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Welcome to my psychology practice. Thank you for choosing me as your mental health care provider. This document contains important information about my professional services and business policies. In addition, it explains some basic “ground rules” that will enhance the therapeutic process. Please **read it carefully** and jot down any questions you might have so that we can discuss them during our initial meetings. Our mutual understanding and adherence to these ground rules and administrative policies will aid in the most effective use of our time and efforts. It will also reduce the possibility of future misunderstandings that might interfere with the therapeutic process. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY

Psychological services cannot be easily described in general statements. Psychotherapy practices vary depending on the specific training and orientation of the psychologist, the individual personalities of the psychologist and the client, and particular problems and diagnoses shown by the client. What all mental health professionals seem to agree on is that psychotherapy is a process of growth, based on honesty, openness, and a willingness to try new behaviors. This process is best facilitated in an emotionally safe atmosphere that is based on mutual trust and understanding. In addition, for psychotherapy to be effective, it requires a very active effort on your part. Our collaboration in addressing your problems will be enhanced by the amount of time and effort you devote to our work *outside* of our therapy sessions as well as during our appointments.

Psychotherapy can have benefits and risks. Engaging in therapy often involves discussing unpleasant aspects of your life. Therefore, you may experience uncomfortable feelings like frustration, sadness, guilt, anger, loneliness, and helplessness. On the other hand, psychotherapy can help you change your unhealthy or maladaptive thoughts and behaviors. Consequently, you may benefit by minimizing your overall distress, learning more effective problem-solving strategies, and experiencing more rewarding interpersonal relationships.

THE INTAKE INTERVIEW

The intake interview typically extends over three sessions. During these sessions, we will discuss your reasons for seeking treatment and some basic background information about you. Policies, fees, and scheduling will also be discussed in these meetings. To the extent possible, I will be able to offer you some first impressions of what our work will include and an individualized treatment plan to follow. You are encouraged to participate fully in the planning of your treatment goals. Following the completion of our intake sessions, you should evaluate this information along with your own opinions to determine whether you feel comfortable working with me. Therapy involves a noteworthy commitment of time, money, and energy. You should be very thoughtful about the therapist you select. If you have questions or doubts about participating in therapy at the present time or specifically with me as your therapist, please talk to me about your concerns. I will be more than happy to help you set up a meeting with another mental health professional for a second opinion.

ENDING THERAPY

My goal is to provide a quality service in the briefest period of time that is necessary for you to derive benefit from the therapy. You have the right to withdraw from treatment for any reason at any time. I ask that you agree to have a final session after you notify me of your voluntary termination of treatment, so that I may responsibly review and evaluate your reasons, and make recommendations related to the termination of treatment.

Initials date

CONFIDENTIALITY

All aspects of your treatment are confidential, and I will need your written permission if you wish me to discuss your treatment with anyone else, including your insurance company. Without your written permission, I cannot reveal any information about you or your treatment. Even the fact that you are a client in my practice is protected by confidentiality. However, there are three important exceptions to confidentiality protections:

1. If I believe, in my professional opinion, that you are an imminent danger to yourself or to someone else, then I must attempt to ensure the physical safety of those involved, even if this means breaking confidentiality.
2. If you give me information pertaining to the abuse or neglect of a child, past or present, I am required to report this information to the local authorities, even without your permission. I am required to report even a suspicion of child abuse to the local authorities.
3. I may also be required to discuss aspects of your treatment without your permission if I am subpoenaed or court-ordered to do so.

These situations are rare, but if one of them does occur I will make every effort to fully discuss it with you before taking any action.

I occasionally engage in professional consultation with other psychologists regarding some aspect of a client's treatment. In so doing, I do not name the client and I make every effort to avoid revealing any identifying information about the client. The psychologist I consult with is also legally bound to keep the consultation confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential issues, it is important that we discuss any questions or concerns you have. I will be happy to discuss these issues with you, but if you need formal legal advice please consult an attorney.

PROFESSIONAL RECORDS

The law and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. I can generally prepare a summary for you instead. Because these are professional records, they can be misinterpreted and / or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

FEES AND INSURANCE

My standard fee is \$200.00 per individual 50-minute session, \$300.00 for an extended (75-minute) individual therapy session, \$250.00 for a conjoint (couples or family) session, and \$225.00 for the initial intake interview session.

In addition to weekly appointments, I charge for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals that you have authorized, preparation of records or treatment plans, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, even if I am called to testify by another party, you will be charged for my preparation, travel, and attendance time. Because of the difficulty of legal involvement, I charge \$300.00 per 60 minutes.

I do not participate in health insurance panels, and I do not submit bills to insurance companies for reimbursement. Even if you choose to use your insurance plan to pay for part or all of your therapy, you agree to pay me the full therapy fee at the time that we meet for each session. This means that you (and not your insurance company) are responsible for full payment of my fees. My professional relationship is with you, not with your insurance company. I will provide you with a monthly statement of services provided and fees paid, which you may then submit to your health plan for possible reimbursement.

Initials date

You should also be aware that most insurance companies require that you authorize me to provide them with a clinical diagnosis. Sometimes they will not reimburse you unless I provide clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored electronically. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it.

DELINQUENT ACCOUNTS AND COLLECTIONS

You are responsible for payment of your therapy fees, regardless of whether or not they are covered by your insurance carrier. You agree to the costs of any action necessary to collect your portion of the fee due. This includes court and attorney fees and an interest rate equal to the statutory amount at the time of the debt. You will receive appropriate notice of efforts to obtain this debt. You agree that a failure to comply and respond to such request within the statutory period for an answer will result in a confessed judgment against you for the amount of the debt and any fees required to collect the debt.

APPOINTMENTS AND CANCELLATIONS

Your appointment time is reserved for you. You will be billed for the total charge of any sessions that you miss or cancel without prior notice of 24 hours. Please be aware that most insurance companies will not reimburse you for missed appointments.

CONTACTING ME

I am usually not immediately available by telephone, as I do not answer the phone when I am engaged in therapy sessions. When I am unavailable, my telephone is answered by voice mail that I monitor throughout the day on weekdays, and at least daily on weekends. I will make every effort to return your call on the same day that I receive it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Please note that in case I will be unavailable for an extended time, such as for a scheduled vacation, I will provide you with the name of a colleague to contact if necessary.

EMERGENCIES

In the event of a psychiatric emergency, please CALL 911 or go to the nearest emergency room and ask to be evaluated by a psychologist or psychiatrist on call. For less urgent matters or for scheduling issues, please leave a message on my voice mail.

OFFICE SPACE

Please note that I share an office suite with several mental health colleagues. My practice is completely separate from those of my colleagues in this suite. I am not responsible for the actions of any non-affiliated therapists who share this office suite space.

SEVERABILITY

If any of the provisions of the Agreement shall be held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect. The Agreement shall be interpreted in accordance with and controlled by the laws of the State of Maryland in effect at the time of the execution of this Agreement.

I/WE _____, HAVE READ, UNDERSTOOD, AND HAD OPPORTUNITY TO QUESTION, AND I/WE AGREE TO THE ABOVE CONDITIONS AND POLICIES. I/WE ALSO PERMIT THE USE OF A COPY OF THIS SIGNED AUTHORIZATION IN PLACE OF THE ORIGINAL.

CLIENT SIGNATURE

DATE

LISA DREXLER, PH.D.

DATE