



## Office Policies & Philosophy of Treatment

You have chosen to enter into a therapeutic relationship with myself. This notice is a summary of office practices and procedures and my personal philosophy of treatment. Kindly review it and sign at the bottom to let me know that you understand it.

- The therapeutic process can be one of tremendous personal emotional growth. It involves an investment both on the part of the client and the therapist and a commitment to the process. There may be times during your course of treatment that you are faced with difficult emotions and/or painful memories. It is possible that this process will bring up resentment and uncomfortable feelings in the therapy room. It is important to talk about this with me to let me know what is going on for you through our meetings. It is important to remember also that this process is *voluntary*. You may at any time, withdraw from the process. In addition, during your course of treatment, please provide me with feedback. If a client feels a lack of direction, it may become evident through a lack of progress or withdrawal in other ways, either missed appointments or termination. The only way I can tell if therapy is helpful to you is through your own voice.
- Please respect the fact that I come to my office *to see you*. If you fail to provide at least 24-hour notice, for a non-emergency cancellation, you may be charged for the missed session. Please note that payment is expected at the time of service provided. If you miss appointments without notice, I cannot bill your insurance company. If an appointment is missed, (unless in the case of a personal or family emergency), without 24-hour notice, I will bill you directly, at your home, for the cost of the missed session. It is your responsibility to inform me of any changes in your insurance benefits as they occur.
- I will make every effort to protect your privacy. Because my practice is in a small community, if I should see you outside the office, I will not approach you unless you let me know it is okay. Information regarding our therapeutic relationship will be shared only in certain circumstances, and generally with your permission. For a more complete review of privacy guidelines, refer to the HIPPA statement.
- Because some of my work involves late afternoon and evening hours, please note that my office building is secure and the front door is typically locked after 5:00. I keep appointments promptly and will meet you at the front door for evening appointments to let you in.
- Industry standards of reimbursement allow for a “50 minute hour”, meaning that nearly all insurance contracts are written to cover a 45 to 50 minute session. Please respect that I will give you the personal attention and time you need during your session, and we must end promptly so I may do so for others.
- If you are a client and are *in true crisis*, you can contact me via a phone number on my office voicemail. In the alternative, you should dial “911” or go directly to the nearest emergency room for assistance. For routine questions and scheduling issues, please leave me a voicemail at the office. I check for messages frequently and return calls in a timely fashion.

Signature: \_\_\_\_\_

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