

*Welcome* to my practice...

I am pleased to be your therapist and I look forward to working with you. Therapy can be a powerful means of making productive and meaningful changes in your life.

Achieving a comfortable relationship with you is critical to your successful treatment. Feeling comfortable with a therapist provides you with an opportunity to trust the therapist's abilities. If you do not feel comfortable with me at any time, please talk to me regarding your concerns or feelings. During our first few sessions I will probably ask how you feel about working with me. I am doing this because I want to understand how your prior experiences of working with others may impact our relationship. And what steps if any we need to take to make the experience emotionally safe for you.

You will need to work on things we talk about both during our sessions and at home. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, anger, frustration, loneliness and helplessness. Unfortunately, there are no guarantees of what you will experience in therapy, and there is no absolute guarantee that treatment will be successful. If you are not progressing as you feel you should please discuss this with me.

●**Appointments:** Individual sessions are scheduled for a 45-50 minute time period. Because this time is reserved for you, it is necessary to charge for appointments not canceled 24 hours in advance. (*Sigmund Freud told patients that he was leasing them certain hours during the week and emphasized they were responsible to pay whether or not they came.*)

●**Messages:** Except for emergencies I do not accept phone calls while I am with patients. My calls are answered by voice mail. Calls are usually returned the same day. Calls received on the days I am not in the office will be answered on my next working day. I feel strongly about my free time and I don't return calls when I am not in the office.

All evening, weekend and vacation emergency calls are referred to the Crisis Line at Community North Hospital. The phone number is 621-5700.

●**Payment and Fees:** When you enter therapy, you are entering a professional relationship that has financial implications. I agree to treat your psychological problems to the best of my professional ability, and in return you agree to pay my fees and cooperate in treatment.

Initial sessions are billed at \$150 for a 60 min session. On-going individual sessions are \$135.00 for 45 -50-min. On-going family or couples sessions are \$150 per 60-75 min.

Please understand that charges for additional services that I provide for you such as report writing or any time involved in legal proceedings including telephone conversations will be billed at \$150 per hour. Because of the difficulties of legal involvement, I charge \$225 for attending any legal proceeding.

You will be charged for all time reserved for you. With sufficient notice, appointments can generally be rescheduled. **Failure to give 24 hour notice of cancellation will result in a charge of \$100 regardless of your insurance coverage (insurance will not cover this change.)**

Payment is due at each session in the form of check, cash or visa/master card. There is a \$30 charge for every check returned or resubmitted.

A late payment fee will be charged each month that a balance remains outstanding. When an account is 90 days past due, professional collection will be used and you will be charged an additional collection fee equal to 30% of your outstanding balance.

All bills must be paid in full before I will release any records, test results or reports.

**Insurance:** If you have insurance, full payment is required until you deductible is met. Then only the portion of the fee not covered by your insurance is expected at each session. I will submit insurance forms for you to help you receive your entitled benefits. However, you and not your insurance company are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers. Insurance companies require diagnostic and treatment information before reimbursing me. I will release that information with your permission. I will be happy to discuss with you the diagnosis that I release. While your diagnosis is very sensitive information, I cannot guarantee how any particular insurance company respects the information. The diagnosis may follow you on computer records passed on to future insurers. Most insurance companies screen mental health benefit usage to determine if you are insurable. This includes disability and life insurance. If you prefer that I do not release information to your insurance carrier for reimbursement purpose; you will remain responsible for the fee for service.

●**Appointments:** I see patients once a week. My experience is that this helps to establish a relationship and provides the best momentum for creating and sustaining change. Most patients are seen between 6 and 15 sessions although some are longer depending on goals, complexity of the situations and readiness to change.

Usually the first session will cover the reason you are seeking help and the second session will involve a detailed history. After that we will start treatment. I hope you will be able to talk as freely as possible about any aspect of this process or anything else that is on your mind. I'll will listen and see what I can say that might cast some new light on what you are talking about. I may at times ask questions, make comments, or give you instruction on techniques that have proven helpful for others. I may also encourage outside readings. You may ask questions at any point and you are free to terminate treatment at any time.

## AGREEMENT

I have read the issues and points stated above, discussed them when I was not clear about those points, and had my questions answered fully.

I understand that I am consenting and agreeing only to those mental health services that Dr. Van Tassel is qualified to provide within the scope of her license and training. I also understand that specific results are not guaranteed. Ethics require that I inform you that counseling could make you worse and that you are free to discontinue or get a second opinion at any time.

My signature below also indicates that I have read and understand the fee policy, and that I agree to take responsibility for fees charged to my account.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Psychologist Signature \_\_\_\_\_ Date \_\_\_\_\_