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## ***Office Policies and Consent for Treatment***

Welcome to my counseling practice and I am looking forward to working with you. This document contains important information about my office policies including the professional relationship, confidentiality, session structure and cost, cancellation, and emergencies.

### ***Professional Relationship***

Psychotherapy requires full participation from both the therapist and the client. In order for therapy to be the most successful the client should actively work on their goals and concerns. Psychotherapy can have both benefits and risks. Therapy may bring up unsettling or uncomfortable aspects of your life and you may feel emotions such as sadness, anger, or guilt, to name a few. Therapy also has many potential benefits including addressing specific problems, improving relationships, and reducing feelings of distress. Psychotherapy is a uniquely individual experience and therefore there are no guarantees as to what exactly you will experience during our sessions. If adequate progress does not appear to be happening over time it is my duty to refer you to another provider who may be more helpful to you.

It is extremely important that a client and therapist maintain a professional relationship. This means that a therapist and client may not engage in seeing each other socially (friendship), a sexual or romantic relationship, or a business interaction.

### ***Confidentiality***

Your communications with me will become part of a clinical record of treatment which is referred to as Protected Health Information (PHI) as required by law and HIPAA privacy practices and regulations. A copy of these HIPAA privacy practices has been provided to you and describes the conditions in which particular information may be released. Please read it carefully. In addition, information about your treatment may be released if you are a danger to yourself or others or disclose abuse or neglect of a minor, elderly, or disabled person.

**Couples only:** When I see couples the couple as a unit is my client, not each individual. Therefore, I cannot keep secrets that may be revealed to me in an individual session, by email, or a phone call (an example of a secret would be something like an affair, addiction, or legal trouble). If a secret is revealed to me that I think is important for your partner to know in order for you as a couple to meet your goals I will encourage you to share this with your partner. If you are unwilling or unable to do so please be aware that in some circumstances I may not be

able to continue to work with you. In that instance I would refer you to another provider who could assist you. Please also be aware that any request to release information that is part of your record must be approved by both parties.

**Minors and Guardians:** By law, guardians are entitled to review the medical record of a minor child. However, in order to cultivate a positive therapeutic environment, I attempt to keep children's detailed communications confidential with the exception of information that pertains to safety risks. High-level summaries, progress, and treatment goals will be communicated to guardians. By giving consent for treatment you as the guardian agree to this approach.

### **Legal Issues and Court Cases**

By signing this document, you waive the right to subpoena me to testify in court and waive the right to have your records subpoenaed. I am also not a custody evaluator and will not make recommendations in child custody cases. I ask this of my clients because I believe that this legal involvement can damage the client-therapist relationship. If in spite of this waiver I am still subpoenaed I will charge a rate of \$250 an hour for any court testimony or related document preparation.

### ***Session Structure and Cost***

A typical session lasts for approximately 50 minutes and is \$175.00 per session. 90 minute sessions are \$280.00. 30 minute sessions are \$145.00. Payment is due at each session. I do not currently participate as "in network" on any insurance panels. However, many people have out of network benefits meaning that you might be able to be reimbursed by your insurance company for a portion of your session cost. Please contact your insurance company directly to fully understand your benefits. I can provide you with a receipt to submit to your insurance company so you can seek reimbursement. There is no guarantee that your insurance company will reimburse you for part or all of the session cost and therefore full payment is your responsibility. Please be aware that I do **not** communicate directly with insurance companies and will not participate in submitting treatment plans, authorization requests, or medical necessity reviews.

Telephonic counseling sessions may be offered in order to provide more flexibility with appointment scheduling. Fees are the same as in-person counseling. These sessions may or may not be appropriate for the particular issues you are addressing in counseling and are not designed to completely replace in-person sessions which may still be recommended intermittently. HIPAA regulations governing confidentiality and the disclosure of protected health information apply to telephonic counseling. New clients must attend an in-person evaluation prior to any phone counseling.

## **Email and Text Communication**

Complete confidentiality cannot be assured over email and text communications as the possibility exists that they can be intercepted by an unauthorized party. Therefore, please restrict your email and text communications to appointment scheduling issues. If you choose to email or text me please be aware that I may not respond within the same day and/or may respond indicating that we should discuss your communication during a session. **Please do not use email or text to communicate an urgent or emergent issue.**

## **Social Media**

I do not accept Facebook friend or LinkedIn requests from clients. Please do not use Facebook messaging to contact me. If you wish to contact me over email please use my professional email address.

## **Cancellation and Missed Appointment Policy**

Your appointment time is reserved exclusively for you. A minimum of 24 hours notice is required to cancel appointments in order to allow enough time to offer your appointment slot to another client. **I charge the full session fee for appointments that are not cancelled with at least 24 hours notice or are missed. Exceptions will only be made in the case of a true emergency.** Signing this document indicates your understanding of this policy and gives permission for your credit card to be kept on file and charged per the policy stated above.

## ***What to Do In an Emergency***

My practice is done on an outpatient basis and designed to accommodate clients that are reasonably safe and have resources to contact in a crisis or emergency. Therefore, I cannot guarantee that I will be immediately available 24 hours a day/7 days a week. If either you or I feel that this level of support is not adequate, we can discuss additional resources or transfer you to a therapist that provides 24 hour coverage. That being said, every effort will be made to respond to urgent phone calls the day they are received (non-urgent phone calls will be returned within 24 hours except for weekends and holidays). **If you have an emergency please call 911 or go to the nearest hospital emergency room.**

Please indicate your understanding and acceptance of these policies and information by signing below. Your signature also serves as acknowledgement that you have received a copy of the HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Client or Parent/Guardian Name

\_\_\_\_\_  
Client/Parent Guardian Signature

\_\_\_\_\_  
Date