

## **Information for Clients**

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Welcome to my private practice. Thank you for giving me the opportunity to help you meet your clinical needs, and congratulations on taking the first step!

This brochure contains important information about my professional services and my business policies. I am ethically required to provide this information and obtain your signature indicating that I have done so. This brochure is yours to keep. After you have read it, we will discuss any questions and concerns that you have. I will then ask you to sign a separate “Consent to Treatment” form indicating that you have read and fully understand the content of this brochure.

It is important that you know how we will work together, and hopefully this brochure will help you have a clear idea of what it is we are trying to do. This brochure covers the following information:

- Your rights as a client
- My background
- How I practice therapy
- The risks and benefits of therapy
- Collaborating with others
- The nature of our relationship
- Practical issues, like appointments, contacting me, and fees/payments
- Termination of Therapy and Follow-Up
- Confidentiality issues and privacy of your records.

Please read over the brochure carefully and raise any questions or concerns that you may have.

## **Your Rights as a Client**

It is important that you fully understand what your rights and responsibilities are as a client. This is a brief overview of your rights, and each right is more fully explained throughout this brochure.

- You have the right to choose to not enter into therapy with me. If now, or at any other time during treatment, you decide that you would like to pursue services elsewhere, I will provide you with referrals to other therapists.
- You have a right to be informed about the terms of therapy, including fees/payments, privacy issues, and my policies and procedures.
- You have the right to know about my professional training and experience, to ask questions at any time, and to complain to appropriate bodies if you are dissatisfied.

- You have the right to have all therapy and assessment procedures or methods fully explained to you before they are used and to refuse their use if you are uncomfortable with any of them.
- You have the right to keep the content of our session private or to discuss it with whomever you choose. There are some situations that require me to reveal some of this content, even without your permission. This is discussed further under “Confidentiality Issues and Privacy of Your Records”.
- You have the right to review your clinical records with me at any time, to ask for clarification of them, and to have them shared with another professional or agency at any time.
- You have the right to end therapy at any time. Your only obligation will be to pay for any services that you have already received. Please keep in mind, however, that if you were sent to therapy by another agency (e.g., the court, your employer), ending therapy may cause problems for you with them.
- You have the right to read a copy of the code of ethics and state laws by which I practice therapy.

### **My Background**

I am a Licensed Psychologist in Pennsylvania and native Pittsburgher. I have a Bachelor’s Degree in Psychology and Education from Bucknell University, a Master’s Degree in Social Psychology and a Ph.D. in Clinical Psychology from Arizona State University, which is accredited by the American Psychological Association. I completed an internship at The Medical College of Virginia and have worked with clients in multiple settings, including inpatient psychiatric facilities, medical hospitals, state hospitals, residential care homes, and outpatient clinics. Additionally, I have taught courses at Arizona State University and Virginia Commonwealth University, as well as the Richmond Police Academy. I am trained and experienced in delivering individual and group therapy with adults and adolescents. I also have an appointment as an Allied Health Professional Staff in the Department of Medicine at UPMC Presbyterian Shadyside, Shadyside Campus.

### **How I Practice Therapy**

Entering into therapy is a wonderful investment in yourself that requires a great deal of resources, including energy, time, and money. Consequently, I believe that it is important to choose a therapist carefully. It is advisable that you select a therapist with whom you feel comfortable and can be hopeful about making progress, as therapy will be more helpful to you under such circumstances.

My approach is based on the idea that all of us develop ways of viewing the world and ourselves through different experiences that we have. When we are

faced with unpleasant, difficult, or traumatic circumstances, we manage them the best we can by relying on the coping skills we have and by making sense of the situation in the best way we know how. During the time of crisis, this is very adaptive, as it allows us to survive physically, mentally, and emotionally. Regrettably, after the situation has passed, continuing to rely on those same coping skills and perspectives can sometimes result in us distorting our view of ourselves, others, and the world. It is as if we had been viewing everything through a set of lenses, which at the time of the crisis or crises made sense, but now, as we wear the lenses, our view of ourselves, others, and the world becomes maladaptive. Symptoms of depression, anxiety, flashbacks, physical pain and stress, low self-esteem, and relationship problems, among many other issues, may arise.

