

STATEMENT OF UNDERSTANDING

At the start of our work together, I wish to provide you with the following information. Please review this material carefully, so we may discuss any questions of concern you may have. As a highly trained mental health professional, my goal is to help individuals, couples and families develop resources to improve the quality of their life. I consider working with you a privilege and I am grateful to walk with you on a path to achieve a more enjoyable and fulfilling life.

1. Office Hours: I maintain varied office hours to accommodate every schedule.
2. Appointments: Services are available by appointment only. Sessions are 45-55 minutes long. Please be respectful of the need to conclude sessions at the allotted time.
3. Cancellations/Missed Appointments: Your appointment time is reserved for you. The appointment time represents a commitment of time and resources reserved for which payment is expected.
If you need to cancel your appointment for whatever the reason, please contact me as soon as possible. No charge will be made for cancelled appointments, if 24 hours' notice is given; OTHERWISE, YOU WILL BE CHARGED A \$75 FEE. Please note that insurance companies do not reimburse for missed or late-cancelled appointments. DO NOT EMAIL a cancellation less than 24 hours of your scheduled appointment. Please call and leave a voicemail at 302.521.2545.
4. Telephone: To schedule appointments or discuss any procedural issues/concerns. You may call 302.521.2545.
5. Text Messaging/Emails: You may text or email me anytime, please understand that I am not available 24 hours a day. You may receive communication via text/email from me. I do not offer email/text therapy. If you have a concern or issue, you must schedule a therapy appointment. DO NOT EMAIL/TEXT in an emergency.
6. Emergencies: If you are experiencing an emergency, you must call 911, go to the nearest ED, call DELAWARE Mobile Crisis Intervention at 302.577.2484, in FLORIDA, call the Monroe County Helpline 305.293.7500 or 305.434.7660. You may call me if you are in CRISIS at 302.521.2545, but I am rarely available immediately. Please leave a voicemail message.
7. Fees and Insurance: You have the option of paying for your session directly or using your health insurance benefits, in either case, you are financially responsible for the services in which you are arranging, even if your insurance company refuses to pay for them. Your relationship with your insurance company is between you and them. Please contact your insurance company to become aware of copays and deductibles. PLEASE remember you will be billed for missed appointments not cancelled 24 hours in advance.
8. Court Proceedings: Your therapist will not appear in court on your behalf. If your therapist is subpoenaed you will be charged a fee schedule for time, testimony and any clinical records that are needed for court proceedings.
9. Confidentiality: A key aspect of psychotherapy is the development of a trusting relationship between client and therapist. To achieve this goal, all information is kept in the strictest confidence in accordance with professional ethical guidelines. Exceptions are made if the therapist believes that:
 - A client is contemplating a dangerous act against him/herself.
 - A client is contemplating a dangerous act against another person.

- There is evidence of child abuse, abuse of a physically/mentally impaired person or abuse of an elderly person.
- Full confidentiality may not be upheld if a court subpoenas information.
- If you have “Managed Care” type of insurance, your insurance company may require initial and periodic reports and information from your therapist in order to authorize treatment for you.
- If you are under 18 years of age, your parents have the right to receive some information from your therapist concerning your treatment. While we are working together, I will give your parents general information on how treatment is proceeding, but only after discussing it with you.

I, the undersigned, have read and agree to the above guidelines.

Signature and date of patient/parent/guardian/conservator

Sign one copy and keep one copy for your records.

BE ADVISED: WE DO NOT COMPLETE FMLA/DISABILITY/WORK NOTES