

### Client Information and Practice Policies

***This document contains important information about my professional services and business policies. Please read it carefully so we can address any questions you might have about it in our first session.***

#### **The Benefits and Risks of Psychotherapy**

There are numerous benefits associated with engaging in psychotherapy. People who have been depressed may find their mood improves. Feelings of anger, anxiety, guilt or loneliness may subside. Psychotherapy offers clients the opportunity to talk about issues in a confidential, supportive environment, and this experience can lead to increased levels of self-awareness and self-acceptance, improved relationships and enhanced coping skills.

You should also be aware of some risks involved in entering into psychotherapeutic treatment. For example, engagement in psychotherapy can sometimes lead to the emergence of unpleasant feelings and/or upsetting memories, so you may feel worse before you feel better. You may also experience distress caused by decisions you choose to make as a result of your participation in psychotherapy.

The practice of psychotherapy is not a science and no particular outcome can be guaranteed. However, because I will only work with clients I honestly believe I can help, I enter into our work with great optimism. I will always be available to discuss any concerns you might have regarding the process.

#### **What to Expect From Our Relationship**

During our first few sessions, we will orient you to the process of therapy, get a full understanding of your concerns, and create a plan for our work together. During this time it is important you share any questions you might have about our plan, possible risks, or my expertise.

***The psychotherapy process requires active participation and effort on your part.*** Therapy is not merely a place to experience emotional release or develop insight into problems without working toward goals. Psychotherapy is also most productive when conducted in an atmosphere of trust and respect. You expect me to be honest with you about the issues you bring up and your progress toward resolving them. I also ask you to be honest – about your expectations for our work, your feelings about yourself and our relationship, or any other area of our work.

You have a right to a therapeutic relationship with me that is unencumbered by any other type of relationship. Therefore, in your best interest, and following NASW standards, I cannot have any other role in your life, whether personal or related to business. I cannot, now or ever, be a close friend or socialize with any client. This condition applies to social media as well as face-to-face contact (please read my Social Media Policy carefully for further information about my online practices).

#### **Ending Therapy**

Preparing for the end of a therapeutic relationship, whether due to the achievement of your goals or a decision to end our work prematurely, should be something we approach together. You are free to discontinue treatment with me at any time, but it's important for us to have at least one session's notice that our work will be ending so that we may close out our relationship in a respectful and deliberate manner and provide for your continued support. Endings are a natural part of life, and I will not take ours personally. Please strive not to cancel without rescheduling as a way to end therapy.

## **Confidentiality**

In all but a few situations, your confidentiality (your privacy) is protected by both state and federal law and by the rules of my profession. To that end, what you say or do during a session will not be shared with anyone else without your written permission. **There are certain legal exceptions to this policy**, the details of which are fully outlined in my Notice of Privacy Practices. Please read this Notice very carefully, and be sure to ask me any questions you might have about its contents.

If I feel sharing some of your personal information with another professional you see would positively affect your treatment, I will discuss the situation with you. If you agree to the sharing of this information, I will ask you to sign an "Authorization for Disclosure of Personal Health Information (PHI)" document. This document notes specifically what will be shared, by whom and with whom, and mandates a time limit for this sharing to occur.

When I am away from the office for a few days, I may designate another therapist to cover for me. This therapist, a trusted colleague, will be available to help you if you experience a therapeutic emergency, and will communicate with me regarding your concerns when I return so I am aware of what transpired in my absence. This psychotherapist is bound by the same confidentiality laws as I am, so I encourage you to utilize this service if it becomes necessary and trust that your information will remain private between the therapist and myself.

I will never use your name over the telephone if it is possible someone in or near my office area might hear it. Similarly, I ask you not to disclose the name or identity of any other client you might encounter in my office space. I will also refrain from acknowledging you in social situations, not as a personal slight, but to protect your privacy. It will be your choice to greet me or not; either way, it will not affect our relationship.

You have the right to request that I communicate with you in a certain way or at a certain location (for instance, that I only use a certain phone number, and without reference to our work). Please let me know your communication preferences at our first session.

## **Consultations/Referrals**

If I feel you might benefit from a service or approach I don't provide, I may recommend you see another professional in addition to me. If I were to make such a recommendation, I would discuss my reasons with you so that you would be able to make an informed decision regarding available treatment options. You also have the right to ask me about any other such treatments or services, including their risks and their benefits, at any time. If you do receive services from an additional professional, either now or in the future, I will do my best to coordinate my services with them, as clinically indicated and with your permission.

If for some reason I feel our relationship is not going well, I might suggest a change to a psychotherapist that would better meet your needs. Ethically, I can't continue to work with you if my service is not facilitating your growth. Likewise, if you feel, at any time, that you might like to consult with another psychotherapist, please let me know. I will help you clarify your concerns and, if appropriate, assist you in finding a qualified professional and help facilitate a smooth transition to this new practitioner.

## **Scheduling of Sessions**

Scheduling of appointment times is done on a first come, first served basis, and I am typically booking appointments one or two months into the future. I encourage you to schedule at least two months of appointments in advance in order to reserve your most preferred time. My office requires that you confirm your first appointment with a credit card. In the event you don't show for your appointment, or cancel late (please see my cancellation policy below), your credit card will be charged the **full intake session fee**.

