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THErapy EXPECTATIONS, PRACTICE AND POLICY INFORMATION as of 9/01/2014

The Therapeutic Relationship: As a professional, I will use my best knowledge and skills to help you. This includes following the standards of my professional organization, which puts ethical limits on the relationship between a therapist and a client. I will do my utmost not to reveal that you are a client to maintain your privacy. If by a chance encounter, we meet in a social environment or in a public venue, I may not say hello or acknowledge that we know each other; this is not a negative personal reaction to you, instead, it is my attempt to protect and maintain your confidentiality. I will not attend your family gatherings, such as parties or weddings as this could compromise your confidentiality. Also, I cannot have any other role in your life (i.e., dual role, conflict of interest). I cannot, now or ever, be a close friend or socialize with you. I will never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any clients, other than the therapeutic relationship. **These choices are made to protect your welfare and best interest, and to preserve the safety of the therapeutic relationship for you to return to at any point during your lifetime.**

IN THE CASE OF A CLINICAL EMERGENCY: This outpatient private practice level of care is NOT an emergency service. I am not predictably accessible outside my normal business hours, although voicemail is available 24 hours a day, 7 days a week. I will make every effort to return phone messages in under 48h during business days. However, **if you have an emergency and I am not available, please go to the nearest emergency room and have them contact me.**

Your Involvement: Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to be honest, to be aware of and to change your thoughts, feelings, and behaviors. An important part of your therapy will be practicing new skills that you will learn in sessions. It is likely that you can expect to practice these skills across the relationships in your life and make long-term and on-going efforts to get the best results. Change will sometimes be easy and quick, but more often than not, it can feel slow and frustrating. Exploring the areas that are emotionally painful can be expected to have a residual effect outside of sessions, we will discuss ways to care for yourself and keep yourself safe. These are the growing pains associated with change and healing. In therapy, as in life, you will experience victories, defeats, and opportunities to practice perseverance. Just keep trying to do your best.

Length and Frequency of Therapy: At first, you should expect to attend on a weekly basis. You can choose whether your individual sessions last 45 or 55 minutes based on the fee that you want to pay. Some problems can be improved in 2-3 months of therapy. Other problems need long-term treatment. We will discuss and review treatment length periodically, and modify goals accordingly. You are free to bring up this topic at any point.

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Risks Of Therapy And Alternatives: You may have negative feelings during therapy. The primary risk of therapy, albeit small, is that it can lead to unpredicted personal changes and temporary destabilizations. Career paths can change, relationships can be terminated, memories can resurface, etc. There is no sure way to guarantee results or the qualitative nature of the process. Also, there is a risk that therapy may not work for you. However, patient welfare is always the guiding principle. You will always be actively involved in making decisions about therapeutic goals and methods. Please be aware that there are many different therapies and therapists available. If this therapy does not meet your needs, you are encouraged to consider alternative professionals or seek a second opinion.

Benefits of Therapy: The benefits of therapy have been published in many well-designed evidenced-based research-studies. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are less disruptive in their daily lives. Clients' meaningful relationships and coping skills may improve greatly. You may experience more intimacy or satisfaction out of your social and family relationships. Your personal goals and authentic values should become clearer. You may grow in many directions—as a person, as a partner, as a family member, in your career or schooling, and most importantly in your ability to enjoy your lives and live with purpose.

Additional and Alternative Treatments: If I think that you will benefit from a form of treatment that I do not provide, I will help you to find it and attempt to make a referral. You have a right to ask me about such other treatments, their risks, and their benefits. I may recommend a medical exam, medication consultations or other related treatments. If you wish for another professional's opinion at any time, or wish to talk with another therapist to target a specific skill set, I can help to coordinate treatment for you and can provide him or her with relevant treatment information.

Ending Therapy: It is best if we decide together when to end your therapy. However, if you wish to stop therapy at any time, please tell me ahead of time and attend at least one final session for closure and review of your progress. If you would like to take a "time out" from therapy, the door will always be open for you if you should decide to return.

Appointments: If you are running late, our session may be shortened due to the likelihood that I will still need to end your session at the usual time due to other subsequent appointments or scheduling reasons. Please try to be consistent in your attendance, especially at the outset of treatment. When you must cancel, please give me at least 24-48h notice. Young children must be supervised while you are in session. Older children can wait in the waiting room, but please bring items to keep them occupied during your session. **If childcare concerns will prevent you from coming to sessions consistently, let me know and we can discuss other arrangements while your child is in school or in some cases and locations, childcare services may be available for a small fee.**

Insurance: Currently, I am not accepting health insurance. However, please do communicate your insurance company is as I will be seeking to be credentialed in-network with select insurance companies over the next 6 months. While it is your responsibility to ensure that you

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are covered by that payer. Upon request, I am able to provide you with the relevant current procedural technology (CPT) codes and dates of service so that you can seek reimbursement from your health insurance provider.

