

## **PSYCHOTHERAPY INFORMATION, POLICIES & DISCLOSURE FORM**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

### **1. Confidentiality**

You have the right to confidentiality in therapy. However, the following are legal exceptions to your right to confidentiality:

- If I have good reason to believe that you will harm another person, I must attempt to inform that person, (or their legal guardian), and the police to warn them of your intentions.
- If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing so, I must inform the Administration for Children's Services and/or Adult Protective Services immediately.
- If I believe that you are in imminent danger of harming yourself I am obligated to take protective actions, which may include seeking hospitalization, contacting family members, or contacting the police or Mobile Crisis Team to ensure your safety.

### **2. Appointments**

Please call at least 24 hours in advance if you need to cancel or reschedule a therapy session. You will be charged full session fee of \$250 for late cancellations or missed scheduled sessions (no shows) unless we both agree that this occurred due to situations beyond your control. You will not be charged for missed sessions due to my cancellations or vacations.

### **3. Payment for Services**

You are responsible for paying for your sessions at the time of the session unless we have made other arrangements in advance. If your account has not been paid for more than 60 days, and arrangement for payments have not been agreed upon, I have the option of using legal means to secure payment

### **4. Insurance Reimbursement**

I do not currently accept insurance. Payment records can be provided at your request for you to submit to your insurance companies for reimbursement, if you choose.

### **5. Contacting Me**

I can be reached by phone, text, or email and will make every attempt to return your call on the same day, with the exception of evenings, weekends, and holidays.

If you are experiencing an emergency, please call 911 or go to the nearest ER for assistance.

## **6. 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 to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training and credentials, 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.

### **CLIENT CONSENT TO PSYCHOTHERAPY**

I have read the above statement and been give the opportunity to ask any questions. I understand the limitations to confidentiality required by law. I understand Molly Fisher's scheduling and payment policies. I understand my rights and responsibilities as a client and my therapist's responsibilities to me.

Name: \_\_\_\_\_

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

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