

Instructions: *Therapy guidelines and confidentiality issues must be established, understood, and adhered to between therapist and client. Confidentiality is paramount as therapist/client information should never be shared outside of a therapy session with a third party, except with written permission of the therapist. Please print this form, read all the sections, sign, and submit this form to Davida Cohen prior to beginning therapy.*

GUIDELINES FOR INDIVIDUAL, COUPLE AND FAMILY COUNSELING

Counseling and therapy occur within a human relationship which is close and intimate, and yet which also needs to be professional in order to be therapeutic. I have found that keeping professional boundaries clear will help to facilitate your therapy. To optimize the therapeutic relationship I have developed the following guidelines for all of my patients.

APPOINTMENTS

I ask your cooperation in making and keeping your appointments.

- When, after the initial consultation, you decide to engage in continuous therapy, I will negotiate an appointment time with you which will allow you to have sessions which are convenient for you. This 50 minute session time will be reserved exclusively for you.
- I expect you to be responsible for making and keeping your appointments. Your appointment begins and ends at a specific time. Any lateness will shorten your session accordingly. Should YOU CANCEL OR POSTPONE YOUR APPOINTMENT WITHOUT A MINIMUM OR A TWENTY-FOUR (24) HOUR NOTIFICATION, YOU WILL BE CHARGED THE FULL FEE. This is inclusive of all circumstances except extreme emergencies. The fee for cancelled appointments is payable at your next scheduled appointment.
- Individual, couple and family sessions are within a given amount of time, depending on the length of your session. Many clients have the tendency to avoid bringing up serious and complex problems until their sessions are almost over. You will do better for yourself if you bring up such problems at the beginning of the hour, not just before its end. Your sessions will end at the appointed time.
- Should you require additional sessions other than your normally scheduled ones, please ask me. I will do my best to schedule the extra appointment for you.

FEES

In this day and economy, money is a tremendous issue for all people. The therapeutic relationship is an important place to learn how to deal with financial obligations responsibly and successfully. I believe that the following guidelines will facilitate that goal.

I expect you to pay for your session at the time of your session. I also expect you to pay your full fee. Cash is the only form of payment accepted. If you would like a receipted bill for tax purposes, please ask for it.

INSURANCE

You will be responsible for your fee, not your insurance company. You are responsible for filling out your own insurance forms. I will supply you with the necessary data. You may submit these to me to be signed once a month.

You understand and authorize that if insurance is used that I, as your counselor, may release information to insurance companies or employers for the purpose to verify insurance coverage or to process insurance claims.

CONFIDENTIALITY

You understand that I am a licensed Social Worker. You understand that whatever transpires between you and your therapist is confidential. Professional guidelines require all information given in individual and/or conjoint therapy sessions will be held in confidence and not discussed or written about outside of sessions.

When there is a couple being treated, confidentiality takes on another dynamic. Any information given in the individual sessions will not be held in confidence from the partner; that is, information in individual sessions needs to be openly discussed in couples sessions, unless otherwise specified and reasons made clear. This remains at the discretion of the therapist and will be discussed with all participants.

For several reasons, it is better to have the individual sessions fully confidential. Anything that the therapist says in an individual session cannot be talked about or paraphrased outside of that session without the expressed permission of the therapist. No information will be released unless you authorize such a release.

The therapist is understood to have the right to inform the proper persons and/or authorities if, in her judgment, you intend to harm yourself or another person(s), or if you are gravely disabled. Strict confidentiality is maintained except in instances involving child abuse, elder abuse, dependent abuse, and homicidal and/or suicidal communications. Please feel free to discuss with me any concerns you have regarding the confidentiality of these three highly sensitive issues.

I have read and have had the above fully explained to me and I consent and authorize that therapeutic services be rendered to me as may be deemed necessary.

Therapist

Client

Date

Client (parent if minor)