

Office Policies and General Information about Confidentiality

THERAPY

Psychotherapy is a collaborative relationship and I view therapy as a team process of working towards your specific goals. It is important that you give me feedback about what is working and not working for you in therapy. Know that you can end your psychotherapy or choose to see another therapist at any time. Changes happen when you are motivated to make them and that includes sometimes stepping outside of your comfort zone. Psychotherapy has great potential to improve your mental health and well-being. Sometimes, in the process of psychotherapy, there is a risk of experiencing strong feelings and occasionally, a worsening of symptoms. This can also be the case if part of your therapy work may involve exploring painful feelings or experiences. There are also risks associated with *not* addressing mental health concerns, such as depression. As you may know, leaving depression or substance abuse untreated can sometimes result in a worsening of emotional and physical problems.

Occasionally, I may make recommendations about your treatment, such as increasing how often you come or adding an adjunct therapy to supplement our work. I may also consult with other mental health practitioners and psychiatrists. If I develop a treatment plan that I feel best addresses your needs, and you do not want to engage in my plan, I may refer you to another provider or outpatient clinic.

FEES

Each appointment is approximately 50 minutes and the fee is \$180 unless we have made other fee arrangements. If we have agreed for you to pay a lower fee, we may periodically discuss your income and whether you can increase your session fee. I will discuss with you ahead of time if a service provided outside of the therapy session, such as letter writing, will be billed to you. Please make every effort to pay fees on the day you attend your session. My practice is not set up to bill or negotiate with insurance companies directly. Each month I can provide you a detailed receipt that you may submit to your insurance company for reimbursement, provided you have a plan that has out of network benefits.

CANCELLATION POLICY AND MAKING APPOINTMENTS

You will be responsible to pay your full session fee if you give less than 48 hours notice of a cancellation or do not show to your appointment. In the event of a no show or cancellation with less than 48 hours notice the credit card you placed on file will be billed. You can always ask for a video appointment if you are sick or cannot make the in-person session. I always prefer to do video sessions instead of phone sessions if you cannot come in to meet.

PRIVACY OF YOUR INFORMATION

All personal health information related to your treatment, assessments and our communications will not be released without your written authorization. However, information may have to be revealed, without your permission, in the following circumstances. (1) If it is necessary to protect your safety including if you threaten to kill yourself or if you are threatening to harm another person. In these instances, I may contact the necessary people to protect you or the identified victim, notify police and/or arrange for your hospitalization. (2) If a judge or court requests or orders access to information relating to: child custody, adoption, child protection, a sexual assault or criminal case. Information may also be revealed if you bring action against this therapist and disclosure is relevant to a defense or in a legal proceeding where you introduce your mental condition. (3) If necessary to use a billing company, a collection agency or other

process to collect amounts you owe for services. (4) To provide information regarding your diagnosis, prognosis and course of treatment or for quality assurance to a health insurance company or company paying for your mental health services. (5) I learn that you are knowingly accessing child pornography or depicting a child in, developing, duplicating, printing, exchanging a film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct. (6) If I believe a child, a disabled person, or an elderly person is suffering abuse or neglect (7) In the event that I am incapacitated or pass away, a trusted colleague will be granted access to my client files so that they can help plan for your mental health care.

Keep in mind correspondence (email, phone, paper or text) are a part of your medical record. On my own computer I take special efforts to protect your health information using various combinations of encryption, firewall, complex passwords and two-step authentication measures. Occasionally I need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. If I do this I avoid using your name and identifying information. If you would like me to let you know before I consult about the work we are doing together, let me know.

AVAILABILITY

I am available for contact Monday through Friday. The quickest way to reach me is by phone or e-mail. You may call or email when you need brief support between sessions or to manage scheduling. I do not provide emergency services. If you cannot reach me and are in crisis, leave me a message and call a crisis number, 911, or go to the nearest Emergency Room.

SOCIAL MEDIA

I do not engage in social media networking or friendships with clients and ask you to respect this policy toward me. We will not have any social media communication including platforms such as Facebook, Instagram, Twitter, MeetUp.com, or LinkedIn following, even after therapy ends. This rule exists to protect our treatment relationship and keep it sacred across time. I prefer clients not to review me. However, if you want to, I appreciate you first giving me the feedback directly about your care so I may improve. Please keep in mind if you do review me, that information becomes available to the public and can impact your sense of safety and confidentiality.

AGREEMENT

If you have any questions about any of this information, please let me know. This agreement will be valid beginning from the date signed until the close of the treatment relationship. Signing the **Client Information Intake Form** indicates you read these policies, and read the **Informed Consent Form**, and agree to receive services based on this understanding.

This document can be printed out and signed and or a copy can be provided.