

 **CLIENT INFORMATION AND POLICY BROCHURE**

 Revised May 2015

Welcome to my practice, and thank you for giving me the opportunity to assist you. This brochure answers questions that clients often ask about therapy. My experience suggests that our work together is most likely to be successful if you have a clear idea from the beginning of my policies and approach.

This brochure addresses the following:

• my approach to therapy,

• general risks and benefits of therapy,

• what to expect from the therapeutic partnership,

• my policies regarding confidentiality, and

• questions about fees, payment, and billing.

In our first session, we will talk in person about how these issues apply to you. At that time, you will also be offered a printed copy of this brochure so you can mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign a form to say that you have done so.

**My Approach to Therapy**

I believe that therapy is most likely to be helpful if the client feels comfortable with the therapist chosen and hopeful about the therapeutic process. Let me describe how I see therapy.

My theoretical approach is based on the idea that life today is complex, difficult, and stressful and that we are all in over our heads to some degree in trying to cope with its demands. Because of the way modern life is organized, relationships appear to be in a particular state of crisis. This crisis verges on tragedy because – as science is only recently confirming - secure relationships are powerful forces for health and healing. In order to have the strength, courage and creativity to live gracefully, we need to create and maintain secure relationships with others as well as with our own inner selves. The central idea of my work is that it is possible to do so.

The primary method of therapy I use with couples and often with individuals as well is called Emotionally Focused Therapy or EFT. I use this method because I believe it utilizes the best ideas available to help me help my clients learn how to build and maintain both secure relationships and optimal mental health.

Before an appointment is scheduled I conduct a brief phone interview as an initial attempt to make sure that those who come to **Bridging the Gulf, PLLC** are appropriate for the services available here. The first face-to-face meeting is a continuation of that assessment. I call the first face-to-face session an initial consultation since it is the time for clients to explain what is bringing them to therapy and what they want from the experience as well as for me to collect information on client histories, to get necessary forms signed, to answer client questions, and to talk about counseling and coaching at **Bridging the Gulf, PLLC**. During this session we will set the groundwork for our partnership by beginning to create a treatment plan together that lists, among other things, the areas to work on, the goals, the methods to be used, and the time and money commitments to be made. We can change our treatment plan at any time if we think it will serve us better.

I normally schedule 2 hours for an initial consultation. At the end - if clients and therapist agree - another appointment will be made to begin services. Typically, I meet with clients for a 50-minute session once a week for 3 to 5 months. After that, we may meet less often for several more months. Therapy then usually comes to an end.

The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet with me for at least one more session to review our work together. We will review our goals, the work we have done, and any future work that needs to be done. As an alternative to stopping therapy altogether, sometimes clients decide to take some time away to “test their new wings.” Should you want to try this option, please discuss it with me beforehand. A preliminary discussion can often help you get the most from this experience.

From time to time during the course of therapy and a few months after we end our sessions, I will give you a brief set of questions to answer about our work together. Getting feedback from you about how you view this process is part of my duty as a therapist. I ask that you agree, as part of entering therapy with me, that you will answer these questionnaires as honestly as possible.

**The Benefits and Risks of Therapy**

As with any powerful process, therapy presents the client with the possibility of both risks and benefits. While the benefits of therapy have been documented by hundreds of well designed, scientific research studies, you should think about both the potential benefits and the risks when making any treatment decision. Here are a few examples:

Risk: In therapy, there is a chance that a client will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings.

Benefit: On the other hand, people who are depressed often find their mood lifting and others may no longer feel afraid, angry, or anxious.

Risk: Therapy may bring up unpleasant memories or feelings, which may bother the client at work, home, or school.

Benefit: It is also possible that, by providing the chance for clients to talk things out fully, therapy can help the client relieve troublesome feelings and solve tough problems.

Risk: People generally come to therapy to find help with making important changes. The very fact that they are changing, however, may create problems with people important to them. In addition, even today there are people in the community who mistakenly view anyone in therapy as weak, disturbed or even dangerous – and a client may have to deal with such a person.

Benefit: Clients’ personal goals and values may become clearer, their self-esteem may improve, and their relationships and coping skills may strengthen. By learning to navigate conflict more gracefully, clients are more likely to get more satisfaction out of social and family relationships.

Finally, even with our best efforts, there is a risk that therapy may not work out well for you. I cannot offer you a promise of success. My hope, however, is that you will grow in many directions—as persons, in your close relationships, in your work or schooling, and in the ability to enjoy life to the fullest. I do not take on clients I do not think I can help. Therefore, I enter our therapeutic relationship with optimism.

**What to Expect from Our Partnership**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the National Association of Social Workers (NASW). With the client’s best interests in mind, the NASW and the State of MS put limits on the relationship between a therapist and a client, and I will abide by these rules. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice clinical social work—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the NASW require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I will explain what those are in the “About Confidentiality” section of this brochure. Part of my effort to maintain your privacy involves doing my best to avoid revealing to others that you are my client. So, if we meet unexpectedly on the street, I may not say hello or talk to you very much. My behavior will not be intended as a personal response to you, but as a way to maintain the confidentiality of our relationship.

Third, in the best interests of the client and following the NASW’s standards, I can be someone’s therapist only if I play no other major role in their lives. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during or after the course of therapy. And, I cannot have a business relationship with any of my clients, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

As your therapist, I will not celebrate holidays or exchange gifts with you. I may not notice or recall your birthday.

