

Welcome to my practice. There follows some essential information about psychotherapy and psychiatric care in my practice. Please review and discuss with me any questions you might have.

**Psychiatric Consultation:** In my practice I perform a psychiatric consultation as a starting point for psychotherapy. I do not prescribe medication during the initial consultation phase. At the end of this consultation we will decide on a treatment plan that will better address your needs. If you are being referred by your psychotherapist for a psychiatric consultation, I want to speak with him or her before our meeting, at the end of which, I will provide you with my recommendations.

Most people who actively engage in a psychotherapeutic process tend to improve their quality of life and decrease suffering; there is though no guarantee that this will be accomplished. For people who are in need of medications, there is in general good evidence that combination treatment (psychotherapy plus medications) tends to reach better results than medications alone.

**My approach:** I use an integrative model of psychiatry and psychotherapy and a multidimensional approach to dream work.

**Length and frequency of treatment:** psychotherapy typically involves regular sessions, usually 50 minutes in length. Duration and frequency may vary depending on the nature of your problems and your individual needs.

**Contact with health care providers:** For me to better help you it is important that I am able to communicate with your other health care providers; this also applies if you have been or are currently engaged in psychotherapy or psychiatric care and are in need of changing providers.

**Confidentiality:** Information you share with me will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving your self or others, or in situations in which children or the elderly are put at risk (such as by sexual or physical abuse or neglect); in these cases a report is mandated to a designated agency. If I need to discuss your treatment with a colleague, such as in the case of clinical supervision, I will disguise identifying information.

**Phone and Emergency Contact:** If you need to contact me by phone, do not hesitate. When I am not available to take your call, you can leave me a voice mail. I am usually able to return calls within 24 hours. You can also send me an e-mail asking me to give you a call back, please do not write any sensitive information via e-mail. In general, I will not respond via e-mail, but I will respond to it as I would to a voicemail. Please do not use text messaging unless agreed upon in advance. You will not be charged for phone calls unless we have a scheduled conversation of an information-exchange or problem-solving nature that lasts more than 10 minutes. Phone sessions are indicated as such on receipts and are not generally reimbursed by insurance. If you can not wait for my call back and it is an emergency, you can find help via 911, at the Emergency Services number of your local hospital or at your county's behavioral help desk.

**Fee policies:** You can ask about my current fees and request a Good Faith Estimate at anytime. I am not in network for any insurance carriers; however, I will provide you with a monthly statement that you could submit to your insurance company for reimbursement. You are responsible for payment of your care regardless of the status of your claim. Any other financial arrangements must be made with me prior to service; there is a sliding scale for people who need to make use of it. There is a \$20.00 fee for returned checks.

Should you need to cancel a session, please do so at least 24 hours in advance; otherwise the time will be held open and I may charge you for the missed session. Please be aware that insurance carriers will not cover cancellation charges. Any outstanding bills will be re-billed monthly. If payment is not received after two successive billings, your account may be sent to a collection service.

**Freedom to withdraw:** You have the right to end the therapeutic relationship at any time. If you wish, I will give you names of other qualified professionals and will communicate with them to facilitate the transition.

Sign and Date: \_\_\_\_\_