**OFFICE POLICIES**

**INFORMED CONSENT FOR TREATMENT**

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees as to what you will experience.

**INSURANCE**

I am in-network with Aetna and will bill them directly on your behalf if you are insured with them. Co-payments are due at the time of each appointment. Please note that you will be responsible for paying the full session fee out-of-pocket until your deductible has been met.

If you have a different insurance plan and would like to submit claims, ***it is your responsibility to confirm if your plan provides out of network coverage for psychotherapy***, and to know what your deductible is, and if it has been met. You can specifically ask about the code 90837, which is the code for a typical psychotherapy session.

I will bill you up front, while also providing a coded receipt each month so that you can seek reimbursement if you choose. I cannot guarantee that you will receive reimbursement—it truly depends on your insurance policy, but I will do my best to assist you. Insurance reimbursement turnaround is generally about two weeks. I generate coded receipts at the end of every month.

**FEES**

My fee is $125 per 50-minute session. I have a limited number of spots available in which I slide my fee based on financial need for qualifying individuals. Payment is due at the time of your appointment. I accept checks, credit, Venmo, and Paypal.

**SCHEDULING / CANCELLATIONS**

I have a 24-hour cancellation policy. Kindly notify me at least 24 hours in advance if you need to reschedule or cannot make it to your appointment. I may bill you for the full session fee if you miss your appointment.

**DEBT COLLECTION / TERMINATION OF SERVICES**

Repeated failure to pay for services may result in termination of the therapy relationship.

If services have been unpaid and no agreement is reached about repayment, please be aware that in order to pursue debt collection, disclosure of some of your personal data would be necessary. Private psychotherapy content would not be disclosed, but minimal details required for debt collection would be disclosed, such as name and contact information, number of sessions, amount due for services, as well as details about attempts to collect and refusals to pay.

**TELETHERAPY ONLY AT THIS TIME**

Since the beginning of the COVID-19 pandemic, I have been providing teletherapy remotely. Sessions are held via a HIPAA compliant encrypted Zoom account. I hope to resume in-person sessions at some point, but I am in a high-risk household and need to be cautious. During teletherapy, in the event one of us has an internet connection problem, we can transition to a phone call or FaceTime until internet service is restored. Please note that audio calls and FaceTime are not HIPAA secure.

**CONFIDENTIALITY**

Psychotherapy content is confidential. The only exceptions to confidentiality are related to a client’s physical safety, the safety of others, or the event that clinical testimony is required in a court of law. Please feel free to discuss any questions or concerns about this topic with me.

**FOR MINORS**

Once children reach a certain age, generally 12 and up, their privacy becomes much more critical to the progress of their treatment. If you are the parent providing consent for treatment of an adolescent, please know that I will not discuss the content of your child’s sessions with you without their explicit permission to do so. As frustrating as this may be, it is necessary for trust and safety and the progress of treatment. If you would like to tell me anything that is a concern for you, I am very glad to listen and hold your concerns in consideration as treatment progresses. If your child consents to my dispensing parenting advice or strategies to you, I will be glad to do so. Please note that I am not a family therapist; if you and your child wish to pursue family therapy in addition to your child’s individual treatment, I will make a referral to avoid conflict of interest with the individual treatment for your child.

**AUDIO-VIDEO RECORDINGS**

In an effort to review progress between appointments and to refine and improve my interventions, I record sessions when clients consent to be recorded. Consent is voluntary, and no recordings will occur unless written consent is on record. If you wish to provide consent, you may fill out the video consent form. Recordings are kept on an isolated hard drive with high security, pursuant to HIPAA law. Please note that you may establish or revoke consent at any time during your treatment, and upon request, any/all videos involving you or your child will be destroyed.

**NOTICE OF CLINICAL SUPERVISION AND CONSULTATION**

In order to provide the most effective therapy to each client, I consult with respected colleagues about my work on a regular basis. I receive clinical supervision from Kate Halliday, LCSW-R, and participate in consultation groups, as well. Your confidentiality in my clinical supervision and consultations will always be protected.

**ACKNOWLEDGEMENT OF OFFICE POLICIES**

By signing below, you are indicating that you

* are providing consent for treatment with me
* have read and agree to my office policies
* understand confidentiality practices as well as the exceptions of confidentiality
* understand and give consent for your protected health information (PHI) to be shared confidentially with my clinical supervisor, Kate Halliday, LCSW-R, and in consultation groups

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Full name of Patient

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If Patient is a Minor, Name of Parent/Guardian (please print)

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Signature Date