Payment Types: I accept cash, checks, Chase Quick Pay, PayPal and credit card.

Time of Payment: Fees or copayments are due at the time of the appointment. If your account has not been paid for 90 days or more and arrangements of payment have not been agreed upon, late fees of 1.5% compounded monthly will be charged. I have the option of using legal means to secure payment. This may involve hiring a collection agency (in which case, a 30% delinquency fee will be added to your balance) or going through small claim court (in which case, legal costs will be included in the claim). These situations are rare, and require disclosure of otherwise confidential information. Please, do not let this happen; I would much rather communicate and find some solution or payment plan to an overdue account.

Receipts: If you would like a receipt, please let me know. I will provide you with an electronic or hard copy receipt or statement on a monthly basis, upon request.

Cancellation Policy and Fee: If you need to cancel, please provide notice of at least 24 hours ahead, otherwise you will be liable for partial payment for the session. Sometimes things suddenly come up and I can understand if you have a crisis or illness and can't attend your appointment. In certain instances, or if this is a rare occurrence, I may be able to waive the cancellation fee, please call me to discuss. call me and we will discuss it. You notifying me in advance allows someone else to benefit from that clinical hour. You are entitled to a one-time pass with warning which will be documented.

No-show Fee: If you do not show up for your appointment and do not call, you will be liable for the full payment for the session.

No Court Testimony: If you ever become involved in a divorce or custody dispute, or any other legal matter, I will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.

Complaint Procedures:

If you are not satisfied with any area of my work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses those of us in the independent practice of psychology.

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REVIEW OF CONFIDENTIALITY: Please read the provided document “Confidentiality Statement” and procedures concerning federal **HIPAA** regulations pertaining to handling of patients’ Protected Health Information.

In general, the confidentiality of all communications between a patient and a psychologist is protected by law, as well as by the American Psychological Association Code of Ethics. In general, I can only release information about our work with your written permission.

There are a few exceptions, however, and you should be aware of them from the outset. If you are called as a witness in criminal proceedings, opposing counsel may have some limited access to your treatment records. Testimony may also be ordered in a) legal proceedings relating to psychiatric hospitalization; b) malpractice and disciplinary proceedings brought against a psychologist; c) court-ordered psychological evaluations; and d) certain legal cases where the client has died.

In addition, there are some circumstances in which I am required to breach confidentiality without a patient’s permission. This occurs if there is suspicion of the neglect or abuse of a minor, in which case I must file a report with the appropriate state agency. In addition, if, in my professional judgment, I believe that a patient is threatening serious harm to self or another, I am required to take protective action, which may include notifying the police, warning the intended victim, or seeking the client’s hospitalization. The intent of these requirements is that a psychologist has both a legal and ethical responsibility to protect endangered individuals from harm when professional judgment indicates that such danger exists.

I may occasionally find it helpful or necessary to consult about a case with another professional. In these consultations, I make every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to maintain confidentiality.

I am required to maintain complete treatment records. Patients are entitled to receive a copy of these records, unless I believe that the information would be emotionally damaging and, in such cases, the records must be made available to the patient’s designee. Patients will be charged an appropriate fee for records preparation.

If you submit claims to an insurance company or other third party, you will need to provide the payor with a clinical diagnosis, record of treatment dates and services, and, sometimes, a treatment plan or summary. This obviously compromises confidentiality as well. You must understand that once this kind of information leaves my hands I cannot warrant its continued confidentiality.

If you are under 18 years of age, please be aware that your parents or guardians have a right to receive general information on the progress of the treatment and may have the right to access your chart in its entirety.

Under current ILLINOIS law, in group, family, and marital therapy, all participants are required to consent to the release of information before any information can be released. One marital partner may not waive privilege for another. In cases of marital therapy, therefore, the record may be released only if both parties waive privilege or if release of the record is court ordered.

The law governing these issues is complex. If you need more specific advice, formal legal consultation may be advisable.

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Note: email is not a secure method of communication. Please be aware that I cannot guarantee the confidentiality of email communication.

Parents/Guardians: If you are consenting to treatment for a minor, by signing the consent for services the parent/guardian is affirming that there is no other parent/guardian that has the legal right to override your consent or deny such services.

Release of Information: Please fill out the release of information form if you have had any mental health treatment or medications within the last 2 years. Please fill out one form for each provider who has given you psychotherapy, medications and/or any other mental health treatment in that time period.

If any of these policies do not work for you, please let me know; I will attempt to refer you to someone who may be able to meet your needs better.