

THE PSYCHOTHERAPY OFFICE OF JULIE M. SIMONS, LCSW

Policies and Consent Form

Initial Evaluation

- I agree
- I do not agree
- Needs discussion
- Our initial meetings will be for consultation and not for treatment. We will review your history and pinpoint the problems you want help with, which can take up to 2 sessions. If I feel I have the tools and skills to help you, I will offer treatment recommendations. They will likely involve cognitive therapy and home practice between sessions. If you decide that you would like to work with me along the lines that I suggest I will be pleased to accept you as my patient at that time. If I feel that I do not have the tools to help you, or if the treatment methods I suggest do not appeal to you, you are free to explore other treatment options and will not become my patient. I am also be glad to offer appropriate referrals.

Duration of Therapy

- (Initial)
- This varies greatly from person to person. Some clients with mild problems have been helped in just a few sessions. Others with more severe difficulties may require months of hard, persistent work before they feel better. It's difficult to predict this ahead of time.

Canceling Sessions

- I agree
- I do not agree
- Needs discussion
- I require 24 hours notification to cancel a session for any reason. If you provide this advance notification, I will not charge you for the session. If you do not provide me with a 24 hour notification, you will be charged for the missed session. If I can fill your slot with another patient, I will not charge you for the cancelled session.

Emergency Phone Calls

- I agree
- I do not agree
- Needs discussion
- If you request an emergency phone consultation between session, I will do my best to accommodate & will charge for the length of the call at my usual rate. Outside of emergencies, I am unable to respond to phone calls between sessions. As you can imagine I too need time to unwind. This allows me to be at my best when I see you. If you need contact with me between sessions let me know at our initial meeting. If at any time you believe you are having a life-threatening emergency and are unable to contact me, go to the nearest emergency room or call 911.

Your Confidentiality

___ (Initial)

I will not provide information about your treatment to others, including family members, without your written permission. Even then my discussion with any third party will be limited to the specific topics you have given me permission to discuss. There are rare cases in which I am required by law to violate client confidentiality. These include threats of suicide, violence or homicide, and incidents of child or senior abuse that I may become aware of in our work together.

Suicidal Feelings

___ I agree

___ I do not agree

___ Needs discussion

Many depressed patients have suicidal thoughts. I will monitor for such thoughts before and after every therapy session. If they are present, we will discuss them in detail and provide you tools to cope with them. As a condition of becoming my patient you will make an iron-clad commitment to choose life and renounce acting on any suicidal thoughts in this lifetime.

Violent Feelings

___ (Initial)

Feelings of anger, including violent fantasies, are also common. We can explore these feelings during our therapy sessions and I can teach you tools to deal with such thinking. If at any time you tell me you intend to harm someone I am required by law to contact the police and to warn the potential victim.

Abuse Report

___ (Initial)

If I discover you are abusing a child, senior citizen, or any other person, I am required by law to report this to the police.

Meeting Outside Sessions

___ (Initial)

I am not able to meet with clients outside of sessions for any reasons.

Legal Issues

____ (Initial)

I do not do disability evaluations, sign disability claims or provide reports of our work together to third parties involved in disability claims, as this represents a conflict of interest. If you are involved in any legal action, such as a divorce proceeding or a lawsuit, I will not testify in your behalf or provide copies of my records or reports of our work together unless I am required to do so by a judge. This policy is so that if you recover and I have to report this to someone who is providing disability payments you could lose that income.

Relapse Prevention

___ I agree

___ I do not agree

___ Needs discussion

Therapy has two goals. *Feeling* better and *getting* better. Feeling better means that you overcome your symptoms and solve the problems that brought you to therapy. If you're suffering from depression or panic attacks feeling better means your depression and panic attacks will disappear. Feeling better is _____ tremendously important!

Getting better involves learning tools to deal with emotional or relationship problems that will emerge in the future. This is vitally important because no one can be happy forever. We all hit bumps in the road from time to time. If you know how to deal with painful mood swings or conflicts with other people these bumps will register as opportunities, not problems.

Before we terminate treatment we'll spend one final session on relapse prevention techniques and a review of our work together. If you ever need a tune-up in the future you'll be welcome to return so we can nip any problem in the bud.

HIPPA

____ (Initial)

I have received and reviewed the Privacy Practices information.

I give permission to Julie M. Simons, LCSW to introduce me to therapeutic modalities as appropriate to my treatment.
I understand and agree any charges incurred are my responsibility and not that of my insurance carrier. I consent to psychotherapeutic treatment with Julie M. Simons, LCSW and understand and agree to the limitations of treatment that have been explained to me.

Client Signature _____ Date _____