

OFFICE POLICIES
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Welcome! You have taken an important step in exploring ways to improve your current situation. I am committed to taking this journey with you as you seek to clarify your feelings and look for more effective ways to manage your specific struggles and concerns. It is important that you read and understand the office policies and become informed about our work together. If you have any questions, please feel free to discuss them with me at any time. I look forward to working with you on reaching a more satisfying life.

Process of therapy: The practice of marriage and family therapy includes therapeutic treatments to individuals, couples, and families wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive relationship adjustments. Participation in therapy can result in a number of benefits to you, including the resolution of the concerns that led you to seek therapy and the improvement of interpersonal relationships. As a Licensed Marriage and Family Therapist (LMFT) I do draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, or psychoeducational. However, I always respect the right of clients to make their own decisions and only provide information to help examine the consequences of these decisions.

Therapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings. Treatment may include challenging some of your assumptions or perceptions or proposing different ways of looking at, thinking about, or handling situations. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes or decisions that were not originally intended. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but it can also be slow and even frustrating. There is no guarantee that therapy will yield positive or intended results.

During the initial evaluation, we will discuss your therapeutic objectives as well as other treatment resources that may be of benefit to you. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. If either of us determines that I cannot be of assistance to you at any time during treatment, I will be happy to provide you with the names of additional qualified professionals to assist you. You, of course, may discontinue or terminate therapy at any time for any reason.

Appointments: Appointments can range from 45-55 minutes based on clinical necessity. Appointments are scheduled according to suggested treatment recommendation and/or availability of therapist and client. You may also choose to reserve appointments in advance to avoid scheduling conflicts.

Cancellation: Since scheduling of an appointment involves the reservation of time specifically set aside for you, a minimum of 24-hour advanced notice is required to cancel an appointment. Unless we reach a different agreement due to an emergency situation, \$65 will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions.

Emergencies: If there is an emergency during our work together where I become concerned about your safety or the possibility of you injuring another person, I will do what I can within the limits of the law to prevent you from injuring yourself or others. For this purpose, I may also contact the police, hospital, or the person you listed on your Agreement for Therapy Services form. If you feel there is an emergency when you are not in session, you should dial 911 immediately or go to your nearest crisis center in the hospital.

Consultation: I consult regularly with other professionals regarding clients; however, the client's name or other identifying information is never mentioned. Your identity remains completely anonymous, and confidentiality is fully maintained.

Communications and Contacting Me: You may contact me by telephone, email or text. It is very important to be aware that all communication can be relatively easily accessed by unauthorized people; therefore, the privacy and confidentiality of such communication can be easily compromised. Your use of such means of communication with me constitutes implied consent for this exposure and for reciprocal use of electronic and mail communication to you. I do check messages a few times a day (but never during the nighttime). I check messages less frequently on weekends and holidays. Some clients prefer to communicate about appointment times or other administrative issues via text message or email. If using text messaging, please note your first name and last initial at the end of the text. If you need to discuss a concern or a time-sensitive matter, then it is recommended that you call me at 215-601-6271. **However, if you have a true emergency situation, please dial 911 immediately or go to your nearest crises center in the hospital. Email and texts should not be used in emergency situations.**

Fees: The agreed upon fee is due at the beginning of each session unless otherwise arranged. Sliding scale is based upon demonstration of need. Telephone consultations, report writing, authorized exchanges of information, consultation with other professionals, and longer sessions will be charged at the same rate. Payments accepted are: cash, check, and credit. Checks should be made out to Denise Carr. If a check is returned for insufficient funds, a \$25 fee will be assessed. If payment is not made, I reserve the right to utilize a collection agency to collect accounts overdue. Therapy will be postponed if payments fall behind, so please notify me if any problem arises during the course of therapy regarding your ability to make timely payments.

Insurance: It is your responsibility to verify the specifics of your coverage. Not all diagnostic codes are reimbursed by insurance companies. Clients who carry insurance should remember that professional services are rendered and charged to the clients in some cases and not to the insurance companies. Insured clients are expected to submit payment for fees or copayments as services are rendered. Please note that the payment amount is based upon information given by the insurance company and could be higher or lower. The exact amount will be determined once the first payment is received. If there is an overpayment, it will be credited towards future visits. If there is an underpayment, notification will be given of the amount due. Clients using out of network benefits, will be provided a monthly receipt, which you can then submit to your insurance company for reimbursement if you so choose.

Confidentiality: Please read the HIPAA Notice of Privacy Practices carefully because your Protected Health Information may be disclosed under certain circumstances and not under others without your consent. I have a legal duty to safeguard your Protected Health Information. Information disclosed in sessions and the written records pertaining to those sessions is confidential and may only be released with your written permission.

Disclosure of confidential information may be required by your health insurance in order to process the claims. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

Disclosure may be required pursuant to a legal proceeding. You should be aware that you might be waiving the therapist-client privilege regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may request therapy records and/or testimony by me. I do not communicate with client's attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any client's legal matter. I do not testify in court. If you need a therapist for court purposes, there are therapists whose job it is to act as witnesses on behalf of the client. These therapists can be provided through your attorney.

In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. This will be discussed and disclosed in session and I will use clinical judgment when revealing such information.

Records and Record Keeping: I may take session notes as part of your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. Should you request a copy of my records, it must be made in writing. I do reserve the right to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse or produce a copy of the records under certain circumstances. I maintain records for 7 years following the termination of treatment. After this time, your records will be destroyed in a manner that preserves your confidentiality. I may keep and store some records for clients on my laptop. I employ firewalls, antivirus software, and passwords to protect the computer and records from unauthorized access.