As I see it, our task is to help you gain a full understanding and appreciation of why you have developed the views of yourself and the world that you have. We do this through a balance of: 1) respecting, forgiving, and empathizing with yourself about why you have developed those views, and; 2) emphasizing that you have a choice to think, feel, and act differently. Thus, we will strive for you being gentle on yourself while holding yourself accountable for your own happiness. My goal is to assist you in identifying and managing the “lenses” through which you see yourself and the world so that you can eventually remove them to live a fuller, happier life.

I will use a variety of techniques in our work together. Some of these will focus on ways to improve your coping skills while others will focus on ways to challenge maladaptive thinking. We will also use methods that focus on your emotions, as well as experiential techniques that I will explain further as the need arises.

I may also propose that we use a specialized technique called Eye-Movement Desensitization and Reprocessing (EMDR). This is a therapeutic method that has been scientifically demonstrated to accelerate the treatment of a wide range of problems related to upsetting past events.

Therapy works best when it is a collaborative partnership. You are the expert on yourself. You define the problems and issues to be addressed, I use specialized knowledge to help you gain the skills and make the changes you desire. You must be very actively involved in your therapy. Change is difficult, and so your best efforts to change your thoughts, feelings, and behaviors will be required. It is of the utmost importance that you be honest about your thoughts, feelings, and behaviors as well.

Our first two to three sessions will be an opportunity for me to get to know you. We will examine why you are seeking therapy and what prompted you to do so now. We will also be assessing each other to determine whether or not I am a

sessions as well as consultations I make with other professionals. I will keep your Clinical Record in a safe place and will maintain it for ten years after the end of our therapy.

For more detailed information about your PHI and limitations to confidentiality, please see the HIPAA Notice that I have provided to you.

### **Final Comments**

Thank you for taking the time and energy to read this brochure. Although it is lengthy, I believe you deserve to know as much about the relationship and arrangement into which we are entering. Finally, I highly commend you for having the courage to seek assistance for exploring your issues and making the effort to have a happier, more fulfilling life.

- e. Court-ordered evaluations or treatment, in which case we will discuss confidentiality fully, as you may not want to tell me things you do not want revealed to the court.
3. If you use health insurance to pay for part of my fees, I will be required to share information about your therapy. This typically consists of information about you and your symptoms. The insurance company will sometimes ask for more information about symptoms, diagnoses, and my treatment methods. The information I provide will become a part of your permanent medical record. I will inform you if your insurance company has asked for this information and what I have provided them. My policy is to provide only as much information as the insurance company will need to pay your benefits.
4. If your account with me is unpaid and we have not arranged a payment plan, I may use legal means to get paid. Typically, the only information I would provide to the court, a collection agency, or an attorney are your name and address, the dates we met for services, and the amount due to me.
5. Additionally:
- a. I will not record our therapy session on audiotape or videotape without your written permission.
  - b. If your records need to be seen by another professional or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information will be shared, with whom, and why, and it also sets time limits on how long information can be shared.
  - c. Any information that you share outside therapy willingly and publicly is not considered protected or confidential by the court.
  - d. When I am out of town or unavailable, I will secure another therapist who will be available to assist you in case of an emergency. I must provide that therapist with pertinent information to best serve you if required while I am unavailable.
  - e. If I must discontinue our relationship because of illness, disability, or other unforeseen circumstances, I ask that you agree to me transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.
  - f. I will keep records of your treatment, your Protected Health Information (PHI), in a document called your Clinical Record. In your Clinical Record I will note information from our

good fit for your needs. After the first three sessions, I will be able to provide you with my initial impressions of what our work will include if we continue. My hope is that you will evaluate my feedback and consider your comfort in working with me. I will evaluate if I think I can help you successfully achieve your goals. If we decide to work together, we will agree upon a plan that we will both work hard to follow. We will occasionally examine our progress on that plan and see if there is anything we want to change or add.

If we decide not to work together, I will do my best to provide you with names and contact information of other therapists who I think will be able to help you.