**About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right to know that our sessions and my records about you will be kept private. That is why I ask you to sign a release form before I talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If a court or an employer sent you to me for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.

2. If, in the process of suing someone or being sued or of being charged with a crime, you tell a court that you are seeing me, I may be ordered to show the court my records. Please consult your lawyer about these issues.

3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.

4. If I believe a child or an elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.

There are three situations in which I might need to talk about part of your case with another therapist.

First, when I am away from the office for a few days, I may have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she will need to know about you. Of course, all therapists are bound by the same laws and rules to protect your confidentiality as I am.

Second, it may be beneficial for me to confer with your other mental health professionals or your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment.

Third, sometimes I consult with other therapists or other professionals about my clients. This helps me stay true to my commitment to give high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

For the purpose of these consultations, I may want to make audio or video recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. I will ask your permission to make any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records.

Except for situations like those I have described above, I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

If I must discontinue our relationship because of illness, disability, retirement, or other presently unforeseen circumstances, I ask you to agree that I may transfer your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

You have the right to review your own records in my files. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. I am also willing to use any address or phone number you specify in order to protect your privacy. If privacy is of concern to you, please tell me so that we can make arrangements.

**My Background**

I am a Licensed Clinical Social Worker with 20+ years of experience. I am trained and experienced in doing couple therapy, family therapy, and one-on-one with adults, older teens, and children. I also have experience teaching communication and problem solving skills classes, parenting support classes, and conducting groups of various kinds. In addition to private practice, I have worked in community mental health and military mental health settings.

I hold these qualifications:

* I have a master’s degree in clinical social work from the Norfolk State University in Norfolk, VA
* I completed an internship in clinical social work approved by the MS Board of Examiners for Social Worker and Marriage & Family Therapists.
* I am licensed as a clinical social worker (LCSW) in Mississippi.
* I am a member of the National Association of Social Workers (NASW).
* I am an Advanced-Trained Therapist in Emotionally Focused Therapy and a member of the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT).
* I hold a PhD in Depth Psychology from Pacifica Graduate Institute in Carpentaria, CA

**About Our Appointments**

An appointment is a commitment to our work. We agree to meet at my office and to be on time. If I am ever unable to keep an appointment, I will contact you as soon as I know. I ask that you do the same for me. I am rarely able to fill a cancelled session unless I know well in advance.

I request that you do not bring children with you unless they are involved in the session.

I cannot be responsible for any personal property or valuables you bring into this office, and I will ask you to pay for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible.

**Outside Consultations**

If I think you could benefit from a treatment I cannot provide, I will help you to get it. You have the right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If another professional treats you, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest that you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

**Fees and Payments**

**Bridging the Gulf, PLLC** does not accept insurance. Cash is the preferred method of payment, although checks are also acceptable. Payment is due at the end of each session.

Current full fees are as follows:

Initial Consultation - $150.00

50-minute session - $100.00

 Workshop and group fees vary.

Discounts are available for military personnel on a regular basis. **Bridging the Gulf, PLLC** is also a registered participant in the *Give an Hour* Program. Under the terms of this program, I offer one hour of treatment per week free of charge for a couple or individual connected to the military. In addition, when Bridging the Gulf, PLLC is involved in a research or study project, discounts are available for clients willing to participate. Ask me whether any of these options are available to you.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you. Sessions that are extended beyond 10 minutes will be charged on a prorated basis.

**Billing**

Because I expect all payment at the time of our meetings, I usually do not send bills.

**If You Need to Contact Me**

I cannot promise that I will be available at all times. My office hours are flexible and when I am with a client, I do not take phone calls. You can always leave a message on my phone, and I will return your call as soon as I can.

If you have an emergency or crisis and cannot reach me immediately by phone, you or your family members should call one of the following community emergency agencies:

Gulf Coast Mental Health Center Crisis Hotline - (800) 681-0798 Memorial Hospital emergency room - (228) 575-2000

Garden Park emergency room - (228) 575-7000

**If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned that you may harm someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Note: If more than one person will be entering*

*therapy, please give this information for each*

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *person on back of sheet.)*

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is texting an option on this phone? \_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Ways I May Use Your Feedback**

As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life - relationships, changes, concerns, attitudes, and other areas. I ask your permission to take what you write on these questionnaires and what I have in my records and use it anonymously on my website or in research or teaching that I may do in the future. If I ever use the information from your questionnaire, your identity will be hidden. Your name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

**Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the National Association of Social Workers (NASW) and by those of my state licensing board.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not addressed. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the NASW and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the MS Board of Examiners for Social Workers and Marriage and Family Therapists, the organization that licenses those of us in the independent practice of social work.

In my practice as a therapist, I do not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment as well as a requirement of federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

**Our Agreement**

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed the BTG Client Information and Policy Brochure with a member of the BTG staff; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with my therapist about them, who will do her best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for therapy to be effective.

I have read this brochure, or I have had it read to me. I have discussed the points I did not understand, and I have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to allow the client in my charge enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client(s) – or person acting on behalf of the client

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Printed Name(s)

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Relationship to client: ❑ Self ❑ Parent ❑ Legal guardian

 ❑ Health care custodial parent of a minor (less than 14 years of age)

 ❑ Other person authorized to act on behalf of the client – specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

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Signature of therapist Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful therapeutic relationship. If you are satisfied with my services as we proceed, I (like any professional) would appreciate it if you would refer other people to me who might also be able to make use of my services.

❑ Copy accepted by client ❑ Copy kept by therapist