**Regarding our email reminders:** The email appointment reminders provided by our office are offered as a courtesy to you and should not be your only means of keeping track of your appointments. Digital

communication can be fickle, so the fact that you may have not have received a reminder does not alleviate you of your financial responsibility for your appointment.

I value your time, and so strive to structure my sessions in a way that allows me keep to my planned schedule. If I am inadvertently delayed, I will do my best to see that your session is not compromised. If you are late for your appointment, we will probably not be able to meet for your usual session length, as I will most likely have an appointment after yours. If we are unable to meet for the full session time due to your arriving late, you will still be financially responsible for the entire session, as that is the time I have reserved specifically for you.

### **Cancellation Policy**

Scheduling an appointment is my commitment to reserve time for you. I consider our sessions to be very important, and ask that you do the same and take special care to keep your appointments with me. If a situation arises and you must cancel an appointment, your cancellation *must* be communicated to me by phone at least 24-hours in advance of your appointment time, unless the cancellation is due to an unpredictable emergency. At my discretion, a charge for the **full session fee** may be applied for any cancellation or no show that does not follow the above guideline.

### **My Availability Outside of Scheduled Appointments**

Because I see clients on a regular basis, I will not always be available when you call, and it will sometimes be necessary for you to leave me a message. I check my voice mailbox on a regular basis and will return your call as soon as I am able. Please always include your telephone number in your message.

Emergencies always have a priority; if you have one, please say so. But know that I may not receive your message right away. In the event you feel you are in such distress that you are unable to wait for a return call from my office, you are strongly encouraged to call your general practitioner's office, dial 911, call the 24-hour Lifeline at 1-800-273-8255, or go to the nearest emergency room for assistance.

I believe a face-to-face session is the most productive context in which to provide psychotherapy services. If you need to speak with me at length prior to your scheduled appointment I ask that you consider scheduling an earlier appointment so we can address the issue effectively and in a timely manner. However, there may be times when a phone or video conversation is needed to address a critical issue, and I will try to make myself available for this purpose if and when it is needed, for the prorated charge of \$140/hour. Please note that most insurance companies do not reimburse for phone or video sessions.

### **Fee, Payment and Billing Policy**

My current session fees are as follows. You will be given advance notice of any changes. Payment for each session is due at the time of your session. My office accepts cash, personal checks, and all major credit cards (including HSAs). Please make your checks payable to Barker Therapy Arts, LLC.

#### **Individual Clients**

Initial Evaluation Session (1 hour)	\$200
Ongoing (Regular) Sessions (50 minute hour)	\$150

#### **Couples**

Initial Evaluation Session (1.5 - 2 hours)	\$375
Ongoing (Regular) Sessions (1.5 hours)	\$250
Ongoing (Regular) Sessions (50 minute hour)	\$150

#### **All Clients**

Phone/Video Session	\$150/hour, prorated for actual call length
No Show/Late (outside of 24 hours) Cancel	\$100
Returned Check Fee	\$25

If you believe you will have difficulty paying your bill, please speak with me about your concerns.

### **Insurance Information**

I have made the choice to not contract with managed care companies as an in-network (IN) provider. However, as an out-of-network (OON) provider, I am still able to file an electronic claim for you with your insurance company, and will be happy to do so upon your request after you have remitted the full fee for my service. You will then directly receive whatever OON benefits are guaranteed under your contract.

Keep in mind that OON benefits are typically less robust than those remitted for IN services. I encourage you to call the customer service number on your card to obtain your benefit information if accessing these benefits is important to you.

### **If you do choose to access your benefits, please also keep in mind the following:**

- Filing any type of claim with your insurance company (whether IN or OON) requires that a mental health diagnosis be assigned to you. Depending on your story and experience, I may or may not be able to supply this diagnosis, but I will be happy to do so if your situation warrants.
- Your insurance company may ask for additional documentation to support your claim. If your company contacts me directly requesting this information, I will refer them to you so that you can make a personal decision regarding what to share.

HIPAA regulations give you the right to not use your insurance benefits if that is your preference, so it makes sense to consider all of the above carefully when deciding whether or not to involve your insurance company in your care.

I am willing to discuss any of the above with you prior to beginning our work in order to help you explore your payment options and make an informed decision.

### **Statement of Principles**

Just as in any other relationship, problems may arise in ours. If you are not satisfied with any area of our work, please bring your concern to me at once. Our work together will be slower and harder than it needs to be if your concerns are not communicated and resolved. I will make every effort to really hear any complaint you have and to seek a mutually agreeable solution to it. If you feel that I, or any other therapist, has treated you unfairly or has behaved unprofessionally, please tell me. You can also contact the Nebraska Department of Health and Human Services or the local NASW to receive assistance clarifying your concerns and, if necessary, filing a complaint.

I do not discriminate against clients because of any of these factors: age, sex, gender, marital/family status, race, culture, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerous behavior. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always 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.

**Thank you for entering into this professional relationship with me. If you have any questions or concerns regarding any of the above policies, or about anything else related to my practice, please do not hesitate to address them with me right away. I welcome your contact.**

Anne E. Barker LCSW, LIMHP