

OFFICE POLICY STATEMENT

CONFIDENTIALITY: The laws of the State of Florida require that most issues discussed during the course of therapy with a counselor are confidential. These laws permit you to waive the privilege of confidentiality by signing a release of information form. However, the release of confidential materials is required in situations of suspected child and elderly abuse, of potential harm to oneself or others, and in instances where the court may subpoena records. During therapy, you may always request that some information be discussed with another person (i.e.: your physician), you will be asked for your permission to do so. If your mental health insurance benefit is managed care company, we will discuss payment procedures as they are determined by your plan. Please be aware that all managed care plans involve direct clinical management by the company. This makes it necessary for us to work together with your company to determine the nature of your treatment and, therefore, does have some impact on confidentiality. If you learn at any time during your therapy that information may be requested of your therapist by a third party (i.e.: your lawyer, parents, etc.), it will be helpful if you will divulge that information to the therapist as soon as possible. There may also arise a time when your case needs to be discussed with another counseling professional. This will be done so with your identifying information obscured.

APPOINTMENTS: You are encouraged to schedule an appointment whenever you feel it will be useful for you to do so. Additional appointment times will be negotiated with you at the end of each session. Since ongoing therapy is a negotiated process, it should not be assumed that you will “automatically” be continuing in therapy. Therefore you should not feel you must make another appointment to “please” the therapist if you feel it will not be useful to you. It is helpful for you to anticipate your appointment needs prior to the session. You may wish to think about it during your session as well. This should make the negotiation process easier.

CANCELLATIONS AND MISSED APPOINTMENTS: Cancellations will be accepted up to 24 hours before the appointment unless it is an emergency. If a cancellation has not been arranged, the session is a loss for someone else wishing to use that therapy time. These late cancellations will be billed as a missed appointment (see below). If you cannot meet, please make arrangements to change it or cancel at the earliest possible time. Missed appointments will be billed at the rate of the appointment. Remember that scheduling an appointment means that it will be held only for you and, therefore, cannot be used by another person, unless negotiated with the therapist.

FEE RATE: Our basic fee is \$85 per 50 minute psychotherapy session. Longer/shorter sessions are prorated from this basic fee (e.g.: 30 min = \$45, 90 min = \$130, etc.). Fees for psychological testing are based on time spent with the patient plus time required for scoring and interpreting test data. A psychiatric intake is \$200 with subsequent medication check-ups are \$75.

INSURANCE COVERAGE: If you maintain health insurance, part of your therapy expenses may be covered. You must check with your policy or call your company.

EAP SERVICES: If you are coming in for services by using your Employee Assistance Program (EAP), please be advised that the EAP is different from managed care or your behavioral health portion of your health insurance. Most Employee Assistance Programs allow for assessment and referral, not longer term therapy. Some programs do allow short-term counseling. If this is the case, you and I will need to determine within the first session or two whether staying with this office will be beneficial, *or* if being referred to longer term care is more appropriate. If you have any questions about your EAP benefit, please ask.

ETHICS AND PROFESSIONAL STANDARDS: As a licensed psychotherapist/psychotherapist intern, I try my best to uphold the most responsible ethical and professional standards possible, and I am accountable to you. If you have any questions or concerns about your course of contact with me, please discuss these dissatisfaction(s) or concern(s) about your treatment, or should you wish to contract with another therapist for services, that you will do your best to indicate that you are making the change and why you wish the change to be made. If you are unhappy with your services here and need help finding additional or alternate assistance, I will do my best to help you locate a more suitable referral or therapy resource.

QUESTIONS: If, during the course of your therapy, you have any questions about the nature of your therapy (i.e.: goals, procedures, etc.) or about your billing statement, please ask.

THERAPY EVALUATION: The ethics of our profession requests that each therapist evaluate his/her work in some manner. This is a voluntary process for psychotherapists. Since I desire to participate in this request, I may mail evaluation questionnaires to some seeking my services during any given year.

PLEASE ASK BEFORE SIGNING BELOW IF YOU HAVE ANY QUESTIONS ABOUT THERAPY OR NRCC OFFICE POLICIES. YOUR SIGNATURE INDICATES THAT YOU HAVE READ THESE OFFICE POLICIES AND AGREE TO ENTER THERAPY UNDER THESE CONDITIONS.

I have read this contract and agree to abide by it.

Received and agreed: _____ Date: _____

Witnessed: _____ Date: _____
(Provider)