Again, therapy is hard work, and your work will not just be during our sessions. I regularly assign homework as a part of therapy, and it is my hope that you will exhibit the willingness to participate fully by completing the homework. By doing so, you will be gaining more skills and insights and will most likely experience a greater generalization of the lessons you learn in session to other settings.

Remember, there are rarely “quick fixes,” and this principle particularly applies in therapy. Change is difficult, but you are worth it.

### **The Risks and Benefits of Therapy**

As with any form of treatment, benefits and risks exist with therapy. Please take these into careful consideration before entering into any therapeutic relationship, whether it is with me or another therapist, as well as when making treatment decisions during the course of therapy.

When considering risks, it is important that you understand that you may, for a time, experience increased feelings of discomfort, including sadness, guilt, anxiety, anger, frustration, and hopelessness, among others. You may also recall unpleasant memories that may occasionally impact you in other settings, including work, school, and home life. People in your life may not like that you are in therapy and are attempting to change, especially if your change directly affects your relationship with them. Finally, as with any form of treatment, there is a risk that, despite our best efforts, you may not experience improvements.

Also consider that numerous benefits of therapy have been demonstrated through thousands of empirically-sound research studies. You may find that your mood improves, feelings of anxiety and discomfort decrease, and feelings of anger and frustration become more manageable. Your relationships may improve significantly. Healthy behaviors, including productivity at work and school, may increase. Overall, you may change in many ways, become happier, and feel more fulfilled in your life.

I do not take clients whom I do not think that I can help. If I decide to work with you, it means that I am optimistic about your ability to change and that I have great hope for your personal growth.

### **Collaborating with Others**

I am dedicated to ensuring that you receive optimal care for your issues. Because there may be times when it will be beneficial for you to receive a treatment that I do not provide, I may explore with you the option of referring you to another professional for other types of services. For example, I may recommend that you get a physical examination or consider the use of medications. If I do this, I will fully explain my reasoning so that you can make an informed decision. If you do receive treatment from other professionals, I will coordinate my services with them so that we can ensure that you are getting the best, most consistent treatment.

Additionally, if for some reason your treatment with me is not going well, I may suggest that you see another therapist. It is my professional and personal responsibility to not continue treating you if my treatment is not working.

### **The Nature of Our Relationship**

As a licensed psychologist, I follow the ethical standards of the American Psychological Association (APA) and the statutes of the Commonwealth of Pennsylvania. With your best interest in mind, these ethical standards and laws put limits on the relationship between a therapist and client, and I am committed to abiding by them. These limits include:

- Our relationship is a professional relationship. To interact in any other way would create potential conflicts of interest and threats to an objective approach to our work together. Consequently, we will not:
  - Be friends or have a social relationship outside of therapy;
  - Have any other kind of business relationship outside of therapy;
  - Give or accept gifts of monetary value to one another for any reason, including holidays and birthdays;
  - Attend each other's private or family functions;
  - Have any kind of romantic or sexual relationship.

Because of the limits to our relationship and many clients' desire to maintain full confidentiality, if we happen to see each other in a public place, I will not speak to you unless we agree upon a different arrangement through our work together.

Additionally, when our work is complete, we will not be able to be friends to each other like our other friends are to us.

### **Confidentiality and Privacy of Your Records**

I will treat what you tell me with great care. My professional ethics and state laws prevent me from telling anyone else what you tell me unless you give me written permission. However, there are some circumstances under which I am required to tell what we discuss to others. There are also some limits to our confidentiality. Please review this information carefully so that you don't tell me something as a "secret" that I cannot keep.

