

**Office Policies and Consent Form**

Psychotherapy consists of face to face contacts between therapist and client, focusing on the presenting issues and discussing associated feelings and possible problems and solutions. Maximum benefit will occur with regular attendance. Regular appointments are 45 minutes once a week unless another form of treatment is used (i.e. EMDR or group therapy).

- 1) Unless otherwise agreed upon, payment is expected at the beginning of each session. Session may be very emotional and this avoids losing time at the end of the session to discuss money issues.
- 2) As stated above, sessions are 45 minutes long. I generally treat clients back to back and therefore usually cannot make up time for late arrivals to therapy sessions. If, for any reason, I am running late for your scheduled appointment you will, of course, receive your entire 45 minutes.
- 3) I have a cancellation policy, which is attached to this packet. Please read it over and sign it. If you have any questions, please feel free to ask me and we will discuss it at the beginning of your initial session.
- 4) If you attend a group, payment for group sessions vary depending on frequency, durations, and size of the group. Please follow the payment policy for your particular group.
- 5) All calls are generally returned within 48 hours. Because I am often in session for several hours in a row, I usually cannot answer the phone at the time of your call. However, your call is important to me, and I will call you back as soon as possible. If there is an emergency and you need immediate assistance, please call your psychiatrist, primary care doctor, pediatrician, other supports or go to the nearest emergency room. Otherwise, I will call you back as promptly as possible.
- 6) Modes of communication between us will be discussed during the initial sessions of our meetings. In other words, we can mutually discuss how we will communicate with one another (email, phone, text, etc.)
- 7) All clinical information and records obtained during the course of treatment is confidential and shall not be released without your written and/or verbal consent, except under the following conditions:
  - a. You are a non-emancipated minor, or are a ward of the court.
  - b. If there is a threat of harm to oneself or to others.
  - c. To the courts, if subpoenaed.
  - d. To child protective services (Department of Children and Families), if abuse is observed, reported or suspected.
  - e. To adult protective services, if abuse is observed, reported or suspected.
- 8) The treatment modality used between client and therapist will be discussed and mutually agreed upon prior to the start of the treatment phase (examples of modalities include: supportive talk therapy, family therapy, couples therapy, Eye Movement Desensitization Reprocessing EMDR, etc.)

I have read the above polices and they have been explained to my satisfaction. I agree to engage in treatment and follow the terms and conditions listed above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_