

Practice Guidelines and Consent to Treatment

Please carefully read the following information about my practice guidelines and policies; initial each paragraph to indicate you have read and understood each section. Please do not hesitate to ask me questions (now or in the future) about any of these guidelines and policies.

Therapy Contract: It is important that we agree together on the goals of therapy. We will regularly discuss whether or not we are working well together on your stated goals. I may ask you to complete certain therapeutic tasks (i.e., attend 12-step meetings, participate in family counseling) in order to help you achieve your goals. If we are not making progress on your goals after six sessions, we will discuss what changes need to be made in our treatment plan.

Termination of Therapy: Ideally, when we agree that it is time to end therapy, we will plan together a discharge session. However, you certainly have the right to terminate therapy at any time. If you miss a session and do not respond to my outreach efforts, I will assume that you have ended your therapy with me and will close your case. Of course, you will still be responsible to pay any outstanding charges when you end therapy.

Scheduling and Fees: I schedule 50-minute sessions and ask that you arrive on time for your appointment. I also provide remote (telepsych) services which are covered by most major insurance plans as of March, 2021. I accept, cash, checks and credit cards for in-person sessions, and PayPal, Zelle, and credit cards for remote sessions. Payment is due at each session.

Late Cancellations: Please give me at least 24 hours' notice if you must cancel a scheduled session. Please call by 5 p.m. Friday to cancel a session scheduled for Monday. I must charge for cancellations made with less than 24 hours' notice. I realize that weather, traffic, or illness may present unforeseen attendance problems and will consider these situations on a case-by-case basis. Insurance does not cover late cancellations or missed appointments.

Confidentiality: I adhere to state and federal confidentiality guidelines and seek to maintain your confidentiality. With a very few exceptions, I cannot and will not release any information about you without your permission. If you are in danger of hurting yourself or somebody else, or there is child/elder abuse involved, I am mandated to take whatever steps are necessary to ensure the safety of everyone involved; this might include contacting family members or the local mental health crisis service. Additionally, I seek regular supervision with colleagues and supervisors. I disguise all identifying client information in supervision.

Therapy with adolescents: Therapy with adolescents and their families may present additional confidentiality issues. Generally, if I am worried about the safety or well-being of an adolescent client, I will schedule a family session to discuss those concerns. In addition to the confidentiality exceptions noted above, issues that might necessitate parental

involvement include: an adolescent client's pregnancy, regular and/or dangerous substance use, or self-injurious behaviors. Whenever possible, I first notify the adolescent about my concerns; I very rarely talk with parents without the adolescent's knowledge.

Emergencies: If you are experiencing a true mental health emergency, please contact 911 or present at your local crisis center or emergency department and call me once the crisis has abated. Clinical emergencies include (but are not limited to): suicidal or homicidal threats or gestures, auditory or visual hallucinations, violence toward/by the client, suspected alcohol poisoning, or drug overdose.

Telephone Contact: I check my voicemail personally and frequently 9 a.m.–8 p.m. seven days each week. I generally return calls within a few hours and nearly always by the end of the business day. Please include your phone number in your message even if you think I have it. Please indicate whether or not your message requires a return call. Please limit evening and weekend calls to matters that cannot wait until the next business day. In the event of a true emergency, please call 911 or go to your closest emergency department or crisis center.

Electronic Communication: Electronic communication has limitations and is somewhat risky in clinical practice as it is neither secure nor reliable. Please consider the following issues if you choose to send me electronic messages: electronic communications may be deleted as spam or get lost in cyberspace; it is extremely difficult to make email or text messages confidential; electronic communication can be hijacked, misdirected, or distributed widely; email may contain viruses or malware; email or text message transcripts may be considered part of the clinical record; electronic messages may not reach me in a timely fashion; my internet service provider may encounter problems; my computer or phone may malfunction; or I may lose electrical power. Although I check voicemail very regularly, please do not assume the same about text or email messages.

My name and signature below indicate my understanding of and agreement with the policies described above.

Client (print): _____

Client (sign): _____ Date: _____

If client is younger than under 18:

Parent (print): _____

Parent (sign): _____ Date: _____

Witness: _____ Date: _____