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Description of Therapy Services

The following information is important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of therapy. Please pay special attention to the sections on PAYMENT FOR SERVICES and CANCELLATION POLICY (see page 2).

Goals and Outcomes

Generally, therapy is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, or behaviors. There are many methods that can be used to deal with the issues you hope to address. Therapy is not like a medical office visit and it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during the sessions and at home. You determine the nature and amount of change you wish to make.

Benefits and Risks

Since therapy often involves discussing unpleasant aspect of your life, therapy could open up new levels of awareness for you that may cause uncomfortable feelings such as sadness, guilt, anger, loneliness, etc. On the other hand, most people experience improvement or resolution to the concerns that brought them to therapy. It can lead to better relationships, solutions to specific problems and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Meetings

Our first few sessions will involve an evaluation of your needs. By the end of that period, you will be offered some first impressions of what our work will include and a treatment plan to follow should you decide to continue with therapy. You should evaluate this information, along with your own opinions, of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. I will be happy to help you set up a meeting with another mental health professional for a second opinion.

For **Teletherapy** sessions, you will be required to provide your email to our office, download Google Meet, and have a signed Informed Consent for Tele-Mental Health Services on file with my office. At the time of the scheduled meeting, the therapist will forward the link needed to join the meeting.

Confidentiality

We understand that the information you share in therapy is of a personal nature and that you would want it to remain private. Confidentiality will be maintained unless you give us specific permission to share information with others. However, we may be required by law to disclose confidential information if there is reason to believe that a child has been abused or neglected or that you may be in danger of harming yourself or others. You will be given a separate HIPPA information packet pertaining to your privacy rights.

Minors and Parents

When patients under 18 years of age are not emancipated, their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly teenagers, it is sometimes my policy to request an agreement from the parents that they consent to give up access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a

summary of their child's treatment when it is complete. Any other communication will require the child's authorization unless I feel that the child is in danger or is a danger to themselves or someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to comply any objections he/she may have.

●Payment for Services

You are responsible for the payment for all therapy services provided. Additional time may be charged in one-half hour increments. **Payments (insurance deductibles, copays, co-insurance, etc.) are to be made at time of service. A credit card must be kept on file with our office as long as our therapy relationship continues.**

If you have insurance, carefully read the section in your coverage booklet that describes mental health services, or call your administrator to discuss what mental health services your policy covers. We can assist in billing for insurance or other authorized payments. Be aware that insurance companies may require a mental health diagnosis and additional information. If you are using insurance and have concerns, please discuss them with your therapist.

●Cancellation Policy

On occasion, a situation may arise which prevents you from keeping a scheduled appointment. As a courtesy to your therapist, **please notify us 24 hours in advance if you must cancel**.

*Please note that we are no longer able to absorb the costs of late cancellations and no shows. Therefore, after the second late cancellation or no-show, **patients will be charged one-half of the fee for the session if 24-hour notice is not given. The only exception to this policy is the existence of an emergency,** which you and your therapist can discuss. Insurance does not cover this charge. **This fee must be paid prior to further services**.

Contacting Me

Due to my work schedule, I am often not immediately available by telephone. I will not answer my phone when I am in session with a patient. When I am unavailable, a message can be left with the front desk staff or by voicemail. I check voicemail several times a day including weekends and holidays. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. If I will be unavailable for an extended amount of time, you will be provided with the name of a colleague to contact, if necessary.

Please arrange for small children to remain at home unless you are specifically asked to bring them with you as part of family therapy. Children may not be left unattended in the waiting area.

I have read and understand the above information, that I am encouraged to ask questions and to give input regarding the counseling process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification.

Patient Signature _____ Date _____

OR

Patient Representative_____ Date _____
(Parent/Guardian)