1. When you or others are in physical danger, the law requires me to tell others about it. Specifically:
  - a. If I believe you are presenting serious risk of harm to another person, I am required to try to protect that person. I may tell that person and the police or try to have you hospitalized.
  - b. If I believe you are presenting serious risk of harm to yourself, I may tell the police, your family members or others who can help protect you, or try to have you hospitalized.
  - c. In an emergency where your or another person's life or health is in danger and I cannot get your consent, I may give another professional some information about you to protect you. I will do this in a way that will reveal only the information that is needed to protect you or the other person. I will try to get your permission first, and if I cannot, I will discuss with you what information I shared as soon as possible afterwards.
  - d. If I suspect that you are abusing (i.e., neglecting or physically or sexually hurting) a child, an elderly person, or a disabled person, I must file a report with a state agency. I do not have the authority to investigate the situation to find out all the facts, but the state agency will investigate.
2. If you become involved in a court case or proceeding, you can generally prevent me from testifying in court about what you tell me in therapy. This is called "privilege," and it is your choice to allow me or prevent me from testifying. However, there are some situations when I may be required to testify, including:
  - a. Child custody or adoption proceedings, in which your fitness as a parent is questioned or in doubt;
  - b. Cases in which your emotional or mental condition is important information for a court's decision;
  - c. Malpractice cases or investigations of me by a professional group;
  - d. Civil commitment hearings used to decide if you will be admitted to or required to continue staying in a psychiatric hospital;

- Payments for all services and insurance co-payments are expected at the time of service. Consequently, I do not send bills. If I do need to bill you, however, it is expected that the bill be paid within ten (10) business days.
- I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you want to end it. You have a responsibility to pay for any services you receive before ending therapy.
- If you request one, I will provide you with a statement showing our meetings, their charges, how much has been paid, and how much, if any, is still owed.
- If you have concerns about paying your bill on time, please discuss this with me so that we can reach a resolution. If your unpaid balance reaches \$300, I will notify you by mail that we cannot continue our therapy until the balance is paid. Fees that continue to be unpaid for sixty (60) business days after you receive the notification will be turned over to small-claims court or a collection agency, which would require me to disclose confidential information. If such action is required, all costs associated with the process will also be billed to you.
- If there are any problems with my fees, billing, your insurance, or any other money-related issue, please bring them to my attention. I will do the same with you. Such issues must be worked out openly and immediately, otherwise they may interfere greatly with our work.

### **Termination of Therapy and Follow-Up**

Although either of us may decide to end therapy if we believe it is in your best interest, doing so should not be done casually. When we feel we are done with our work, we will begin the process of ending therapy, which often includes meeting less often and examining the progress you have made. We will review our goals, the work we have done, and any future work that needs to be done. I will encourage you to view therapy as you do your other healthcare, meaning that you recognize that you may sometimes need a “check-up”, booster sessions, and preventative care, and that you may return for therapy with me as desired and as is workable for both of us.

If you wish to stop therapy at any time, I ask that you agree to meet for at least one session to review our work together. If I decide that it is no longer beneficial for us to work together, we will schedule at least one closing session and I will provide names of other therapists who I think may be able to provide you with the services you need. If we do decide to prematurely terminate therapy, you remain responsible for paying for the services you have already received. I will also continue to be able to communicate with your insurance company to follow-up with claims already made for services delivered.

- Our work together is talk therapy. Consequently, touch will not be a part of our relationship. There are, of course, exceptions, and I am willing to engage in a handshake or comfort you with a pat on the back. However, because you are the best judge of your comfort with these gestures, I will wait for you to request them prior to offering them to you. Additionally, occasional touch may be required with certain specialized techniques (e.g., EMDR). Before engaging in any touch that is technique-specific, I will thoroughly explain the reasons for its use to you and expect you to tell me if you are uncomfortable with it. If I ever make a mistake and touch you in any way that feels uncomfortable, please tell me so that I can stop immediately.
- In summary, my role as a therapist is to care for you in a professional context and in a professional manner.

### **Practical Issues**

#### About Our Sessions

Our sessions together are an investment in your well-being. Consequently, I like to suggest that they be treated with the utmost respect and care. A regular appointment time that begins as scheduled and is free from distractions allows us to ensure that we give your issues the time and energy they deserve. The following guidelines are to assist us in achieving that goal:

- Our sessions will be 50 minutes in length.
- I typically recommend meeting once per week, although as we work together we may determine that more frequent or less frequent meetings are warranted.
- While recognizing that schedules can vary week to week, I typically recommend that we find a regular time for our sessions. This will allow our session times to be more consistent and predictable and will ensure that we both treat our sessions with the importance they deserve.
- Please make an attempt to be on time. Beginning our sessions on time will allow us to ensure that you get the most out of them. If I am ever late for a session, I will make myself available to see you for the full 50-minute session. If you are late, our session will be shortened and end at its regular time.
- Please refrain from bringing your children and pets to session, as the waiting room is not appropriate for either, and it is important that we be able to focus exclusively on our work together.
- Please turn off all cell phones and electronic devices during session.

