

# **POLICIES AND PRACTICES**

## **INFORMED CONSENT**

Welcome to therapy! You've made a positive decision, and I'm excited to work together. This consent form will explain how our relationship will work and what you can expect. If you have any questions or concerns, feel free to discuss them with me.

### **The Therapeutic Process:**

Therapy is tailored to your unique needs, interests, and preferences. I believe that when you feel understood in therapy, your chances of success and enjoyment increase. Our sessions can involve more than just talking; we can incorporate activities like writing, art, movement, breathing practices, or play. Therapy can be a space for self-exploration, even though it may sometimes feel uncomfortable. It's possible that you may recall unpleasant experiences or encounter challenging emotions. While I cannot guarantee quick fixes or instant changes in your circumstances, I am committed to supporting you, understanding your experiences, and helping you clarify your goals. Together, we will work towards achieving them.

### **Client Rights:**

As a client, you have certain rights. These include:

1. No discrimination based on race, religion, color, sex, sexual preference, national origin, ancestry, economic or physical status.
2. The right to know the professional qualifications of your therapist.
3. The right to be involved in creating your treatment plan and the freedom to refuse or modify it without losing access to care.
4. The right to refuse observation, recording, or participation in research.
5. The right to receive a clear explanation of any treatment offered.
6. The right to access and request changes to your clinical records.
7. The right to confidentiality, except as required by law. Your information won't be shared without your written consent, except in specific situations.
8. The right to file a complaint if you're unsatisfied with the services provided.

### **Confidentiality:**

Your privacy is important. There are limitations to confidentiality:

1. If you express a threat of harm to yourself or others, including suicide.
2. If there is a reasonable suspicion of child or elder abuse or neglect.
3. If a court issues a legitimate subpoena for your information (although we will initially decline based on ethical standards).
4. Occasionally, I may consult with other professionals, but your identity won't be revealed.
5. If we encounter each other outside of therapy, I won't acknowledge you first to protect your privacy. However, if you acknowledge me first, we can briefly speak.

## **HIPAA NOTICE AND PRIVACY**

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that your health information is personal and confidential. I am committed to protecting your privacy and maintaining the security of your health information. I will create a record of the care and services you receive from me, which is necessary for quality care and legal compliance. This notice applies to all records of your care generated by this mental health care practice. It will explain how I may use and disclose your health information, your rights regarding your health information, and my obligations concerning its use and disclosure.

### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

I will explain different categories of how I may use and disclose your health information. These categories include treatment, payment, and health care operations. For example, I may consult with other licensed health care providers to improve your treatment or disclose information when required by a court order.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

There are specific situations where your authorization is required for the use or disclosure of your health information. These include psychotherapy notes, marketing purposes, and the sale of your information. However, there are exceptions when authorization is not required, such as for public health activities, judicial proceedings, or research purposes.

### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:**

In certain cases, I may use and disclose your health information without your authorization. These include legal requirements, public health activities, law enforcement purposes, research studies, and ensuring the safety of individuals.

## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:**

There may be instances where I need to disclose your health information to family members or others involved in your care. However, you have the right to object to such disclosures.

## **VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI:**

You have several rights regarding your protected health information (PHI). These rights include requesting limits on the use and disclosure of your PHI, requesting restrictions on out-of-pocket expenses, choosing how I communicate with you, accessing and obtaining copies of your PHI, requesting a list of disclosures, and correcting or updating your PHI. You also have the right to receive a paper or electronic copy of this notice.

# **PRACTICE POLICIES**

## **APPOINTMENTS AND CANCELLATIONS:**

Please provide 24-hour notice if you need to cancel or reschedule an appointment. Failure to give adequate notice will result in a \$45.00 charge, which is not covered by insurance. If you repeatedly cancel appointments without rescheduling, we will discuss your goals and whether therapy is currently beneficial. If you decide to discontinue counseling, please call to facilitate closure and support during the transition.

## **TELEPHONE ACCESSIBILITY:**

If you need to contact me between sessions, please leave a message on the phone number provided requesting a callback. I may not be immediately available, but I will aim to return your call within 24-48 hours.

## **EMERGENCY PROTOCOL:**

In the event of a mental health emergency, please take action without waiting for my response. You can call 911 or go to the nearest emergency room. Alternatively, you can contact the following helplines: B.E.S.T. (Boston Emergency Services Team) at 1-800-981-4357, Child At-Risk Hotline at 1-800-792-5200, SafeLink (Domestic Violence) at 1-800-877-785-2020, Lifeline (National Crisis Line) at (800) 273-8255, or PATH (Substance Use) at 855-494-9056. For non-emergency support between sessions, consider using peer-run "warm-lines" like Casa

Primavera Warmline at 617-445-8017 or Samaritans' 24 Hour Telephone Befriending Service at (877)-870 HOPE or 877-870-4673.

### **SOCIAL MEDIA AND TELECOMMUNICATION:**

While you are welcome to text or email me, please be aware that the confidentiality of electronic communication, including text messages, cannot be guaranteed. I may not be able to respond immediately, and I request that you avoid discussing therapeutic content or seeking emergency assistance through these channels. Additionally, for confidentiality reasons, I do not accept friend or contact requests from current or former clients on social networking sites like Facebook or LinkedIn. If you have questions about this, we can discuss it during our sessions.

### **MINORS:**

If you are a minor, your guardian or caregivers may be entitled to receive certain information about your therapy. We will have a conversation to determine what information is appropriate for them to know and what should remain confidential.

### **GOODBYES:**

Ending a therapeutic relationship can be challenging, so it's important to have a process for closure. The length of the "termination" phase, or saying goodbye, depends on the duration and intensity of treatment. If psychotherapy is not being effectively utilized or payment is in default, we may discuss ending treatment. I will never terminate therapy without first discussing the reasons and purpose of termination with you. If therapy ends for any reason or if you request a different therapist, I will provide you with a list of qualified alternatives and we can come up with what resources you need. Alternatively, you can choose a therapist on your own or seek referrals from other sources. If you don't schedule an appointment for four consecutive weeks without prior arrangements, I must consider the professional relationship discontinued for legal and ethical reasons. I hope we can end our time together in a satisfactory manner, and we can plan accordingly. "All good things must come to an end"—and thankfully, this form has as well!