Grievance Procedure

As a client of Kids In The Middle, you have a right to file a grievance to express concerns about this Agency and/or its services. Below is the process for filing a grievance and your rights.

Your Rights:

1. Filing a grievance will not result in termination of services or any other retaliation by the Agency.
2. You have the right to have someone review your grievance who is not currently involved in the issue of concern.
3. If you so choose, you have the right to be heard in person by a person or panel designated by Kids In The Middle regarding your grievance.
4. You have the right to receive in writing the results of the grievance resolution process if you so choose. This will be mailed to you in a timely manner.
5. If you believe that contacting an outside resource would be beneficial, you have the right to contact the Better Business Bureau at (314) 645-3300 or online at bbb@stlouisbbb.org.

How To File A Grievance:

1. If you would like to file a grievance in writing, simply ask the staff member at the reception desk to provide you with a Client Grievance Form.
2. Please complete the form, printing clearly, and sign it.
3. Give the signed form to the staff member at the reception desk. S/he will make a copy of the form and give you the copy. S/he will keep the original and forward it to the Chief Executive Officer.
4. If you prefer to take the form home and send it to the Agency via mail, please make a copy for yourself before putting it in the mail.

If you have questions about filing a grievance or your rights in this process, please contact the Chief Executive Officer, Erin Eberhard, at (314) 909-9922 ext. 1008.



Kids In The Middle® Client Rights and Responsibilities

Kids In The Middle (KITM) cares about and respects the rights of all our clients. KITM has a no violence policy and uses non-violent conflict resolution to de-escalate conflict. All agency services are offered in a non-coercive manner. Your participation in services is voluntary. You have the right to refuse service or treatment unless your rights have been limited by a court order.

1. We respect your right to privacy. All information concerning you is held confidential. Additional information about confidentiality policies is outlined in the Confidentiality Agreement in an Information Packet which you will receive.
2. Services will be provided to you and/or your family without discrimination based upon national origin, race, gender, sexual orientation, religion or age.
3. You will not be refused services because of limited financial resources. Fees are based upon a sliding scale. Your fee agreement will provide more information on fee policies.
4. Services will be accessible to clients with physical disabilities.
5. Kids In The Middle makes every effort to make its services convenient for all clients in terms of scheduling appointments. The Agency's office hours are:

Monday-Thursday: 8:30 am – 8 pm
Friday: 8:30 am – 5 pm

6. Kids In The Middle will work with you to develop a service plan to meet your needs at the beginning of treatment and throughout the time you are receiving services. This includes determining the types of services to be provided, how long and how often service is necessary. In some cases, however, details regarding service plans may be specified by court order. All clients are expected to provide Kids In The Middle with information they deem relevant to treatment and up-to-date throughout their time of receiving services.
7. Kids In The Middle will provide you with the name and professional credentials of anyone working with you and your family. Please see your Parent Handbook in your Information Packet for a list of agency staff.
8. We hope our services meet your needs. If an issue arises that causes you concern, please bring it to the attention of your therapist or the Clinical Director so we can try to resolve it. In the event an issue arises that is not resolved you have the right to file a grievance which will be brought to the attention of the Chief Executive Officer. Information about how to file a grievance can be obtained from the receptionist.

Kids In The Middle
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