

## Important Information about Your Counseling

**Individual Psychotherapy:** is a process which takes time and effort. It is a confidential relationship based on the efforts of two people, the client and the therapist. The eventual goal of therapy is self understanding which results in more effective, comfortable and responsible relationships with others. In the first few sessions we will be building rapport and clarifying your goals. There is no “magical quick cure” particularly for long standing problems. However, most clients find the process to be worth the time, effort and expense.

**Family, Child and Group Therapy:** are all similar to individual therapy, but because there are more than two people working toward the same goals, the process is more lively and sometimes briefer. Improving relationships is the focus.

**The terms counseling and psychotherapy:** are often used interchangeably; however counseling refers more to advice-giving which may be necessary in crisis situations when a client is unable to think clearly and respond effectively.

**Confidentiality:** Because all therapy is confidential, no information about you can be released without your written permission. Under special legal conditions this privilege may be lost. Most of these conditions have to do with the protection of life. Please ask to discuss this if you wish.

**Issues concerning legal actions:** It is not my practice to become involved in legal actions which involve court appearances. This includes custody of children. **If you have a legal need for seeking counseling please let me know early in your first session so I can assist you in seeking professional help.**

**The office telephone** is only answered by an answering service 24 hours every day. Please leave your name, telephone number, best time to reach you and a brief message. If you do not receive a return call in a reasonable period of time, please feel free to call again as sometimes these machines malfunction, also when you use your cell phone it often is not good reception.

**In the event of a crisis** you will need to mention clearly on the message machine that this is a crisis, an emergency! During the week, Monday – Friday, I check my messages about every 2 hours. I rarely check calls on the weekend. If you cannot make contact with me, here are a few community resources which I encourage you to use.

- Parental Stress Hotline 426-7322
- Suicide Prevention Service 458-5300, 688-1818
- Mental Health Crisis Counseling 454-4022, 763-8100

**Length of Sessions:** The “clinical hour” is 50 minutes long.

**Payment of Fees:** Payment is due at the beginning of each session. I offer sliding scale fees.

**Insurance:** You must call your insurance company **before** our first session to authorize my services. The authorization number is important to have in order to fill in the Intake Form. If you have not done this, you may be able to call and back date the authorization. If you are unable to get the proper dates authorized, you are responsible to pay for any sessions not covered by your insurance company. An intake form needs to be filled in for each person that is covered with insurance. If the information required to bill your insurance company is not on your intake form, you are responsible to pay.

**Cancellations:** You must cancel at least 24 hours before your appointment OR you are responsible to pay for the session. If you forget to come or just “No Show”, you are also responsible to pay for the session.

**Paper Work:** An intake form needs to be filled in for each person that comes into sessions.

**Closing Comments:** If at any time you feel therapy will not be helpful to you, please feel free to discuss this with me and to ask about referrals for alternative services available. If you have questions I have not covered please bring them up in the first session. I hope your time in therapy is helpful and as brief as possible. It is your responsibility to speak up about your expectations, goals and needs so that we might work together in the best possible way.

**I have read and agree with the policies of this therapeutic process which have been described above.**

Signed: \_\_\_\_\_  
Client's Signature

Date: \_\_\_\_\_

Complete the following pages and when finished flip the light switch next to my calling card which is near the waiting room door.  
Thank you and I look forward to our first session.