

Heidi Behr, MSW, MPH, LCSW, CAP

**Counseling Office Policies & General Information
Agreement to Provide Psychotherapy Services**

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where required by law.

WHEN DISCLOSURE IS REQUIRED BY LAW: The circumstances where disclosure is required by law are when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; or when a client presents a danger to self or others.

If you believe that DISCLOSURE MAY BE REQUIRED please be aware *Ms. Behr will release information to any agency/person you specify unless Ms. Behr assesses that releasing such information might be harmful in any way. You will need to sign a Release of Information form if you want Ms. Behr to speak to anyone on your behalf.*

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you (client), nor your attorney, nor anyone else acting on your behalf will call upon Ms. Behr to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If you become involved in a divorce or custody dispute, understand that you should hire a different mental health professional for reasons such as: Ms. Behr's statements will be seen as biased in your favor, and might affect the therapy relationship.

CONSULTATION: Ms. Behr consults regularly with other professionals regarding her clients; however, client's names or other identifying information are never mentioned. The client's identity remains completely anonymous and confidentiality is fully maintained.

YOUR RIGHTS: As a client, you have the right to terminate treatment at any time and request appropriate referrals from Ms. Behr. If at any time you want another professional's opinion or wish to consult with another therapist, Ms. Behr will assist you in finding someone qualified. And if she has your written consent, she will provide him or her with the essential information needed. You have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Ms. Behr assesses that releasing such information might be harmful in any way. In such a case, Ms. Behr will provide the records to an appropriate and legitimate mental health professional of your choice.

PAYMENTS AND INSURANCE REIMBURSEMENT: Individual clients are expected to pay the standard fee of **\$165.00 per 45/50 minute session "hour" ; couples/family rates are \$190/"hour"**. Drug and Alcohol Evaluations and report writing fees are \$175/hour. **Telephone conversations lasting longer than 15 min, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. may be charged at the same rate as indicated and agreed upon. Court and legal briefings will be billed at \$225/hr.** Please notify Ms. Behr if any problem arises during the course of therapy regarding your ability to make timely payments. Ms. Behr does not process or accept insurance for payment. Unless agreed upon differently, Ms. Behr will provide you with a copy of your receipt as needed that you can submit to your insurance company for reimbursement if you so choose. *Not all issues/conditions/problems that are of focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.*

THE PROCESS OF THERAPY AND EVALUATION: Participation in therapy can result in a number of benefits to you, including improving resolution of the specific concerns that led you to seek therapy. Working toward

these benefits requires effort on your part. **Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior.** Ms. Behr will ask for your feedback and views on your therapy. During evaluation or therapy, remembering unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, anxiety, insomnia, etc. Ms. Behr may challenge some of your assumptions or perceptions or propose different way of looking at, thinking about, or handling situations. Due to old beliefs being challenged, you may feel very upset, angry, challenged, disappointed, or peaceful or relieved. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change may also be easy and swift, but it can be slow and perhaps frustrating at times. There is no guarantee that therapy will yield intended results. During the course of therapy, Ms. Behr is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include cognitive-behavioral, developmental, system/family, experiential, bibliotherapy, &/or psycho-educational.

APPOINTMENTS/CANCELLATION/NO SHOW POLICY: Traditionally, a therapeutic “hour” is considered to be approximately 45-50 minutes. The length and frequency of therapy sessions depends on many factors which may be discussed during your initial session. You must give at least 48 hours notice if you need to cancel an appointment, and you must call on a Thursday to cancel a Monday appointment (or on a Sunday to cancel a Tuesday appointment). ***You will be charged the full fee for any missed appointment if less than 48-hour notice is given (or if you call on the weekend to cancel a Monday appointment).*** Until the charge has been paid, you will not be able to schedule any appointments with Ms. Behr. If you late-cancel or fail to attend two consecutive appointments or cancel/no-show an irresponsible number of appointments, Ms. Behr may terminate your case due to non-compliance with treatment.

TERMINATION: After the first couple of meetings, Ms. Behr will assess if she can be of benefit to you. Ms. Behr does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals who you can contact. If at any point during therapy, Ms. Behr assesses that she is not effective in helping you reach the therapeutic goals she is obligated to discuss it with you and if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Ms. Behr will talk to the psychotherapist of your choice in order to help with the transition. You have the right to terminate therapy at any time.

DUAL RELATIONSHIPS: Therapy never involves sexual or business relationships or any other dual relationships that impairs Ms. Behr’s objectivity, clinical judgment, therapeutic effectiveness or can be exploitive in nature.

If you need to reach Ms. Behr: Ms. Behr cannot promise to be available at all times. She is in the office most days during traditional business hours. A message can always be left during that time on her voicemail. If for some reason she is not available during those times, urgent contact information will be left on her voicemail outgoing message. In addition, a crisis hotline phone number will be left on that outgoing message for after-hours concerns.

I have read the above Agreement and Policies and General Information carefully. I understand them and agree to comply with them. I consent to treatment.

Client name _____ Signature _____ Date _____
or parent or guardian

Heidi Behr, LCSW _____
Therapist Signature _____ Date _____