

OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

South FL Center for



Growth & Healing

Susanne R. Mealer, LCSW, CHT

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_____ initials **Confidentiality:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

_____ initials **When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family members communicate to Susanne R Mealer, LCSW, CHT that the client presents a danger to others.

_____ initials **When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Susanne R Mealer, LCSW, CHT. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Susanne R Mealer, LCSW, CHT will use her clinical judgment when revealing such information. Susanne R Mealer, LCSW, CHT will not release records to any outside party unless authorized to do so by all adult family members who were part of the treatment.

_____ initials **Emergencies:** If there is an emergency during our work together, or in the future after termination where Susanne R Mealer, LCSW, CHT becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

_____ initials **Health Insurance & confidentiality of records:** You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break in's and unauthorized access. Medical data has been also reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

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_____ initials **Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc..), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on Susanne R Mealer, LCSW, CHT to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

_____ initials **Consultation:** Susanne R Mealer, LCSW, CHT consults regularly with other professionals regarding her clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

_____ initials **E - Mails, Cell phones, Computers and Faxes:** It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, Susanne R Mealer, LCSW, CHT e-mails are not encrypted. Faxes can easily be sent erroneously to the wrong address. Susanne R Mealer, LCSW, CHT computers are equipped with a firewall, a virus protection and a password. Please notify Susanne R Mealer, LCSW, CHT if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail, cell-phone or Faxes. If you communicate confidential or highly private information via e-mail, Susanne R Mealer, LCSW, CHT will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail. Please do not use e-mail or Faxes for emergencies.

_____ initials **Records:** Unless otherwise agreed to or necessary, Susanne R Mealer, LCSW, CHT retains clinical records only as long as is mandated by Florida law. If you have concerns regarding the treatment records please discuss them with Susanne R Mealer, LCSW, CHT.

_____ initials **Telephone & Emergency Procedures:** If you need to contact Susanne R Mealer, LCSW, CHT between sessions, please leave a message on the voice mail (954) 642-6776 and your call will be returned as soon as possible. Susanne R Mealer, LCSW, CHT checks her messages a few times during the daytime on the days she works only, unless she is out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away Dial 911 or 211 to speak with a 24-hour crisis line. Please do not use e-mail or Faxes for emergencies. Susanne R Mealer, LCSW, CHT does not always check e-mail or Faxes daily.

_____ initials **Payments & Insurance Reimbursement:** Client's initial session/assessment is \$200.00. Clients are expected to pay the standard fee of \$150.00 per 50 minute session at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Susanne R Mealer, LCSW, CHT if any problems arise during the

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course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Susanne R Mealer, LCSW, CHT will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the section *Health Insurance & confidentiality of records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Susanne R Mealer, LCSW, CHT can use legal or other means (courts, collection agencies, etc.) to obtain payment. Non-payment of services can lead to termination of services. Susanne R Mealer, LCSW, CHT will charge a \$30.00 fee per returned check. Any balance owed must be paid before Susanne R Mealer, LCSW, CHT's services can resume.

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The Process of Therapy/Evaluation and Scope of Practice: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Susanne R Mealer, LCSW, CHT will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc. Susanne R Mealer, LCSW, CHT may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Susanne R Mealer, LCSW, CHT likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Susanne R Mealer, LCSW, CHT provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

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Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Susanne R Mealer, LCSW, CHT discuss with you (client) her working understanding

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of the problem, treatment plan, therapeutic objectives and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Susanne R Mealer, LCSW, CHT expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Susanne R Mealer, LCSW, CHT does not provide, she has an ethical obligation to assist you in obtaining those treatments.

_____ initials **Termination:** As set forth above, after the first meeting or couple of meetings, Susanne R Mealer, LCSW, CHT will assess if she can be of benefit to you. Susanne R Mealer, LCSW, CHT does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals if appropriate who you can contact. If at any point during psychotherapy Susanne R Mealer, LCSW, CHT assesses that she is not effective in helping you reach the therapeutic goals or that you are non-compliant (non-payment of services is seen as treatment non-compliance), she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Susanne R Mealer, LCSW, CHT will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Susanne R Mealer, LCSW, CHT will assist you with referrals, and with your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, if appropriate, Susanne R Mealer, LCSW, CHT will offer to provide you with names of other qualified professionals.

_____ initials **Dual Relationships:** Not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Susanne R Mealer, LCSW, CHT objectivity, clinical judgment or can be exploitative in nature. Susanne R Mealer, LCSW, CHT will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. You may bump into someone you know in the waiting room or into Susanne R Mealer, LCSW, CHT out in the community. Susanne R Mealer, LCSW, CHT will never acknowledge working with anyone without his/her written permission. Many clients choose Dr./Ms./Mr. xxx as their therapist because they know him before they enter into therapy with him and/or are personal aware of his professional work and achievements. Nevertheless, Susanne R Mealer, LCSW, CHT will discuss with you, her client/s, the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your, the client's responsibility to communicate to Susanne R Mealer, LCSW, CHT if the dual or multiple relationship become uncomfortable for you in any way. Susanne R Mealer, LCSW, CHT will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapy or the welfare of the client and of course you can do the same at any time.

_____ initials **Cancellations:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or

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canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, I understand them and agree to comply with them:

Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Psychotherapist (print)	Date	Signature
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