Therapist Background and Professional Orientation
Welcome! I would be happy to have you as a client and will do everything within my professional capacity to make your expenditure of time, energy, and money productive for you. I am a licensed marriage and family therapist, with a Master’s Degree in Marriage and Family Therapy from Hahnemann University. I am a clinical fellow of the American Association of Marriage and Family Therapy and am a member of the Pennsylvania Association of Marriage and Family Therapy. I am trained to provide individual, couple, group and family therapy. My general approach is systems-oriented and client centered, in which we work together to determine the pace, content, and process of therapy. My highest priority is the relationship that I form with you. It is most important to me that you feel comfortable with our therapeutic relationship and feel able to always have open, honest, and direct communication with me. It is my pleasure to have the opportunity to be on this journey with you.

The purpose of this form is to inform you about the process of therapy and about our working relationship. After you have completed reading the document, you will be asked to sign it stating that you have read it and have asked questions about anything that is unclear. There are three basic areas about which people usually ask:

1. The Therapeutic Process
2. Financial Responsibility and Cancellation Policy
3. Confidentiality

The Therapeutic Process
Therapy is a process. We will work together to develop goals and we will revisit these goals periodically. Therapy is a joint effort of which the results cannot be guaranteed. Progress depends on many factors including your motivation, effort, and other life circumstances. Therapy may be difficult and uncomfortable at times. Feelings of unhappiness, anger, guilt or frustration are a natural part of the therapy process and often provide the basis for change. Keep in mind, sometimes a positive decision for you may be viewed negatively by those around you. And when participating in couple or family therapy, sometimes a positive change for the couple or family can mean discomfort for an individual in that system. The majority of the time, the termination of treatment is a mutual decision between the client and the therapist. You are free to terminate treatment at any time. If at any time I feel you would be better suited with another professional or service, I will suggest a referral.

Financial Responsibility and Cancellation Policy:
In order to provide you with the highest quality of care, we need to be clear about our financial arrangements. Currently the fee is $120.00 per 50-55 minute session. Please have your check made out at the beginning of your session to: Well-Mind Therapy, LLC. Fees will be collected at the beginning of each session. Acceptable forms of payment are cash or check. I am willing to accommodate individuals and develop comfortable payment arrangements. Failure to pay fees in compliance with the aforementioned financial agreements may result in the termination of treatment. If an outstanding balance exists and good faith payment arrangements are not made within 60 days, your name and address, dates of professional services rendered, and the amount of the unpaid balance may be submitted to a collection agency. There is a $35.00 charge for all returned checks. If you plan to file an “out of network” claim, I will provide you with the required information to do so.
There is a **24-hour cancellation policy**. If you are unable to make your appointment, please let me know as soon as possible. A **service charge of $60.00** will be charged if an appointment is missed or not cancelled within twenty-four (24) hours of the scheduled time. Please note, after two missed sessions, your appointment time may no longer be available.

**Any and all fees due to my office that are not paid at the end of each session will incur an additional finance charge of 1.5% per month (i.e. 18% per year). In addition, you will be responsible for any and all court costs, and reasonable attorney fees, that I incur if I have to proceed with a formal collection.**

**Confidentiality:**

Information disclosed by you during the course of therapy is generally confidential. However, there are some exceptions to confidentiality, including, but not limited to reporting child, elder, or dependent adult abuse, expressed threats of violence towards an identifiable victim (including harm to self), and where you tender your mental or emotional state in a legal proceeding. Of course, you can always give your written consent to allow me to exchange information with others. This may include, but is not limited to previous therapists, medical doctors, psychiatrists, nutritionists, teachers, social workers and clergy. For clients under the age of fourteen, I am obligated to keep your parents or guardians informed of your progress in therapy, if they request. Before talking with your parents, I will inform you of the information I intend to discuss. I have a “No Secrets” policy when providing couples and family therapy. This means if information is disclosed to me during a 1:1 interview that is relevant to the progress of couples or family work, I will not keep this information secret. I will work with you on the most comfortable way to disclose the information to the rest of the client family.

By my signature below, I acknowledge that I received copies of the Informed Consent/Financial Agreement, indicating that I have been informed of my financial responsibilities and that I consent to these financial terms.

____________________________________________________
Signature/relationship if patient is a minor Date Print name

________________________________________
Witness Date

_______ I accept a copy of this form  _______ I decline a copy of this form