

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This creates the safety to take risks and the support necessary to change.

MY RESPONSIBILITIES AS YOUR THERAPIST

CONFIDENTIALITY With the exception of certain specific situations described below, you have the absolute right to the confidentiality of your therapy. I will not tell anyone else what you have told me, or even that you are in therapy without your prior written permission. However, I may legally speak to another health care provider or a member of your family about you in the case of an emergency. Also, you may direct me to share information with whomever you chose by signing a specific release of information, and you can revoke that permission at any time.

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmissions of information about you. Whenever I transmit information about you electronically (for instance, sending bills or faxing information), it will be done with safeguards to insure confidentiality.

Please note that my business phone is a cellular phone. While I make every attempt to protect your confidentiality, cellular phones are not a secure form of communication. Similarly, e-mail is also not a secure or confidential means of communication. (All e-mails are retained in the logs of your or my internet service provider [ISP] and are available to be read by the ISP system administrators.) For this reason, I prefer to minimize e-mail communication in my practice. A copy of any communication made via e-mail will be printed and retained in your treatment record.

Although I share office space with several other psychotherapists, I am an independent practitioner and not a member of any group. I may discuss your case with members of the office in situations where doing so provides information to enhance your treatment. Even in such situations, I protect your confidentiality and speak only generally about your case without revealing identifying information about you.

EXCEPTIONS TO YOUR RIGHTS OF CONFIDENTIALITY If I have good reason to believe that you will harm another person, I must attempt to inform that person and the police. Further, if I believe that you are in imminent danger of harming yourself, I may call the police or people who know you who may help to ensure your safety. Finally, if I have good reason to believe that you are abusing or neglecting a child, or if you give me information about someone else who is doing this, I must inform proper authorities.

RECORD-KEEPING I keep records of our interactions. You have the right to view a copy of your file and to request that I correct any errors. You have the right to request that I send a copy of your file to any other health care provider at your written request. I maintain your records in a locked file cabinet.

OTHER RIGHTS You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and look at alternatives. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

THERAPY

I use a variety of approaches in therapy to find what will work best for you. These are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, and reading books. If I propose a specific technique that has special risks, I will inform you. You have the right to refuse anything that I suggest.

Therapy has potential risks. Approaching feelings, thoughts or memories that you have tried not to think about may be painful. Some people recall events that did not happen as they remember. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to your relationships. You may find your relationship with me to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

Normally, you will be the one who decides when therapy will end. There are, however, three exceptions: If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If, in my judgment, I am not able to help you, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, or harass me, the office, or my family, I reserve the right to terminate you immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee they will accept you for therapy.

I am sometimes away from the office for extended vacations. I will tell you well in advance of any lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. Otherwise, I am available for brief between-session phone calls during normal business hours. If you are experiencing a true crisis emergency, you may call me after hours. I cannot, however, guarantee that I will be reachable at all times. If you believe that you cannot keep yourself safe, or in the case of any life-threatening emergency, please call 911.

If another health care provider is working with you, I will need a release of information from you so that I can communicate freely with that person about your care.

I do not have social or sexual relationships with clients because to do so is unethical, illegal, and an abuse of the power I have as a therapist.

YOUR RESPONSIBILITIES AS THERAPY CLIENT

SESSION ATTENDANCE

You are responsible for coming to your session on time. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than 24-hours notice, you must pay for that session at our next regularly scheduled meeting. I cannot bill these sessions to your insurance.

SESSION PAYMENT

You are responsible for paying for your session at the time of the session (including any deductible or co-payment) unless we have made other firm arrangements in advance. My usual and customary fee is \$130 (\$180 for the intake session). Under certain special circumstances, I may accept a lower fee, which will be noted below. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than 10 minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than 10 minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to e-mail from you during a given week, I will bill you on a prorated basis for that time.

INSURANCE PAYMENT

If you have insurance, you are responsible for providing me with the information I need to send in your bill. You must pay your deductible and any co-payment, and you are responsible for any pre-authorizations. If a check is mailed to you by your insurance company, you are responsible for paying me that amount at our next appointment.

BILLING PRACTICE

At present, I conduct my own billing. However, I reserve the right to utilize an established billing service at any time in the future. Such services require that I share your name, address, diagnostic code, and dates of service with them, as does your insurance company for the purpose of billing. If your insurance company requests any further information, I will deal personally and directly with their staff. In the event that I decide to utilize a billing service, I will notify you in advance. Please note that such services are bound by the rules of confidentiality under HIPAA that apply to all those who have access to health information. If you have any questions about this, please feel free to contact me.

"RUNNING A TAB"

I am not willing to have clients run a bill with me, and I cannot accept barter for therapy. It is important for you to know that you are responsible for your therapy bill, even if someone else (e.g., your insurance company, your parent(s), your partner, etc.) might be covering the bill. If, for instance, a relative has agreed to pay your bill, you will still need to pay at the time of service. I can provide you with a receipt from which you can be reimbursed. Any overdue bills are subject to a 1.5% per month interest charge. If you ultimately refuse to pay your debt, I may give your name and the amount due to a collection agency.

COMPLAINTS

If you are unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I have behaved unethically, you can complain about my behavior to the State of Wisconsin Department of Regulation and Licensing.

CLIENT CONSENT TO PSYCHOTHERAPY

I have read and understand this statement. I have asked any questions that I needed to. I agree to pay the fee of _____ per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I have been given a copy of this form.

Signed

Date

Witness

Date