### Cancellation Policy

If you must cancel a session, I require at least 24 hours notice before the scheduled appointment. Failure to provide such notice will result in you being charged the full fee for the session out-of-pocket, as insurance companies will not pay for missed sessions.

### Contacting Me

I am available Mondays through Fridays and check my messages at least once a day on weekdays. Because I am frequently with other clients, it is likely that you will need to leave a voicemail message for me when you call.

I will return your call within 24 hours during the week unless I am out of town, in which case I will notify you in advance. I will not return calls on weekends or holidays, and messages left on Fridays will likely not be returned until the following Monday.

If you have an emergency, namely you feel like you are going to physically harm yourself or someone else or may be harmed by someone else, you should immediately call 911, the Crisis Network at 888-796-8226, or go to your local emergency room. After doing so, call to inform me that you are having an emergency so that I can get back to you as soon as possible and coordinate your care with the crisis workers if necessary.

### Fees, Payments, and Billing

My current fees are listed below. Please keep in mind, however, that my fees are subject to change. You will be given advanced notice of changes in fees if they occur.

*Therapy Sessions:* For an initial therapy session, my fee is \$150. For a regular 50 to 55-minute session, my fee is \$130. If I do not participate with your insurance network, if you decide you do not want to use insurance for payment, or your insurance company refuses payment for services, you are responsible for the costs of your sessions. If I do not participate in your insurance network, you may still have out-of-network benefits that reimburse you for a part of my services. You are expected to pay me directly at the time of the session and complete the necessary forms for reimbursement. I am willing to complete my portion of any claim forms to assist you in the process.

*Telephone Consultations:* Telephone consultations may be suitable or even necessary at times, particularly when you may be in crisis. I am willing to offer this support within limits. If, however, the calls become excessive, then I will discuss with you the need to begin charging you for this time. The fee will be a

prorated charge of my usual therapy session fee. Additionally, if I need to have lengthy telephone conversations with other professionals regarding your care, you will be billed for this time as well. If you have concerns about this, please discuss them with me so we can determine an agreeable arrangement. There is no charge for calls about appointments or similar issues.

*Testing and Evaluations:* Psychological, intellectual, and academic testing can sometimes be helpful in providing a clearer clinical picture. If I believe this is the case for you, I will discuss it with you so you can understand my reasoning for proposing testing. My fee for testing is \$90 per hour.

*Legal Services:* If you become involved in legal proceedings that require my participation, you will be expected to pay for my services, as well as for my preparation, transportation, consultations with attorneys, depositions, and participation in court proceedings. This includes if another party calls upon me to testify about you. My fee for involvement in legal services is \$150 per hour.

*Other Services:* Routine billing and reports to your insurance company will not be charged to you. If extra-long or complex reports are required, however, these services will be billed to you at my regular session fee prorated over the time required. Similarly, this fee will be applied to time needed for report writing and consultations with other professionals.

### About Health Insurance Coverage

Some health insurance plans will help you pay for therapy and other services I offer. Because coverage varies company to company, I may not be able to tell you what your plan covers. Please read your plan's information about "Outpatient Psychotherapy", "Treatment of Mental and Nervous Conditions", or call your employer's benefits office to find out what you need to know. Although I may check your coverage as a courtesy, you are ultimately responsible for knowing your insurance coverage, deductibles, payment rates, co-pays, and other associated information.

Please remember:

- I had no role in deciding what your insurance covers. Your insurance contract is between you, your insurance company, and/or your employer. It is not between me and the insurance company.
- You, not your insurance company or anyone else, are responsible for paying the agreed upon fees. If you ask me to bill your insurance company or another party and I do not receive payment, I will expect payment from you.

Additionally: